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**Rules of  
Department of Health  
Division 20—Division of Environmental  
Health and Epidemiology  
Chapter 22—Typhoid Carriers**

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**Title 19—DEPARTMENT OF  
HEALTH**

**Division 20—Division of Environmental  
Health and Epidemiology  
Chapter 22—Typhoid Carriers**

**19 CSR 20-22.010 Supervision of Typhoid  
Carriers**

*PURPOSE: This rule establishes procedures for the supervision of identified carriers of typhoid.*

(1) Any person whose feces or urine contains typhoid bacilli (*Salmonella typhi*) and is not ill shall be considered a typhoid carrier. If a typhoid carrier has had typhoid fever within the past twelve (12) months s/he shall be considered a convalescent typhoid carrier. If a typhoid carrier continues to have typhoid bacilli in his/her feces or urine for more than twelve (12) months after having typhoid fever or in the absence of a history of typhoid fever, s/he shall be considered a chronic typhoid carrier.

(2) A typhoid carrier shall be under the supervision of the health officer having jurisdiction. No typhoid carrier shall prepare, serve or in any way handle water, milk or milk products or any other food to be consumed by persons other than those in his/her immediate family.

(3) The health officer shall prepare a case history, including laboratory findings, for each chronic typhoid carrier within his/her jurisdiction and forward a copy to the Department of Health district health administrator in whose jurisdiction the carrier resides. Typhoid carrier record forms will be supplied by the Department of Health for this purpose.

(4) The health officer or his/her representative shall instruct chronic typhoid carriers regarding their infection and the measures necessary to avoid transmission of infection to others. Chronic typhoid carriers may be permitted by the health officer to be in free communication with others upon the signing of and adherence to the following typhoid carrier agreement; one (1) copy of which will be retained by the carrier; one (1) by the health officer; and a third forwarded to the district health administrator having jurisdiction or to the Department of Health.

(5) The typhoid carrier agreement shall read as follows:

To Whom It May Concern

Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_ hereby acknowledge that I am a typhoid carrier and that in order that I might be placed under modified isolation I hereby agree that:

(A) I will not at any time handle, prepare or cook any food or drink to be consumed by others than my immediate family.

(B) I will thoroughly wash my hands with soap and water after each visit to the toilet.

(C) I will not bathe in any public or private swimming pool.

(D) If my residence is not connected to a municipal sewage treatment system, I agree to have an on-site sewage treatment facility that complies with minimum standards as determined by the Missouri Department of Health.

(E) I will notify the health officer or the local health department within one (1) week of any change of address.

(F) I will submit such fecal and urine specimens as may be requested by the health officer or local health department.

(G) If I become ill and require hospital or other institutional care, I will inform the superintendent or person in charge of the hospital or institution that I am a typhoid carrier.

(H) I understand that failure to abide by the provisions of this agreement subjects me to necessary enteric precautions as determined by the Missouri Department of Health.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

(I) I have explained these provisions to \_\_\_\_\_ and in view of the above agreement I hereby grant permission for \_\_\_\_\_ to be in free communication with others as long as \_\_\_\_\_ complies with the conditions of the agreement.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

(6) A health officer may release a chronic typhoid carrier from further supervision if the carrier submits, under the supervision of the health officer, six (6) consecutive feces specimens (for intestinal carriers) or urine specimens (for urinary carriers) at monthly intervals which are found to be culturally negative for typhoid bacilli. The release shall be in the form of a written dated statement, signed by the health officer, indicating that the patient has met the requirements for release from supervision and is no longer classified as a typhoid carrier. One (1) copy of this statement shall be given to the carrier, one (1) retained by the local health department and one (1)

forwarded to the district health office having jurisdiction or to the Department of Health.

*Auth: sections 192.005.2 and 192.020, RSMo (1986). This rule previously filed as 13 CSR 50-103.010. Original rule filed July 15, 1948, effective Sept. 13, 1948. Amended: Filed Aug. 4, 1986, effective Oct. 11, 1986.*