



Public Health

Diseases and Conditions Reportable in Kansas City, Missouri

Kansas City Ordinances (Article II, Sec. 34-51, 34-53, 34-54, 34-55, 34-56, 34-68, 34-72)

Kansas City, Missouri Health Department, 2400 Troost Ave, Suite 2600, Kansas City, MO 64108

Phone: 816-513-6152 Fax: 816-513-6289 Web: www.kcmo.gov/health

The following shall be reported to the Health Department immediately upon first knowledge or suspicion by calling 816-513-6152 or duty officer.

- Anthrax
- Botulism
- Plague
- Poliomyelitis (paralytic)
- Rabies (Human)
- Ricin Toxin
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers, suspected intentional (e.g., Ebola, Marburg, Lassa, Lujo, new world Arenaviruses (Guanarito, Machupo, Junín, and Sabia viruses), or Crimean-Congo virus)
- Incidence of absenteeism of 20 percent greater than the daily norm in any public or private school
- Instances, clusters or outbreaks of any unusual, novel and/or emerging disease which may be of public health concern
- Instances, clusters or outbreaks of unusual diseases or manifestations of illnesses or 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

The following shall be reported to the Health Department within one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication.

- Animal (mammal, including human) bite resulting in wound to humans
- Brucellosis
- Chikungunya
- Cholera
- Dengue virus infection
- Diphtheria
- *Escherichia coli* 0157:H7
- Glanders (*Burkholderia mallei*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome (HUS) (post diarrheal)
- Hepatitis A, acute
- Hepatitis D
- Hepatitis E
- Influenza-associated mortality
- Influenza-associated public and/or private school closures
- Lead (blood) level greater than or equal to forty-five micrograms per deciliter (>45µg/dl) in any person
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- Meningococcal disease (invasive)
- Novel influenza A infections in humans
- Outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including any foodborne illness or illness in a food handler that is potentially transmissible through food
- Pertussis
- Poliovirus infection (non-paralytic)
- Q fever (acute and chronic)
- Rabies (animal)
- Rubella (including congenital syndrome)
- Shiga toxin positive, unknown organism
- Shiga toxin-producing *Escherichia coli* (STEC)
- Shigellosis

- Smallpox vaccine-related diseases, findings or adverse events 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 vaccine), eczema vaccinatum, erythema multiforme (roseola vaccinia, toxic urticarial, fetal vaccinia (congenital vaccinia), generalized vaccinia, inadvertent autoinoculation (accidental implantation), myocarditis, pericarditis, or myopericarditis, ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis), post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia), pyogenic infection of the vaccination site, Stevens-Johnson Syndrome.
- Staphylococcal enterotoxin B
- Syphilis (all stages including congenital syndrome; negative or non-reactive results for any testing associated with positive syphilis findings)
- T-2 mycotoxin
- Tetanus
- Tuberculosis disease
- Tularemia (all cases other than suspected intentional release)
- Typhoid fever (*Salmonella typhi*)
- Vancomycin-intermediate *Staphylococcus aureus* (VISA)
- Vancomycin-resistant *Staphylococcus aureus* (VRSA)
- Venezuelan equine encephalitis (VEE) (neuro and non-neuroinvasive disease)
- Viral hemorrhagic fevers other than suspected intentional (e.g., Ebola, Marburg, Lassa, Lujo, new world Arenavirus (Guanarito, Machupo, Junin and Sabia viruses), or Crimean-Congo)
- Yellow fever
- Zika virus

The following shall be reported to the Health Department within three (3) days of first knowledge or suspicion by telephone, facsimile or other rapid communication.

- Acquired immunodeficiency syndrome (AIDS)/Human immunodeficiency virus (HIV) infection, Stage 3
- Acute chemical poisoning as defined in most current SATSDR CERCLA Priority List of Hazardous Substances. If terrorism is suspected, contact the HD
- Adult Respiratory Distress Syndrome (ARDS) in patients under 50 years of age (without a contributing medical history)
- Any blood lead level, including zero, venous or capillary, regardless of age
- Arsenic poisoning
- Babesiosis
- California Serogroup virus (neuro- and non-neuroinvasive disease)
- Campylobacteriosis
- Carbon monoxide exposure poisoning
- CD4 T-cell count and percent
- Chancroid
- *Chlamydia trachomatis* infections (all manifestations including ophthalmic and pelvic inflammatory disease)
- Coccidioidomycosis
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Eastern equine encephalitis virus (neuro and non-neuroinvasive)
- Ehrlichiosis/Anaplasmosis (*Ehrlichia chaffeensis* infection, *Ehrlichia ewingii* infection, *Anaplasma phagocytophilum* infection and Ehrlichiosis/Anaplasmosis human undetermined)
- Giardiasis
- Gonorrhea (all manifestations including ophthalmic and pelvic inflammatory disease)
- Hansen's Disease (leprosy)
- Heavy metal poisoning (including but not limited to, arsenic, cadmium and mercury)

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- Hepatitis B infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four (<24) months who was born to a HBsAg-positive mother)
- Hepatitis B, acute or chronic, including HBsAg positivity in pregnant women
- Hepatitis C (acute and 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 any 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 measurements (including undetectable results)
- Hyperthermia
- Hypothermia
- Legionellosis
- 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)
- Paragonimiasis
- Pesticide poisoning
- Powassan virus disease (neuro- or non-neuroinvasive disease),
- Psittacosis
- Rabies post-exposure prophylaxis (initiated)
- Respiratory diseases triggered by environmental factors (including environmentally or occupationally induced asthma and bronchitis)
- Rickettsiosis Spotted Fever
- Saint Louis encephalitis virus (neuro- or non-neuroinvasive disease)
- Salmonellosis
- Streptococcal Group A invasive disease
- *Streptococcus pneumoniae*, invasive disease
- Toxic shock syndrome (streptococcal and non-streptococcal)
- Trichinellosis
- Tuberculosis infection (positive TST or positive IGRA with or without CXR result)
- Varicella (chickenpox; include vaccination history with report)
- Varicella deaths
- Vibriosis (non-cholera *Vibrio* species infections)
- West Nile virus (neuro- and non-neuroinvasive disease)
- Western equine encephalitis virus (neuro- and non-neuroinvasive disease)
- Yersiniosis

Penalty for violation of this Article

Whenever in any section of this Article II the doing of any act is required or is prohibited or is declared to be unlawful or an ordinance violation, any person who shall be convicted of a violation of any such provision of this codification or of any such ordinance shall, for each offense, be fined not less than \$100.00 and not more than \$1000.00, or be punished by imprisonment, not to exceed six months, or be punished by both fine and imprisonment. In addition to any penalties issued pursuant to this section, the Director is authorized to report repeated patterns of failure to report under this Article to any appropriate licensing boards.

The following shall be reported to the Health Department within seven (7) days of diagnosis by telephone, facsimile or other rapid communication.

- Influenza, laboratory-confirmed, including rapid tests

Isolates of the following specimens must be submitted to the State Public Health Laboratory for epidemiological or confirmation purposes. Submission of specimens does not relieve the person in charge of laboratory from reporting requirement.

- Anthrax (*Bacillus anthracis*)
- Cholera (*Vibrio cholera*)
- Diphtheria (*Corynebacterium diphtheriae*)
- *Escherichia coli* O157:H7
- Glanders (*Burkholderia mallei*)
- *Haemophilus influenzae* from invasive disease
- Influenza virus-associated mortality or novel influenza A
- *Listeria monocytogenes*
- Malaria (*Plasmodium* species)
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, invasive disease
- Orthopoxvirus (smallpox, cowpox-vaccinia, monkeypox)
- Other Shiga toxin positive organisms
- Pertussis (*Bordetella pertussis*)
- Plague (*Yersinia pestis*)
- *Salmonella*, all species
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
- *Shigella*, all species
- *Staphylococcus aureus*, vancomycin intermediate and resistant strains (VISA and VRSA if MIC ≥ 8)
- Tularemia (*Francisella tularensis*)

Kansas City ordinance delineates the conditions and diseases that are reportable by:

- Duly licensed physicians
- Physician's assistants
- Advanced practice nurses
- Every nurse, superintendent, or principal of a public or private school
- Every owner or any person in charge of a child care facility
- Administrator of each institution. The reports filed by such administrator shall not be considered the divulging of confidential information, and does not relieve the responsible physician or other person of the duty to report the same case
- Any person in charge of a plasma center or blood donating center shall report when blood extracted from a person tests positive for any reportable disease or disease condition identified deemed reportable
- Any person in charge of a clinical laboratory shall report when a laboratory examination of any specimen derived from the human body yields microscopic, cultural, chemical, immunological, serological, or other evidence suggestive of those communicable diseases or disease conditions deemed reportable. This reporting requirement also applies to laboratory specimens sent to another laboratory for analysis or evaluation.

Content of reports

Unless otherwise specified, the report shall include the patient's name, time and date of diagnosis, date of birth, sex, race, ethnicity, home address or location, telephone number, name of the attending physician, name of the disease, condition or finding diagnosed or suspected, date of onset, all associated treatment for the reportable condition, name and address of treating facility (if any), any appropriate laboratory results and other such facts and information which may be available, including specimen site.

The Health Insurance Portability and Accountability Act (HIPAA) permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512 (b)(1)(i). For more information about HIPAA, visit www.HHS.gov.