

**ABSTRACT**

Department of Health and Senior Services  
Division 20 - Division of Community and Public Health  
Title 19 - Department of Health and Senior Services  
Chapter 20 – Communicable Diseases  
Pg. 8



Missouri Secretary of State  
**John R. Ashcroft**

<https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-20.pdf>

**19 CSR 20-20.030 Exclusion From School and Readmission**

*PURPOSE: This rule requires the exclusion of persons from school who have a reportable disease or who are liable to transmit a reportable disease. The methods of readmission to school are also established. Editor’s Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive.*

**The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.**

(1) Persons suffering from a reportable disease or who are liable to transmit a reportable disease listed in 19 CSR 20-20.020(1)–(3)\* shall be barred from attending school.

(2) Any person excluded from school under section (1) of this rule may be readmitted to school by one (1) of the following methods:

(A) Certification in writing by an attending physician attesting to the person’s non-infectiousness;

(B) After a period of time equal to the longest period of communicability of the disease as established in the 1990 fifteenth edition of the *Control of Communicable Diseases in Man* published by the American Public Health Association; the 1991 twenty second edition of the *Report of the Committee on Infectious Diseases* published by the American Academy of Pediatrics; or the following recommendations of the Immunization Practices Advisory Committee published by the Centers for Disease Control in the Morbidity and Mortality Weekly Report: General Recommendations on Immunization, April 7, 1989; Update on Adult Immunization, November 15, 1991; New Recommended Schedule for Active Immunization of Normal Infants and Children, September 19, 1986; Pertussis Vaccination: Acellular Per tussis Vac cine for Reinforcing and Booster Use—Supplementary ACIP Statement, February 7, 1992; Diphtheria, Tetanus and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures, August 8, 1991; Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenza Type b Disease Among Infants and Children Two Months of Age and Older, January 11, 1991; Immunization of Children Infected With Human Immunodeficiency Virus—Supplementary ACIP Statement, April 1, 1988; Immunization of Child ren Infected with Human T-Lympho tropic Virus Type III/Lymphadenopathy-Associated Virus, September 26, 1986; Prevention and Control of Influenza, May 15, 1992; Measles Prevention: Recommendations of the Immunization Practices Advisory Committee (ACIP), December 29, 1989; Meningococcal Vaccines, May 10, 1985; Mumps Prevention, June 9, 1989; Pneumococcal Polysaccharide Vaccine, February 10, 1989; Poliomyelitis Prevention: Enhanced-Potency Inactivated Poliomyelitis Vaccine Supplementary— Statement, December 11, 1987; Poliomyelitis Prevention, January 29, 1982; Rabies Prevention, March 22, 1991; Rubella Prevention, November 23, 1990; Varicella-Zoster Immune Globulin for the Prevention of Chickenpox, February 24, 1984; Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination, November 22, 1991; Plague Vaccine, June 11, 1982; Typhoid Immunization, July 13, 1990; Typhus Vaccine, June 2, 1978; and Yellow Fever Vaccine, May 4, 1990; or

(C) When the local health authority declares that the designated health emergency is ended, after consultation and concurrence of the director of the Department of Health or his/her designated representative. **THIS IS BEING CHANGED PER JUDGE GREEN’S RULING 11.22.2021**

*AUTHORITY: sections 192.005.2. and 192.020, RSMo 1994. \* This rule was previously filed as 13 CSR 50-101.041. Original rule filed Dec. 11, 1981, effective May 13, 1982. Amended: Filed Sept. 16, 1982, effective Jan. 14, 1983. Amended: Filed Aug. 4, 1986, effective Oct. 11, 1986. Amended: Filed April 4, 1988, effective June 27, 1988. Emergency amendment filed Jan. 13,*

1989, effective Jan. 23, 1989, expired May 22, 1989. Amended: Filed Jan. 13, 1989, effective May 11, 1989. Amended: Filed Oct. 3, 1989, effective Feb. 25, 1990. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed July 12, 1991, effective Oct. 31, 1991. Amended: Filed Aug. 14, 1992, effective Feb. 26, 1993. \*Original authority: 192.005.2., RSMo 1985, amended 1993 and 192.020, RSMo 1939, amended 1945, 1951.

**\*19 CSR 20-20.020 Reporting Infectious, Contagious, Communicable, or Dangerous Diseases**

PURPOSE: This rule designates the diseases which are infectious, contagious, communicable, or dangerous and must be reported to the local health authority or the Department of Health and Senior Services. It also establishes when they must be reported.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The diseases within the immediately reportable disease category pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. 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 (1 (800) 392-0272), facsimile, or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event: Anthrax Botulism Coronavirus Disease 2019 (COVID-19) Paralytic poliomyelitis Plague Rabies (Human) Ricin toxin Severe Acute Respiratory syndrome associated Coronavirus (SARS-CoV) Disease Smallpox Tularemia (suspected intentional release) Viral hemorrhagic fevers, suspected intentional (e.g., Viral hemorrhagic fever diseases: Ebola, Marburg, Lassa, Lujo, new world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo);

(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: 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 ( $\geq 45 \mu\text{g}/\text{dl}$ ) in any person Legionellosis 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 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 non-neuroinvasive 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 CrimeanCongo) Yellow fever Zika;

(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)/Human immunodeficiency virus (HIV) infection,
- Stage 3 Babesiosis California serogroup virus neuroinvasive disease California serogroup virus non-neuroinvasive disease
- Campylobacteriosis
- Carbon monoxide exposure CD4+ T cell count and percent Chancroid 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
- Coccidioidomycosis
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Eastern equine encephalitis virus neuroinvasive disease
- Eastern equine encephalitis virus nonneuroinvasive disease
- Ehrlichiosis/Anaplasmosis (Ehrlichia chaffeensis infection, Ehrlichia ewingii infection, Anaplasma phagocytophilum infection, and Ehrlichiosis/Anaplasmosis, human, undetermined)
- Giardiasis Gonorrhoea Hansen's disease (Leprosy) Heavy metal poisoning including, but not limited to, arsenic, cadmium, and mercury
- Hepatitis B,
- acute Hepatitis B,
- chronic Hepatitis B surface antigen (prenatal HBsAg) in pregnant women
- Hepatitis B Virus Infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four ( $\leq 24$ ) months who was born to an HBsAg-positive mother)
- Hepatitis C,
- acute Hepatitis C,
- chronic Human immunodeficiency virus (HIV) infection, exposed newborn infant (i.e., newborn infant whose mother is infected with HIV) Human immunodeficiency virus (HIV) infection, including any test or series of tests used for the diagnosis or periodic monitoring of HIV infection. For series of tests which indicate HIV infection, all test results in the series (both positive and negative) must be reported.
- Human immunodeficiency virus (HIV) infection, including any negative, undetectable, or indeterminate test or series of tests used for the diagnosis or periodic monitoring of HIV infection conducted within one hundred eighty (180) days prior to the test result used for diagnosis of HIV infection Human immunodeficiency virus (HIV) infection, pregnancy in newly identified or pre-existing HIV positive women Human immunodeficiency virus (HIV) infection, 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) infection, viral load measurement (including undetectable results) Hyperthermia Hypothermia Lead (blood) level less than forty-five micrograms per deciliter ( $<45 \mu\text{g}/\text{dl}$ ) in any person
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Methemoglobinemia, environmentally
- induced
- Mumps
- Non-tuberculosis mycobacteria (NTM)
- Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung,
- and toxic organic dust syndrome
- Pesticide poisoning
- Powassan virus neuroinvasive disease
- Powassan virus non-neuroinvasive disease
- Psittacosis
- Rabies Post-Exposure Prophylaxis (Initiated)
- Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma
- and bronchitis
- Rickettsiosis, Spotted Fever
- Saint Louis encephalitis/virus neuroinvasive disease
- Saint Louis encephalitis virus non-neuroinvasive disease
- Salmonellosis
- Streptococcus pneumoniae, Invasive disease (IPD-Invasive Pneumococcal Disease)
- Streptococcal toxic shock syndrome
- (STSS)
- Toxic shock syndrome, non-streptococcal
- Trichinellosis
- Tuberculosis infection
- Varicella (Chickenpox)

- Varicella deaths
- Vibriosis (non-cholera Vibrio species infections)
- West Nile virus neuroinvasive disease
- West Nile virus non-neuroinvasive disease
- 6 CODE OF STATE REGULATIONS (6/30/20) JOHN R. ASHCROFT
- Secretary of State
- 19 CSR 20-20—DEPARTMENT OF HEALTH AND Division 20—Division of Community and SENIOR SERVICES Public Health
- Western equine encephalitis virus neuroinvasive disease
- Western equine encephalitis virus nonneuroinvasive disease
- Yersiniosis.