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Rebecca McDowell Cook

Secretary of State

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RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 24, *Missouri Register*, page 27. The approved short form of citation is 24 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	***Code of State Regulations***	**Division**	**Chapter**	**Rule**
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—Cite material in the RSMo by date of legislative action. The note in parentheses gives the original and amended legislative history. The Office of the Revisor of Statutes recognizes that this practice gives users a concise legislative history.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo Supp. 1999. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than 180 calendar days or 30 legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 11—Taxation Regulations

EMERGENCY AMENDMENT

11 CSR 45-11.110 Refund—Claim for Refund. The commission is amending sections (1), (4) and (7).

PURPOSE: This amendment changes the procedures for refunds due to overpayment to rectify problems identified in a recent review by the State Auditor's Office. The rule allows for an expedited refund process where there is no factual dispute as to whether a refund is due.

*EMERGENCY STATEMENT: This amendment streamlines the process for issuing tax credits. Currently the Commission has a backlog of tax credits where there is no dispute of material fact between the Commission staff and the taxpayer regarding whether the credit is due. This has created an unnecessary backlog of tax credit cases and has interfered with the Commission's ability to conduct hearings in other tax and licensing cases where there are substantive factual and legal disputes. This backlog has resulted in a negative audit finding from the State Auditor's office. Because excursion gambling boats are required to submit taxes on a weekly basis, the backlog can build quickly and the current hearing process is very costly to both the state and the taxpayer. Because of the tremendous unnecessary expense created by the current system the Commission finds that an immediate danger to the public health, safety and welfare exists. The Commission has followed procedures calculated to assure fairness to all interested persons and parties under the circumstances. The Commission has notified the affected licensees of its intentions regarding this amendment and has reviewed the matter with the State Auditor's Office and the Attorney General. All affected parties have indicated that the Commission's proposal is reasonable. This amendment complies with the protections extended by the **Missouri** and **United States Constitutions**. The scope of this amendment is limited to matters where there are no material facts in dispute. Emergency amendment filed June 5, 2000, effective June 16, 2000, expires February 22, 2001.*

(1) If a tax or fee, penalty or interest has been paid *[by reason of anything other than a clerical error or mistake on the part of the commission (for example, paid more than once, erroneously or illegally collected, or erroneously or illegally computed)]* **by a licensee that is in excess of the amount owed**, the licensee may file a claim for refund or credit. No such claim for refund or credit shall be allowed unless duplicate copies of the claim are filed within three (3) years from the date of overpayment. No claim will be considered unless filed within that time. The three (3)-year period of limitation for the credit or refund begins with the date the licensee pays taxes to the commission on account of the adjusted gross receipts in question or with the date the licensee pays fees to the commission on account of the tickets of admission in question.

(4) A claim for credit or refund shall be approved only—

(B) After the director has determined, in his/her discretion, that *[the reason that the refund or credit was claimed is solely due to a clerical or typographical error by the licensee and that]* **there are** no material facts *[are]* in dispute **regarding the validity of the refund or credit claim**, and the director then, in his/her discretion, issues an order setting forth findings of fact, conclusions of law and an order granting the claim for refund or credit.

(7) The claim for refund or credit forms may be requested by writing to Missouri Gaming Commission, *[11775 Borman Drive, St. Louis, MO 63146]* **P.O. Box 1847, Jefferson City, MO 65102**.

*AUTHORITY: sections 313.004, 313.800, 313.805 and 313.822, RSMo 1994. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed Feb. 19, 1998, effective Aug. 30, 1998. Emergency amendment filed June 5, 2000, effective June 16, 2000, expires Feb. 22, 2001. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 19—DEPARTMENT OF HEALTH
Division 20—Division of Environmental Health and Communicable Disease Prevention
Chapter 20—Communicable Diseases

EMERGENCY AMENDMENT

19 CSR 20-20.010 Definitions Relating to Communicable, Environmental and Occupational Diseases. The department is amending sections (5), (7), (12), (30) and (31), deleting sections (3), (14), (23) and (34), adding new sections (2), (6), (23), (25), (34), (36) and (37), and renumbering affected sections.

PURPOSE: This amendment updates definitions pertaining to communicable, environmental, and occupational diseases and deletes the section that would have ended this rule on June 30, 2005.

*EMERGENCY STATEMENT: On January 1, 2000, the CDC changed its rules to require reporting of HIV viral load measurements, all tests required for the tracking of perinatally-exposed infants, and Q fever. The CDC requirements went into effect immediately. Cyclosporidiosis, yellow fever, and varicella deaths were designated as reportable conditions by CDC prior to January 1, 2000, but have not yet been added to Missouri's list of reportable conditions. Those changes are incorporated in 19 CSR 20-20.020. This rule contains definitions of terms used in 19 CSR 20-20.020: adult respiratory distress syndrome, cluster, laboratory, local public health agency, terrorist event, unusual diseases, and unusual manifestation of illness. The MDOH needs these rules to be in effect immediately to ensure consistent disease reporting with CDC. Further, the reporting requirements in this rule will expire on June 30, 2000. Therefore, the MDOH needs its rules to continue disease reporting without interruption in order to protect the public health and safety. The amendment will alleviate this danger, as it will require all conditions that are nationally notifiable to be reported to health authorities. The MDOH finds an immediate danger to the public health and welfare and a compelling government interest, which require emergency action. The scope of this rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The MDOH believes this emergency rule is fair to all interested persons and parties under the circumstances. The emergency rule was filed June 1, 2000, effective June 15, 2000, and expires December 11, 2000.*

(2) Adult respiratory distress syndrome (ARDS) is a syndrome with the following simultaneous characteristics:

(A) Hypoxemia due to intrapulmonary shunting of blood;

(B) Increased lung stiffness; and

(C) Chest x-ray evidencing diffuse infiltration.

*[(2)]***(3)** Board is the State Board of Health.

[(3) Carbon monoxide poisoning is defined as a carboxyhemoglobin level greater than fifteen percent (> 15%).]

(5) Case, as distinct from a carrier, is a person in whose tissues the etiologic*[al]* agent of a communicable disease is *[lodged]* **present** and which usually produces signs or symptoms of disease. Evidence of the presence of a communicable disease also may be revealed by routine laboratory findings.

(6) Cluster is a group of individuals who manifest the same or similar signs and symptoms of disease.

*[(6)]***(7)** Communicable disease is an illness due to an infectious agent or its toxic products and transmitted, directly or indirectly, to a susceptible host from an infected person, animal or arthropod, or through the agency of an intermediate host or a vector, or through the inanimate environment.

*[(7)]***(8)** Contact is a person or animal that has been in association with an infected person or animal and through that association has had the opportunity *[of]* **to** acquir**e***[ing]* the infection.

*[(8)]***(9)** Designated representative is any person or group of persons appointed by the director of the Department of Health to act on behalf of the director or the State Board of Health.

*[(9)]***(10)** Director is the state Department of Health director.

*[(10)]***(11)** Disinfection is the killing of pathogenic agents outside the body by chemical or physical means, directly applied.

(A) Concurrent disinfection is disinfection immediately after the discharge of infectious material from the body of an infected person or after the soiling of articles with the infectious discharges.

(B) Terminal disinfection is the process of rendering the personal clothing and immediate physical environment of a patient free from the possibility of conveying the infection to others after the patient has left the premises or after the patient has ceased to be a source of infection or after isolation practices have been discontinued.

*[(11)]***(12)** Environmental and occupational diseases are illnesses or adverse human health effects resulting from exposure to a chemical, radiological or physical agent.

*[(12)]***(13)** Exposure is defined as *[the]* **contact with,** absorption, ingestion or inhalation of chemical, **biologic,** radiologic*[al]***,** or **other** physical agents by a human that results in biochemical, physiological or histological changes.

*[(13)]***(14)** Food is any raw, cooked or processed edible substance, ice, beverage or ingredient used or intended for use in whole or in part for human consumption.

[(14) Health department is a legally constituted body provided by city, county or group of counties to protect the public health of the city, county or group of counties.]

(18) Hypothermia means a physician-diagnosed case of cold injury associated with a fall of body temperature to less than ninety-four and one-tenth degrees Fahrenheit (94.1°F) and resulting from *[unintentional]* exposure to a cold environment.

(23) Laboratory means a facility for the biological, microbiological, serological, chemical, immuno-hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of a human. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories. Laboratory includes hand-held testing equipment. All testing laboratories must be certified under the Clinical Laboratories Improvement Amendment of 1988 (CLIA—42 CFR part 493).

[(23) Lead exposure means the laboratory determination of a human whole blood lead level greater than or equal to ten micrograms per deciliter (≥10 µg/dl) in persons under age eighteen (< 18) and greater than or equal to twenty-five micrograms per deciliter (≥25 µg/dl) in persons age eighteen (18) or older.]

(25) Local public health agency is a legally constituted body provided by a city, county or group of counties to protect the public health of the city, county or group of counties.

*[(25)]***(26)** Outbreak or epidemic is the occurrence in a community or region of an illness(es) similar in nature, clearly in excess of normal expectancy and derived from a common or a propagated source.

*[(26)]***(27)** Period of communicability is the period of time during which an etiologic agent may be transferred, directly or indirectly,

from an infected person to another person or from an infected animal to a person.

*[(27)]***(28)** Person is any individual, partnership, corporation, association, institution, city, county, other political subdivision authority, state agency or institution or federal agency or institution.

*[(28)]***(29)** Pesticide poisoning means human disturbance of function, damage to structure or illness which results from the inhalation, absorption or ingestion of any pesticide.

*[(29)]***(30)** Poisoning means injury, illness or death caused by chemical means.

*[(30)]***(31)** Quarantine is a period of detention for persons or animals that may have been exposed to a reportable disease. The period of time will not be longer than the longest period of communicability of the disease. The purpose of quarantine is to prevent effective contact with the general population.

(A) Complete quarantine is a limitation of freedom of movement of persons or animals exposed to a reportable disease, for a period of time not longer than the longest period of communicability of the disease, in order to prevent effective contact with the general population.

(B) Modified quarantine is a selective, partial limitation of freedom of movement of persons or *[domestic]* animals determined on the basis of differences in susceptibility or danger of disease transmission. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the closure of schools and places of public or private assembly and the prohibition or restriction of those exposed to a communicable disease from engaging in a particular occupation.

*[(31)]***(32)** Reportable disease is any disease or condition for which an official report is required. Any unusual *[group]* expression of illness **in a group of individuals** which may be of public health concern is reportable and shall be reported to the local health department, local health authority or the Department of Health by the quickest means.

*[(32)]***(33)** Small quantity generator of infectious waste is any person generating one hundred kilograms (100 kg) or less of infectious waste per month and as regulated in 10 CSR 80.

(34) Terrorist event is the unlawful use of force or violence committed by a group or individual against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Terrorist attacks are classified as chemical, biological, or radiological.

(A) Chemical means any weapon that is designed or intended to cause widespread death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals or precursors of toxic or poisonous chemicals.

(B) Biological means any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product.

(C) Radiological means any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

*[(33)]***(35)** Toxic substance is any substance, including any raw materials, intermediate products, catalysts, final products or by-products of any manufacturing operation conducted in a commercial establishment that has the capacity through its physical, chemical or biological properties to pose a substantial risk of death or impairment, either immediately or later, to the normal functions of humans, aquatic organisms or any other animal.

(36) Unusual diseases—Examples include but are not limited to the following:

(A) Diseases uncommon to a geographic area, age group, or anatomic site;

(B) Cases of violent illness resulting in respiratory failure;

(C) Absence of a competent natural vector for a disease; or

(D) Occurrence of hemorrhagic illness.

(37) Unusual manifestation of illness—Examples include but are not limited to the following:

(A) Multiple persons presenting with a similar clinical syndrome at a steady or increasing rate;

(B) Large numbers of rapidly fatal cases, with or without recognizable signs and symptoms;

(C) Two or more persons, without a previous medical history, presenting with convulsions;

(D) Persons presenting with grayish colored tissue damage; or

(E) Adults under the age of fifty years, without previous medical history, presenting with adult respiratory distress syndrome (ARDS).

[(34) This rule will expire on June 30, 2005.]

*AUTHORITY: sections 192.006, **RSMo Supp. 1999**, and 192.020 and 260.203, RSMo 1994. This rule was previously filed as 13 CSR 50-101.010. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed June 1, 2000, effective June 15, 2000, expires Dec. 11, 2000. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 19—DEPARTMENT OF HEALTH
Division 20—Division of Environmental Health and Communicable Disease Prevention
Chapter 20—Communicable Diseases

EMERGENCY AMENDMENT

19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases. The Department of Health proposes to amend sections (1) through (8) and to delete section (10).

PURPOSE: This amendment: updates material incorporated into this rule by reference; modifies the type of information to be sent to local health authorities when a reportable disease or condition is confirmed or suspected; provides the requirement for local health authorities to treat patient information in a confidential manner; modifies the list of diseases and conditions that are reportable to the Missouri Department of Health as well as timeframes for reporting.

EMERGENCY STATEMENT: On January 1, 2000, the CDC changed its rules to require reporting of HIV viral load measurements, all tests required for the tracking of perinatally-exposed infants, and Q fever. The CDC requirements went into effect immediately. Cyclosporidiosis, yellow fever, and varicella deaths were designated as reportable conditions by CDC prior to January 1, 2000, but have not yet been added to Missouri's list of reportable conditions. The MDOH needs this rule to be in effect immediately to ensure consistent disease reporting with CDC. Further, the reporting requirements in this rule will expire on June 30, 2000. Therefore, the MDOH needs this rule to continue disease report-

*ing without interruption in order to protect the public health and safety. The amendment will alleviate this danger, as it will require all conditions that are nationally notifiable to be reported to health authorities. The MDOH finds an immediate danger to the public health and welfare and a compelling government interest, which require emergency action. The scope of this rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The MDOH believes this emergency rule is fair to all interested persons and parties under the circumstances. The emergency rule was filed June 1, 2000, effective June 15, 2000, and expires December 11, 2000.*

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) Category I diseases or findings shall be reported to the local health authority or to the Department of Health within twenty-four (24) hours of first knowledge ***or suspicion*** by telephone, facsimile or other rapid communication. Category I diseases or findings are—

(A) Diseases, findings or agents that occur naturally or from accidental exposure:

[Acute chemical poisoning as defined in 56 FR 52166–52175
Anthrax
Botulism
Brucellosis
Cholera]
Diphtheria
[Group A Streptococcal disease, invasive]
[Haemophilus influenzae] ***Haemophilus influenzae*****, invasive** disease*[, invasive, including meningitis]*
Hantavirus **pulmonary syndrome**
[Hemolytic Uremic Syndrome, post-diarrheal]
Hepatitis A
Hyperthermia
Hypothermia
Influenza, suspected—nosocomial outbreaks and public or private school closures
Lead (blood) level greater than or equal to forty-five micrograms per deciliter (≥45 μg/dl) in any person equal to or less than seventy-two (≤72) months of age
Measles **(rubeola)**
Meningococcal disease, invasive*[, including meningitis]*
[Methemoglobinemia]
Outbreaks or epidemics of any illness, disease or condition that may be of public health concern
Pertussis
[Pesticide poisoning
Plague]
Poliomyelitis
[Psittacosis]
Rabies**, animal or human**
Rubella**, including congenital syndrome**
Staphylococcus aureus**, vancomycin resistant**
Syphilis**, including congenital syphilis**
Tuberculosis disease
Typhoid fever

(B) Diseases, findings or agents that occur naturally or that might result from a terrorist attack involving biological, radiological, or chemical weapons:

Adult respiratory distress syndrome (ARDS) in patients under 50 years of age (without a contributing medical history)
Anthrax
Botulism
Brucellosis
Cholera
Encephalitis, Venezuelan equine
Glanders
Hemorrhagic fever (e.g., dengue, yellow fever)
Plague
Q fever
Ricin
Smallpox (variola)
Staphylococcal enterotoxin B
T-2 mycotoxins
Tularemia

(2) Category II diseases or findings shall be reported to the local health authority or the Department of Health within three (3) days of first knowledge ***or suspicion***. Category II diseases or findings are—

Acquired immunodeficiency syndrome (AIDS)
Arsenic poisoning
Blastomycosis
[Cadmium poisoning]
Campylobacter infections
Carbon monoxide poisoning
CD4+ T cell count
Chancroid
Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to section (1)(B)
[Chlamydia trachomatis] ***Chlamydia trachomatis*****,** infections
Creutzfeldt-Jakob disease
Cryptosporidiosis
Cyclosporidiosis
[E. coli O157:H7]
Ehrlichiosis**, human granulocytic or monocytic**
Encephalitis, arthropod-borne **[except VEE, see section (1)(B)]**
Escherichia coli **O157:H7**
Giardiasis
Gonorrhea
Hansen disease (leprosy)
Heavy metal poisoning including, but not limited to, cadmium and mercury
Hemolytic uremic syndrome (HUS), post-diarrheal
Hepatitis B, acute
Hepatitis B *[S]*surface *[A]*antigen (prenatal HBsAg) **in** *[positive screening of]* pregnant women
Hepatitis C
Hepatitis non-A, non-B**, non-C**
Human immunodeficiency virus (HIV)-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)
Human immunodeficiency virus (HIV) infection, *[confirmed]* **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 years of age whose mothers are infected with HIV
Human immunodeficiency virus (HIV) viral load measurement (including nondetectable results)

Influenza**, laboratory-confirmed**
[Kawasaki disease]
Lead *[exposure greater than or equal to ten micrograms per deciliter (≥10 µg/dl) in persons under age eighteen (<18) or greater than or equal to twenty-five micrograms per deciliter (≥25 µg/dl) in persons age eighteen or greater (>18)]* **(blood) level less than forty-five micrograms per deciliter (<45 µg/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
Leptospirosis
[Listeria monocytogenes] ***Listeria monocytogenes***
Lyme disease
Malaria
[Meningitis, aseptic
Mercury poisoning]
Methemoglobinemia
Mumps
Mycobacterial disease other than tuberculosis (MOTT)
Nosocomial outbreaks
Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome
[Pertussis]
Pesticide poisoning
Psittacosis
Respiratory diseases triggered by environmental *[factors]* **contaminants** including environmentally or occupationally induced asthma and bronchitis
[Reye syndrome]
Rocky Mountain spotted fever
[Salmonella infections] **Salmonellosis**
[Shigella infections] **Shigellosis**
Streptococcal disease, invasive, Group A
***Streptococcus pneumoniae*, drug resistant invasive disease**
Tetanus
[T-Helper (CD4+) lymphocyte count on any person with HIV infection]
Toxic shock syndrome**, staphylococcal or streptococcal**
Trichinosis
Tuberculosis infection
[Tularemia]
Varicella deaths
[Yersinia enterocolitica] ***Yersinia enterocolitica***

(3) The occurrence of *[any]* **an** outbreak or epidemic of any illness**,** *[or]* disease **or condition** which may be of public health concern, including any illness in a food handler that is potentially transmissible through food*[,]***. This also includes public health threats that could result from terrorist activities such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents** shall be reported to the local health authority or the Department of Health by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion.

(4) A physician, physician's assistant, nurse, hospital, clinic, or other private or public institution providing **diagnostic testing, screening or** care to any person *[who is suffering from]* **with** any disease, condition or finding listed in sections (1)–(3) of this rule, or who is suspected of having any of *[those]* **these** diseases, conditions or findings, shall make a case report to the local health authority or the Department of Health**,** or cause a case report to be made by their designee**,** within the specified time.

(A) A physician, physician's assistant, or nurse providing care **in an institution** to any patient*[,]* with any disease, condition or finding listed in sections (1)–(3) of this rule*[, in an institution]* may authorize, in writing, the administrator or designee of the institution to submit case reports on patients attended by the physician, physician's assistant, or nurse at the institution. But under no other circumstances shall the physician, physician's assistant, or nurse be relieved of this reporting responsibility.

(5) A case report as required in section (4) of this rule shall include the patient's name, **home** address **with zip code, date of birth,** age, sex, race, **home** phone number, name of the disease, condition or finding diagnosed or suspected, the date of onset of the illness, name and address of the treating facility (if any) and the attending physician, any appropriate laboratory results, name and address of the reporter, **treatment information for sexually transmitted diseases,** and the date of report.

(6) Any person in charge of a public or private school, summer camp or **child or adult** *[day]* care facility shall report to the local health authority or the Department of Health the presence or suspected presence of any diseases or findings listed in sections (1)–(3) of this rule according to the specified time frames.

(7) All local health authorities shall forward to the Department of Health reports of all diseases or findings listed in sections (1)–(3) of this rule. All reports shall be forwarded within twenty-four (24) hours after being received according to procedures established by the Department of Health director. **Reports will be forwarded as expeditiously as possible if a terrorist event is suspected or confirmed.** The local health authority shall retain from the original report any information necessary to carry out the required duties in 19 CSR 20-20.040(2) and (3).

(8) Information from patient medical records received by **local public health agencies or** the Department of Health **in compliance with this rule** is to be considered confidential records and not public records.

(10) *[This rule will expire on June 30, 2000.]* **The following material is incorporated into this rule by reference:**

(A) Agency for Toxic Substances and Disease Registry (ATSDR) Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Priority List of Hazardous Substances (http://atsdr.cdc.gov:8080/97list.html)

*AUTHORITY: sections 192.006, **RSMo Supp. 1999** and 192.020, **192.139,** 210.040 and 210.050, RSMo 1994. 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 June 1, 2000, effective June 15, 2000, expires Dec. 11, 2000. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 19—DEPARTMENT OF HEALTH
Division 20—Division of Environmental Health and Communicable Disease Prevention
Chapter 20—Communicable Diseases

EMERGENCY RESCISSION

19 CSR 20-20.080 Duties of Laboratories. This rule established the responsibility of laboratories to report to the Missouri Department of Health specified results of tests and to submit isolates/specimens for certain diseases and conditions.

PURPOSE: The purpose of this emergency rescission is to promulgate an emergency rule because extensive changes to its content and format require promulgation of a new rule.

EMERGENCY STATEMENT: On January 1, 2000, the CDC changed its rules to require reporting of HIV viral load measurements, all tests required for the tracking of perinatally-exposed infants, and Q fever. The CDC requirements went into effect immediately. Cyclosporidiosis, yellow fever, and varicella deaths were designated as reportable conditions by CDC prior to January 1, 2000, but have not yet been added to Missouri's list of reportable conditions. Those changes are incorporated in 19 CSR 20-20.020, which the emergency rule cross-references. The MDOH needs this rescission to be in effect immediately to ensure consistent disease reporting with CDC. Further, the reporting requirements in this rule will expire on June 30, 2000. Therefore, the MDOH needs this rescission to continue disease reporting without interruption in order to protect the public health and safety. The rescission will alleviate this danger, as it will require all conditions that are nationally notifiable to be reported to health authorities. The MDOH finds an immediate danger to the public health and welfare and a compelling government interest, which require emergency action. The scope of this rescission is limited to the circumstances creating the emergency and complies with the protections extended in the ***Missouri*** *and* ***United States Constitutions****. The MDOH believes this emergency rescission is fair to all interested persons and parties under the circumstances. The emergency rescission was filed June 2, 2000, effective June 15, 2000, and expires December 11, 2000.*

AUTHORITY: sections 192.006.1 and 192.020, RSMo 1994. This rule was previously filed as 13 CSR 50-101.090. Original rule filed July 15, 1948, effective Sept. 13, 1948. Amended: Filed Aug. 4, 1986, effective Oct. 11, 1986. Amended: Filed Aug. 14, 1992, effective April 8, 1993. Amended: Filed Sept. 15, 1995, effective April 30, 1996. Emergency rule filed June 1, 2000, effective June 15, 2000, expires Dec. 11, 2000. Emergency rescission filed June 2, 2000, effective June 15, 2000, expires Dec. 11, 2000. A proposed rescission covering this same material is published in this issue of the ***Missouri Register****.*

Title 19—DEPARTMENT OF HEALTH
Division 20—Division of Environmental Health and Communicable Disease Prevention
Chapter 20—Communicable Diseases

EMERGENCY RULE

19 CSR 20-20.080 Duties of Laboratories

PURPOSE: This rule establishes the responsibility of laboratories to report to the Missouri Department of Health specified results of tests and to submit isolates/specimens for certain diseases and conditions.

EMERGENCY STATEMENT: On January 1, 2000, the CDC changed its rules to require reporting of HIV viral load measurements, all tests required for the tracking of perinatally-exposed infants, and Q fever. The CDC requirements went into effect immediately. Cyclosporidiosis, yellow fever, and varicella deaths were designated as reportable conditions by CDC prior to January 1, 2000, but have not yet been added to Missouri's list of reportable conditions. Those changes are incorporated in 19 CSR 20-20.020, which this rule cross-references. The MDOH needs this rule to be in effect immediately to ensure consistent disease reporting with CDC. Further, the reporting requirements in this rule will expire on June 30, 2000. Therefore, the MDOH needs this rule to continue disease reporting without interruption in order to protect the public health and safety. The rule will alleviate this danger, as it will require all conditions that are nationally notifiable to be reported to health authorities. The MDOH finds an immediate danger to the public health and welfare and a compelling government interest, which require emergency action. The scope of this rule is limited to the circumstances creating the emergency and complies with the protections extended in the ***Missouri*** *and* ***United States Constitutions****. The MDOH believes this emergency rule is fair to all interested persons and parties under the circumstances. The emergency rule was filed June 1, 2000, effective June 15, 2000, and expires December 11, 2000.*

(1) The director or person in charge of any laboratory shall report to the local health authority or the Missouri Department of Health the result of any test that is positive for, or suggestive of, any disease or condition listed in 19 CSR 20-20.020. These reports shall be made according to the time and manner specified for each disease or condition following completion of the test and shall designate the test performed, the results of test, the name and address of the attending physician, the name of the disease or condition diagnosed or suspected, the date the test results were obtained, the name and home address (with zip code) of the patient and the patient's age, date of birth, sex, and race.

(2) In reporting findings for diseases or conditions listed in 19 CSR 20-20.020, laboratories shall report—

Arsenic (urinary) level greater than or equal to one hundred micrograms per liter (≥100 μg/l) in a 24-hour urine sample;

Cadmium (urinary) level greater than or equal to three micrograms per liter (≥3.0 μg/l) in a 24-hour urine sample;

Carboxyhemoglobin level greater than fifteen percent (15%);

Chemical/pesticide (blood or serum) level greater than the Lowest Quantifiable Limit;

Lead (blood) level—report all results;

Mercury (blood) level greater than or equal to three-tenths micrograms per deciliter (≥0.3 μg/dl);

Mercury (urinary) level greater than or equal to twenty micrograms per liter (≥20 μg/l) in a 24-hour urine sample; and

Methemoglobin proportion greater than or equal to seventy-five percent (≥75%).

(3) 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*)
Enteric *Escherichia coli* infection (*E. coli* O157:H7)
Haemophilus influenzae, invasive disease
Malaria (*Plasmodium* species)
Measles (rubeola)
Mycobacterium tuberculosis
Neisseria meningitidis, invasive disease
Pertussis (*Bordetella pertusis*)
Plague (*Yersinia pestis*)
Salmonellosis (all *Salmonella* species)
Shigellosis (all *Shigella* species)
Vancomycin Resistant *Staphylococcus aureus*

AUTHORITY: sections 192.006, RSMo Supp. 1999 and 192.020, RSMo 1994. This rule was previously filed as 13 CSR 50-101.090. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the ***Code of State Regulations****. Emergency rule filed June 1, 2000, effective June 15, 2000, expires Dec. 11, 2000. Emergency rescission filed June 2, 2000, effective June 15, 2000, expires Dec. 11, 2000. A proposed rescission and proposed rule covering this same material is published in this issue of the* ***Missouri Register****.*

Title 19—DEPARTMENT OF HEALTH
Division 20—Division of Environmental Health and Communicable Disease Prevention
Chapter 26—Sexually Transmitted Diseases

EMERGENCY AMENDMENT

19 CSR 20-26.030 Human Immunodeficiency Virus (HIV) *[Antibody]* **Test Consultation and Reporting**. The Department of Health proposes to amend sections (1) and (2).

PURPOSE: *This amendment provides a general clarification of the text and requires that: informed consent be obtained prior to HIV testing; client-centered counseling is used for any individual obtaining HIV pre- and posttest counseling services; individuals with HIV positive test results, in addition to appropriate posttest counseling, also be counseled regarding their responsibility to inform sex/needle-sharing partners of the potential for exposure to HIV; HIV-positive test results be reported within three days rather than seven days to be consistent with 19 CSR 20-20.020; and expands the HIV case definition for surveillance to include tests other than antibody tests.*

EMERGENCY STATEMENT: On January 1, 2000, the CDC changed its rules to require reporting of HIV viral load measurements and all tests required for the tracking of perinatally-exposed infants. Those changes are incorporated in 19 CSR 20-26.030 and cross-referenced in 20-20.020 and 20-20.080. The MDOH needs these rules to be in effect immediately to ensure consistent disease reporting with CDC. In addition, the MDOH needs its rules to continue disease reporting without interruption in order to protect the public health and safety. The amendment will alleviate this danger, as it will require all conditions that are nationally notifiable to be reported to health authorities. The MDOH finds an immediate danger to the public health and welfare and a compelling government interest, which require emergency action. The scope of this rule is limited to the circumstances creating the emergency and complies with the protections extended in the ***Missouri*** *and* ***United States Constitutions****. The MDOH believes this emergency rule is fair to all interested persons and parties under the circumstances. The emergency rule was filed June 1, 2000, effective June 15, 2000, and expires December 11, 2000.*

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

PURPOSE: This rule defines the manner in which the sampling and [consultation] ***client-centered counseling*** *for* ***HIV*** *[human immunodeficiency virus] antibody testing is to be administered by persons authorized by* ***the Department of Health and positive test results reported to*** *the Department of Health [and the reporting of positive test results].*

(1) The following definitions shall be used in administering this rule:

(C) Window period means the interval between exposure to *[human immunodeficiency virus] [(]*HIV*[)]* and development of a positive *[antibody]* **HIV** test.

(2) *[To be authorized by the department to do HIV sampling,]* **Except as provided by 19 CSR 20-26.040,** a person **performing HIV sampling and pre- and posttest counseling services** shall be a health care professional *[or able to provide accurate and current information about HIV serologic testing along with pretest and posttest consultation in accordance with this rule and shall provide or make provisions for pretest and posttest consultation in person to the person tested or his/her legal guardian or custodian]* **or other public health professional authorized by the Department of Health to provide these services and shall provide current and accurate HIV education and testing information in person to the person tested or his or her legal guardian or custodian.** If**,** after investigation by a department employee, the person responsible for *[sampling]* **providing pre- and posttest counseling services** is determined not to be observing the provisions of this rule, the department shall deny authorization.

(A) Pretest **client-centered counseling** *[consultation]* shall occur before **HIV** sampling and include a **knowledge and** risk assessment of the person to be tested to determine the person's potential for exposure and infection. The person to be tested shall be *[advised of the etiology and methods of transmission of HIV, the testing methodology, the meaning of the test results and the type of behavior necessary to reduce the risk of exposure to the virus.]* **asked about his/her basic HIV knowledge, and if such knowledge is lacking, advised of the means of HIV transmission and the meaning of the test results. Informed consent shall be obtained from the person prior to HIV testing. A plan to receive test results shall be established with the person.**

(B) Posttest **client-centered counseling** *[consultation]* shall *[also]* be provided to all persons tested for HIV *[antibodies]* **infection**. It shall include the test results and their significance, *[information on good preventive and]* risk reduction *[practices]* and **prevention information, and** referral of the person *[for]* **to** medical care and other support services as needed. If the test results are *[negative]* **positive, included in the posttest counseling, there shall be a discussion of the client's responsibility to ensure that sex/needle-sharing partners are advised of their potential exposure to HIV. If the test results are negative,** the person tested shall be advised of the window period and possible need for retesting **if exposure has occurred within the window period**. If the test results are equivocal, the person shall *[also]* be advised of the *[possible]* need for retesting.

(C) If the test results are positive, the identity of the person tested along with related clinical and identifying information shall be reported to the department or its designated representative by the person who performs or conducts HIV sampling within *[seven (7)]* **three (3)** days of receipt of the test results on forms provided by the Department of Health (see Form #1).

(D) Client-centered counseling shall be utilized, as outlined by the current Centers for Disease Control and Prevention *HIV Partner Counseling and Referral Services (PCRS) Guidance*. This method of counseling shall include the following basic elements: a) encourage client participation by informing, reassuring and developing an atmosphere of trust for the client; b) formulating a realistic PCRS plan to assist HIV negative persons to stay negative and HIV positive persons to access support services; and c) assist the HIV positive person in developing a plan for contact tracing and partner notification services.

*[(D)]***(E)** Sites testing persons under the following situations shall be exempt from reporting the identity of persons testing positive for HIV. These sites shall report HIV positive test results as well as *[other]* related clinical and *[identifying]* **other** information within *[seven (7)]* **three (3)** days of receipt of the test results on forms provided by the Department of Health (see Form #1), but shall be exempt from reporting the patient's name and street address—instead a unique patient identifier shall be used:

1. Persons tested **anonymously** at department-designated anonymous testing sites;

2. Persons tested as part of a research project *[at those sites participating in a research project]* **that is** approved by an

institutional review board and *[with notification of the board's approval submitted to the department in writing;]* **as part of the research, subjects are tested for HIV infection. Written documentation of institutional review board approval must be submitted to the department's Office of Surveillance;** or

3. Where prohibited by federal law or regulation;

*[(E)]***(F)** Laboratories which perform **HIV** testing shall report identifying information as specified in 19 CSR 20-20.080; and

[(F)] **(G)** All persons reported with HIV infection to the department or its designated representative *[shall be treated as referrals for public health]* **shall be contacted by public health personnel** for *[public health]* partner elicitation/notification services according to protocols and procedures established by the department.

(H) The following material is incorporated into this rule by reference:

1. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *HIV Partner Counseling and Referral Services (PCRS) Guidance*, December 1998.

*AUTHORITY: sections 192.020, RSMo [1986] **1994** and 192.005.2, **192.006,** 191.653 and 191.656, RSMo [Supp. 1988] **Supp. 1999**. Original rule filed March 14, 1989, effective July 13, 1989. Rescinded and readopted: Filed April 14, 1992, effective Dec. 3, 1992. Emergency amendment filed June 1, 2000, effective June 15, 2000, expires Dec. 11, 2000. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 19—DEPARTMENT OF HEALTH
Division 20—Division of Environmental Health and Communicable Disease Prevention
Chapter 26—Sexually Transmitted Diseases

EMERGENCY AMENDMENT

19 CSR 20-26.040 Physician Human Immunodeficiency Virus (HIV) *[Antibody]* **Test Consultation and Reporting**. The Department of Health is amending sections (1), (2), (3), (4) and (5), and adding a new section (6).

PURPOSE: This amendment provides a general clarification of the text and: allows for laboratory testing for HIV by methods other than only antibody testing; deletes the definition of serological test; and requires that HIV-positive test results be reported within three days rather than seven days to be consistent with 19 CSR 20-20.020.

*EMERGENCY STATEMENT: On January 1, 2000, the CDC changed its rules to require reporting of HIV viral load measurements and all tests required for the tracking of perinatally-exposed infants. Those changes are incorporated in 19 CSR 20-26.030 and cross-referenced in 20-20.020 and 20-20.080. The MDOH needs these rules to be in effect immediately to ensure consistent disease reporting with CDC. In addition, the MDOH needs its rules to continue disease reporting without interruption in order to protect the public health and safety. The amendment will alleviate this danger, as it will require all conditions that are nationally notifiable to be reported to health authorities. The MDOH finds an immediate danger to the public health and welfare and a compelling government interest, which require emergency action. The scope of this rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The MDOH believes this emergency rule is fair to all interested persons and parties under the circumstances. The emergency rule was filed June 1, 2000, effective June 15, 2000, and expires December 11, 2000.*

*PURPOSE: This rule establishes guidelines specific to physicians and other health care professionals working under physician orders for **HIV** [human immunodeficiency virus blood sampling, and] **testing,** pretest and posttest consultation **(client-centered counseling),** and for the reporting of persons diagnosed with [human immunodeficiency virus] **HIV** infection.*

(1) The following definitions shall be used in administering this rule:

(B) Confirmed *[human immunodeficiency virus ([]*HIV*[])]* infection means the clinical diagnosis and conclusion that a patient is infected with HIV, made in the professional judgment of the physician based upon clinical history, physician examination, diagnostic or laboratory *[serological]* testing or other available clinical information which allows the physician to make clinical and therapeutic decisions based upon this infected status;

(E) Physician's delegated representative means state licensed professional involved in direct patient care, other than those persons licensed as physicians under Chapter 334, RSMo.*[; and]*

[(F) Serological test means—

1. A serum specimen repeatedly reactive for HIV antibody by a licensed screening test (for example, enzyme-linked immunosorbent assay (EIA)) that has been verified by a more specific subsequent test (such as Western Blot or immunofluorescence assay (IFA));

2. A positive lymphocyte culture verified by a specific HIV antigen test or by in situ hybridization using a deoxyribonucleic acid (DNA) probe;

3. A positive result on any other highly specific test for HIV; or

4. A T-Helper (CD4) lymphocyte count performed as a part of the clinical management of a person who in the professional judgment of the physician is infected with HIV.]

(2) The physician or the physician's delegated representative shall provide consultation with the patient or his/her legal guardian or custodian prior to conducting HIV *[blood sampling]* **testing**, and to the patient, guardian or custodian during the reporting of the test results or diagnosis.

(3) The physician shall report to the department or its designated representative the identity of any person with confirmed HIV infection along with related clinical and identifying information within *[seven (7)]* **three (3)** days of receipt of the test results on forms provided by the department (see Form #1) following 19 CSR 20-26.030.

(4) Physicians testing persons under the following situations shall be exempt from reporting the identity of the person testing positive for HIV. In these situations, physicians shall report HIV positive test results as well as *[other]* related clinical and **other** *[identifying]* information within *[seven (7)]* **three (3)** days of receipt of the test results on forms provided by the department (see Form #1 following 19 CSR 20-26.030), but shall be exempt from reporting the patient's name and street address—instead a unique patient identifier shall be used.

(A) Persons tested *[solely]* as part of a research project *[at those sites participating in a research project]* **which is** approved by an institutional review board *[with notification of the boards approval submitted to the department in writing]* **and in which, as part of the research, subjects are tested for HIV infection. Written documentation of institutional review board approval must be submitted to the department's Office of Surveillance**; or

(5) All persons reported with HIV infection to the department or its designated representative *[shall be treated as referrals for public health]* **can be contacted by public health personnel** for *[public health]* partner elicitation/notification services according to protocols and procedures established by the department.

(6) Laboratories which perform HIV testing shall report identifying information as specified in 19 CSR 20-20.080.

*AUTHORITY: sections 191.653, 191.656, [192.005.2] **and 192.006,** RSMo [Supp. 1988] **Supp. 1999** and 192.020, RSMo [1986] **1994**. Original rule filed April 14, 1992, effective Dec. 3, 1992. Emergency amendment filed June 1, 2000, effective June 15, 2000, expires Dec. 11, 2000. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*