

Diseases and Conditions Reportable In Missouri (19 CSR 20-20.020)

Numbers in parenthesis represent ICD-9 and ICD-10 Codes

Report Diseases and Conditions to your local health agency or to:
Missouri Department of Health and Senior Services during business hours 573-751-6113,
after hours and on weekends 800-392-0272 or by fax 573-526-0235

1. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone, facsimile or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, form accidental exposure, or as the result of a bioterrorism event:

- Anthrax (022, A22)
- Botulism (005.1, A05.1)
- Plague (020, A20)
- Rabies (Human) (071, A82)
- Ricin Toxin (988, T62)
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) Disease (480.3, J12.8)
- Smallpox (variola) (050, B03)
- Tularemia (pneumonic) (021.2, A21.2)
- Viral hemorrhagic fevers (filoviruses (e.g., Ebola, Marburg) and arenaviruses (e.g., Lassa, Machupo)) (078.7, 078.89, A96, A98, A99)

(B) Instances, clusters, or outbreaks of unusual diseases or manifestations of illness and clusters or instances of unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological, or physical agents, including exposures through food, water, or air.

(C) Instances, clusters, or outbreaks of unusual, novel, and/or emerging diseases or findings not otherwise named in this rule, appearing to be naturally occurring, but posing a substantial risk to public health and/or social and economic stability due to their ease of dissemination or transmittal, associated mortality rates, or the need for special public health actions to control.

2. Reportable within one (1) day diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication. Reportable within one (1) day diseases or findings are—

(A) Diseases, findings or agents that occur naturally, or from accidental exposure, or as a result of an undetected bioterrorism event:

- Acute respiratory distress syndrome (ARDS) in patients under fifty (50) years of age (without a contributing medical history)
- Animal (mammal) bite, wound, humans
- Brucellosis (023, A23)
- Cholera (001, A00)
- Dengue fever (065.4, A90, A91)
- Diphtheria (032, A36)
- Glanders (024, A24.0)
- *Haemophilus influenzae*, invasive disease (038.41, 041.5, 320.0, A41.3, J14, G00.0)
- Hantavirus pulmonary syndrome (079.81, 480.8, B33.8)
- Hemolytic uremic syndrome (HUS), post-diarrheal (283.11, D59.3)
- Hepatitis A (070.0, 070.1, B15)
- Influenza - associated pediatric mortality (18 years of age or younger) (487, J10)
- Influenza - associated public and/or private school closures (487, J10)
- Lead (blood) level greater than or equal to forty-five micrograms per deciliter ($\geq 45 \mu\text{g}/\text{dl}$) in any person equal to or less than seventy-two (≤ 72) months of age

- Measles (rubeola) (055, B05)
- Meningococcal disease, invasive (036, A39)
- Novel Influenza A virus infections, human (487, J10)
- Outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including illness in a food handler that is potentially transmissible through food
- Pertussis (033.0, A37.0)
- Poliomyelitis (045, A80)
- Poliovirus infection, nonparalytic
- Q fever (083.0, A78)
- Rabies (animal)
- Rubella, including congenital syndrome (056, 771.0, B06, P35.0)
- Shiga toxin-producing *Escherichia coli* (STEC) (008.04, A04.3)
- Shiga toxin positive, unknown organism (005.8, 005.9, A04.8, A04.9)
- Shigellosis (004, A03)
- Staphylococcal enterotoxin B (988, T62)
- Streptococcus pneumoniae, drug resistant invasive disease (038.2, 481, 482.3, A40.3, J13)
- Syphilis, including congenital syphilis (090, 093-097, A50-A52)
- T-2 mycotoxins (989.7, 989.9, T64)
- Tetanus (037, A35)
- Tuberculosis disease (010-018, A15-A19)
- Tularemia (non-pneumonic) (021.3-9, A21.0-.1, A21.3-.9)
- Typhoid fever (*Salmonella typhi*) (002.0, A01.0)
- Vancomycin-intermediate Staphylococcus aureus (VISA), and Vancomycin-resistant Staphylococcus aureus (VRSA) (038.11, 041.11, A41.0, A49.0)
- Venezuelan equine encephalitis virus neuroinvasive disease (066.2, A92.2)
- Venezuelan equine encephalitis virus non-neuroinvasive disease (066.2, A92.2)
- Yellow fever (060.9, A95)

(B) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following:

- Accidental administration
- Contact transmission (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)
- Eczema vaccinatum
- Erythema multiforme (roseola vaccinia, toxic urticaria)
- Fetal vaccinia (congenital vaccinia)
- Generalized vaccinia
- Inadvertent autoinoculation (accidental implantation)
- Myocarditis, pericarditis, or myopericarditis
- Ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis)
- Post-vaccinial encephalitis or encephalomyelitis
- Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)
- Pyogenic infection of the vaccination site
- Stevens-Johnson Syndrome

3. Reportable within three (3) days diseases or findings shall be reported to the local health authority or the Department of Health and Senior Services within three (3) calendar days of first knowledge or suspicion. These diseases or findings are—

- Acquired immunodeficiency syndrome (AIDS) (042, B20)
- Arsenic poisoning

(Continued on page 2)

- California serogroup virus neuroinvasive disease (062.5, A83.5)
- California serogroup virus non-neuroinvasive disease (062.5, A92.8)
- Campylobacteriosis (008.43, A04.5)
- Carbon monoxide poisoning
- CD4+ T cell count
- Chancroid (099.0, A57)
- Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to subsection (1)(B)
- *Chlamydia trachomatis* infections (099.8, A56)
- Coccidioidomycosis (114, B38)
- Creutzfeldt-Jakob disease (046.1, A81.0)
- Cryptosporidiosis (007.4, A07.2)
- Cyclosporiasis (007.5, A07.8)
- Eastern equine encephalitis virus neuroninvasive disease (062.2, A83.2)
- Eastern equine encephalitis virus non-neuroninvasive disease (062.2, A92.8)
- Ehrlichiosis, human granulocytic, monocytic, or other/unspecified agent (082.40, 082.41, 082.49, A79.8, A79.9)
- Giardiasis (007.1, A07.1)
- Gonorrhea (098.0-098.3, A54.0-A54.2)
- Hansen's disease (Leprosy) (030, A30)
- Heavy metal poisoning including, but not limited to, cadmium and mercury
- Hepatitis B, acute (070.20, 070.21, 070.30, 070.31, B16)
- Hepatitis B, chronic (070.22, 070.23, 070.32, 070.33, 070.42, 070.52, B18.0, B18.1)
- Hepatitis B surface antigen (prenatal HBsAg) in pregnant women (070.20-070.23, 070.30-070.33, 070.42, 070.52, B16, B18.0, B18.1)
- Hepatitis B Virus Infection, perinatal (HbsAg positivity in any infant aged equal to or less than twenty-four (≤ 24) months who was born to an HbsAg-positive mother) (070.20-070.23, 070.30-070.33, 070.42, 070.52, B16, B18.0, B18.1)
- Hepatitis C, acute (070.41, 070.51, B17.1)
- Hepatitis C, chronic (070.44, 070.54, B18.2)
- Hepatitis non-A, non-B, non-C (070.9, B19)
- Human immunodeficiency virus (HIV)-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)
- Human immunodeficiency virus (HIV) infection, as indicated by HIV antibody testing (reactive screening test followed by a positive confirmatory test), HIV antigen testing (reactive screening test followed by a positive confirmatory test), detection of HIV nucleic acid (RNA or DNA), HIV viral culture, or other testing that indicates HIV infection
- Human immunodeficiency virus (HIV) test results (including both positive and negative results) for children less than two (2) years of age whose mothers are infected with HIV
- Human immunodeficiency virus (HIV) viral load measurement (including nondetectable results)
- Hyperthermia
- Hypothermia
- Lead (blood) level less than forty-five micrograms per deciliter ($<45 \mu\text{g}/\text{dl}$) in any person equal to or less than seventy-two (≤ 72) months of age and any lead (blood) level in persons older than seventy-two (>72) months of age
- Legionellosis (482.84, A48.1, A48.2)
- Leptospirosis (100, A27)
- Listeriosis (027.0, 771.2, A32, P37.2)
- Lyme disease (088.81, A69.2)
- Malaria (084, B50-B54)
- Methemoglobinemia, environmentally-induced
- Mumps (072, B26)
- Mycobacterial disease other than tuberculosis (MOTT) (031, A31)
- Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome
- Pesticide poisoning
- Powassan virus neuroinvasive disease (063.8, A83.8)
- Powassan virus non-neuroinvasive disease (063.8, A92.8)
- Psittacosis (073, A70)
- Rabies Post-Exposure Prophylaxis (Initiated) (V01.5 V04.5)
- Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma and bronchitis
- Rocky Mountain spotted fever (082.0, A77.0)
- Saint Louis encephalitis virus neuroinvasive disease (062.3, A83.3)
- Saint Louis encephalitis virus non-neuroinvasive disease (062.3, A92.8)
- Salmonellosis (003, A02.0)
- Streptococcal disease, invasive, Group A (041.01, 034.1, A40.0, A49.1, A38)
- *Streptococcus pneumoniae*, invasive in children less than five (5) years (038.2, 481, 482.3, A40.3, J13)
- Toxic shock syndrome, staphylococcal or streptococcal (785.5, A48.3)
- Trichinellosis (124, B75)
- Tuberculosis infection (795.5, R76.1)
- Varicella (chickenpox) (052.1, 052.7, 052.8, 052.9)
- Varicella deaths (052, B01)
- Vibriosis (non-cholera *Vibrio* species infections) (005.4, .8, A05.3, .8)
- West Nile virus neuroinvasive disease (066.41, 066.42, A92.3)
- West Nile virus non-neuroinvasive disease (066.40, 066.49, A92.3)
- Western equine encephalitis virus neuroinvasive disease (062.1, A83.1)
- Western equine encephalitis virus non-neuroinvasive disease (062.1, A92.8)
- Yersiniosis (008.44, A04.6)

4. Reportable weekly diseases or findings shall be reported directly to the Department of Health and Senior Services weekly. These diseases or findings are—

- Influenza, laboratory-confirmed (487, J10)

5. Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. These disease or findings are—

- Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial
- Vancomycin-resistant enterococci (VRE), nosocomial

NOTE: Cancer is also a reportable disease. Please refer to [CSR 70-21.010](#) for complete information.

Isolates or specimens positive for the following reportable diseases or conditions must be submitted to the State Public Health Laboratory for epidemiological or confirmation purposes:

- Anthrax (*Bacillus anthracis*)
- Cholera (*Vibrio cholerae*)
- Diphtheria (*Corynebacterium diphtheriae*)
- *Escherichia coli* O157:H7
- *Haemophilus influenzae*, invasive disease
- Influenza Virus-associated pediatric mortality
- Listeriosis
- Malaria (*Plasmodium* species)
- Measles (rubeola)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, invasive disease
- Orthopoxvirus (Smallpox/cowpox-vaccinia/monkeypox)
- Other Shiga Toxin positive organisms
- Pertussis (*Bordetella pertussis*)
- Plague (*Yersinia pestis*)
- Salmonella species
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- Shigella species
- Tularemia, pneumonic
- Vancomycin-intermediate *Staphylococcus aureus* (VISA)
- Vancomycin Resistant *Staphylococcus aureus*

The reporting rule can be accessed at: <http://www.sos.mo.gov/adrules/csr/current/19csr/19c20-20.pdf>
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