

Emergency Rules

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Community and Public Health Chapter 20—Communicable Diseases

EMERGENCY AMENDMENT

19 CSR 20-20.020 Reporting Communicable, Environmental, and Occupational Diseases. The department is amending subsection (2)(A) and section (5).

PURPOSE: This amendment will bring the communicable disease reporting requirements into compliance with the current federal Centers for Disease Control guidelines as required by section 192.139, RSMo 2000, and updates the rule to require reporting of Carbapenem-resistant enterobacteriaceae (CRE) infections as provided by a legislative amendment to section 192.020 that went into effect August 28, 2016.

EMERGENCY STATEMENT: This emergency amendment amends the current list of communicable and infectious diseases reportable to the Missouri Department of Health and Senior Services to specifically include Zika, Chikungunya, and carbapenem-resistant enterobacteriaceae (CRE). This emergency amendment is necessary to protect the public health, safety, and welfare of Missourians as early reporting of these conditions minimize the impact of these diseases on individual patients and help prevent infections in additional Missourians.

The Centers for Disease Control and Prevention (CDC) added Zika and Chikungunya to their list of required reportable (nationally notifiable) diseases in 2016 when Zika was declared an epidemic in the western hemisphere and cases were reported in the United States whereby transmission had occurred within the epidemic regions. CDC has confirmed a link between Zika and microcephaly (a condition in which the brain does not develop properly) and other neurological abnormalities in infants born to Zika-infected mothers. Besides microcephaly in infants, Zika infection may result in fetal death, Guillain-Barre Syndrome (GBS), and other neurological conditions in infected individuals. In addition, sexual transmission of the infection between individuals is also possible. Zika virus is an emerging arboviral infection for which there is no cure or vaccine. Zika is spread primarily through mosquito bites, or in some instances, sexual contact with an individual with an active Zika infection. Zika cases have been reported in all fifty (50) states. Until July 2016, those cases were primarily contracted by individuals who had traveled outside the United States to areas where the Zika virus was found.

In July 2016, the first locally acquired case of Zika in the United States was reported in southern Florida. That individual had not traveled outside the United States, but was bitten by a mosquito in Florida that carried the Zika virus. Since that time, the number and location of locally acquired cases and the locations in Florida have increased significantly. The University of Florida recently released a research study that predicts that locally acquired cases of Zika will occur in states neighboring Missouri prior to the end of summer. Given the potential for the rapid spread of locally acquired cases in the United States and the fact that Missouri's mosquito season will not end until late fall, it is not unreasonable to suspect that the southern portion of Missouri may experience locally acquired cases of Zika virus prior to the end of the year. Therefore, an emergency amendment is necessary to ensure reporting of any Zika detected cases in Missouri.

Specifically requiring state-level reporting of Zika infection will help detect and track cases/outbreaks for the purpose of providing medical care, instituting public health interventions, and educating the public on preventive measures. The department is proposing to also add Chikungunya to the reportable disease list because mosquitoes that carry the Zika virus can also carry Chikungunya disease

and Dengue. CDC requests that when health care providers suspect a patient may have one (1) of these diseases, that laboratories tests for Zika, Chikungunya, and Dengue all be performed because they are all mosquito-borne illnesses, have similar symptoms, and are found in the same geographic regions and are of serious concern. Dengue was recently added to the reportable disease list. Therefore, Chikungunya needs to be added as a reportable condition along with Zika.

It is imperative that public health authorities be rapidly notified when these infections are suspected in order to facilitate public health interventions which assists the individual with the diagnosis and mitigates the risk of transmission to others. As a result, the Department of Health and Senior Services finds an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest which requires this emergency action.

In addition, Senate Bill 579 (Ninety-eighth General Assembly, Second Regular Session (2016)) went into effect August 28, 2016. In this bill is an amendment to 192.020, RSMo, which requires the department to include carbapenem-resistant enterobacteriaceae (CRE) in its list of communicable or infectious diseases which must be reported to the department. As a result of the immediate effective date, the Department of Health and Senior Services finds a compelling governmental interest which requires an early effective date for this amendment. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Department of Health and Senior Services believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed August 29, 2016, becomes effective September 8, 2016, and expires March 6, 2017.

(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:

Animal (mammal) bite, wound, humans

Brucellosis

Chikungunya

Cholera

Dengue virus infection

Diphtheria

Glanders (*Burkholderia mallei*)

Haemophilus influenzae, invasive disease

Hantavirus pulmonary syndrome

Hemolytic uremic syndrome (HUS), postdiarrheal

Hepatitis A

Influenza-associated mortality

Influenza-associated public and/or private school closures

Lead (blood) level greater than or equal to forty-five micrograms per deciliter ($\geq 45 \mu\text{g/dl}$) in any person

Measles (rubeola)

Melioidosis (*Burkholderia pseudomallei*)

Meningococcal disease, invasive

Novel Influenza A virus infections, human

Outbreaks (including nosocomial) or epidemics of any illness, disease, or condition that may be of public health concern, including any illness in a food handler that is potentially transmissible through food

Pertussis

Poliovirus infection, nonparalytic

Q fever (acute and chronic)

Rabies (animal)

Rubella, including congenital syndrome

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Shiga toxin-producing Escherichia coli (STEC)
Shiga toxin positive, unknown organism
Shigellosis
Staphylococcal enterotoxin B
Syphilis, including congenital syphilis
T-2 mycotoxin
Tetanus
Tuberculosis disease
Tularemia (all cases other than suspected intentional release)
Typhoid fever (Salmonella typhi)
Vancomycin-intermediate Staphylococcus aureus (VISA), and
Vancomycin-resistant Staphylococcus aureus (VRSA)
Venezuelan equine encephalitis virus neuroinvasive disease
Venezuelan equine encephalitis virus nonneuroinvasive disease
Viral hemorrhagic fevers other than suspected intentional (e.g.,
Viral hemorrhagic fever diseases: Ebola, Marburg, Lassa, Lujo, new
world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses),
or Crimean-Congo)
Yellow fever[;]
Zika;

(5) Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. These diseases or findings are[;]—

Carbapenem-resistant enterobacteriaceae (CRE), nosocomial
Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial
Vancomycin-resistant enterococci (VRE), nosocomial.

AUTHORITY: sections 192.006, 210.040, and 210.050, RSMo 2000, and section 192.020, [RSMo Supp. 2013] SB 579, Ninety-eighth General Assembly, Second Regular Session 2016. This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 29, 2016, effective Sept. 8, 2016, expires March 6, 2017. An emergency amendment and a proposed amendment covering this same material will be published in the October 3, 2016, issue of the Missouri Register.