

Summary of Communicable Disease Rules Draft Changes

ARTICLE 1

R9-6-101

Revises the following definitions:

- Case – to remove references to “unexplained death with a history of fever”
- Fever
- Sexual contact
- Suspect case - to remove references to “unexplained death with a history of fever”

Adds the definition of “respiratory disease”

Removes the definition of “unexplained death with a history of fever”

ARTICLE 2

R9-6-201. Definitions

Corrects a cross reference to Table 2.1

R9-6-202. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

Clarifies that reports are submitted in a Department-provided format

Corrects cross references

Adds a requirement for tribal information

Adds the option for providing an e-mail address rather than a telephone number

Adds a requirement to state whether a tuberculosis diagnosis had been confirmed by a laboratory and, if so, which laboratory

Removes reporting additional information for a case or suspect case of genital herpes infection

Removes requirements related to “unexplained death with a history of fever”

Table 2.1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

Replaces Table 1 – see a separate chart for changes

R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

Clarifies that reports are submitted in a Department-provided format

Corrects cross references and clarifies requirements

Adds a requirement for the name and contact information for a parent or guardian of a child

Table 2.2 Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

Renames Table 2 and makes nomenclature consistent

R9-6-204. Clinical Laboratory Director Reporting Requirements

Clarifies that reports are submitted in a Department-provided format

Corrects cross references

Clarifies information required for a specimen for which an immediate report is required and for reference ranges

Table 2.3. Clinical Laboratory Director Reporting Requirements

Replaces Table 3 – see a separate chart for changes

R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy

Clarifies that reports are submitted in a Department-provided format

R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports

Specifies that local health agencies inform health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters of the format to use when making a report, rather than supplying forms

Clarifies that reports submitted by a local health agency to the Department are in a Department-provided format

Corrects cross references

Removes requirements related to “unexplained death with a history of fever”

Changes the time-frame for reporting an outbreak to the Department from “one working day” to “24 hours” after receiving the report or reports

Table 2.4. Local Health Agency Reporting Requirements

Replaces Table 4 – see a separate chart for changes

ARTICLE 3

R9-6-301. Definitions

Adds the following definitions:

- Public or semipublic water contact recreation device or facility
- Vector

R9-6-302. Local Health Agency Control Measures

Clarifies that the Department may request a local health agency to conduct an epidemiologic or other investigation, even if not specifically required by this Chapter

R9-6-303. Isolation, and Quarantine, Exclusion, and Other Control Measures

Clarifies that the Department may request a local health agency to isolate or quarantine an individual or group of individuals

Adds that the Department may request a local health agency to issue a written order for additional control measures and specifies the content of the written order

Clarifies related language and corrects cross references

R9-6-304. Food Establishment Control Measures

Clarifies that the Department may order the exclusion of a food handler from working according to the requirements in the Article

R9-6-304.01. Control Measures for Multi-drug-resistant Organisms

Adds a Section requiring a sending facility (health care institution or correctional facility) or health care provider to notify a receiving facility or health care provider before transferring a case, suspect case, or carrier of a bacterial disease,

for which the agent is known or suspected to be resistant to antibiotics

For all remaining Sections in Article 3

Corrects cross references to Tables and subsections in Article 2

Removes Sections for:

- **R9-6-307.** **Aseptic Meningitis**
- **R9-6-330.** **Enterotoxigenic *Escherichia coli***
- **R9-6-364.** **Rocky Mountain Spotted Fever**
- **R9-6-369.** **Severe Acute Respiratory Syndrome**

Adds new Sections for:

- **R9-6-305.01.** **Anaplasmosis** - with case control measures (separated from Ehrlichiosis)
- **R9-6-307.** **Arboviral Infection** - with case control measures and environmental control measures
- **R9-6-307.01.** **Babesiosis** - with case control measures
- **R9-6-311.01** **Carbapenem-resistant Enterobacteriaceae** - with case control measures and outbreak control measures
- **R9-6-313.01.** **Chikungunya** - with case control measures and environmental control measures
- **R9-6-315.01.** ***Clostridium difficile*** – with case control measures
- **R9-6-331.01.** **Glanders** – with case control measures
- **R9-6-352.01.** **Methicillin-resistant *Staphylococcus aureus* (MRSA)** – with case control measures and outbreak control measures
- **R9-6-354.01.** **Novel Coronavirus (e.g., SARS or MERS)** – with case control measures and contact control measures
- **R9-6-363.** **Respiratory Disease in a Health Care Institution or Correctional Facility** – with outbreak control measures
- **R9-6-371.01.** **Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)** -- with case control measures and environmental control measures
- **R9-6-393.01.** **Zika Virus** - with case control measures and environmental control measures

Removes contact control measures for:

- **R9-6-329.** ***Escherichia coli*, Shiga toxin-producing**
- **R9-6-331.** **Giardiasis**
- **R9-6-367.** **Salmonellosis**
- **R9-6-370.** **Shigellosis**

Removes a requirement for the Department to review each case report for completeness, accuracy, and need for follow-up for:

- **R9-6-314.** ***Chlamydia trachomatis* Infection**
- **R9-6-332.** **Gonorrhea**

Because labs may not be creating an isolate as part of a test for a specific organism, as reflected in Table 2.3, clarifies that a local health agency shall ensure that isolate or a specimen, as available, from each case is submitted to the Arizona State Laboratory for:

- **R9-6-306. Anthrax**
- **R9-6-310. Brucellosis**
- **R9-6-311.01 Carbapenem-resistant Enterobacteriaceae**
- **R9-6-331.01. Glanders**
- **R9-6-346. Listeriosis**
- **R9-6-351. Melioidosis**
- **R9-6-352. Meningococcal Invasive Disease**
- **R9-6-357. Plague**
- **R9-6-380. Tuberculosis**
- **R9-6-381. Tularemia**
- **R9-6-386. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus***
- **R9-6-387. Vancomycin-Resistant *Staphylococcus epidermidis***
- **R9-6-392. Yellow Fever**
- **R9-6-393. Yersiniosis (Enteropathogenic *Yersinia*)**

Because it may be the Arizona State Laboratory that determines whether a suspect case is a case, adds that a local health agency shall ensure that isolates (or specimens) from both cases and suspect cases are submitted to the Arizona State Laboratory for:

- **R9-6-306. Anthrax**
- **R9-6-309. Botulism**
- **R9-6-331.01. Glanders**
- **R9-6-350. Measles (Rubeola)**
- **R9-6-351. Melioidosis**
- **R9-6-353. Mumps**
- **R9-6-357. Plague**
- **R9-6-358. Poliomyelitis (Paralytic or Non-paralytic)**
- **R9-6-365. Rubella (German Measles)**
- **R9-6-366. Rubella Syndrome, Congenital**
- **R9-6-381. Tularemia**
- **R9-6-390. Viral Hemorrhagic Fever**
- **R9-6-392. Yellow Fever**
- **R9-6-393.01. Zika Virus**

Allows for a negative test result from a test other than a culture test to be used for determining non-infectivity for:

- **R9-6-311. Campylobacteriosis**
- **R9-6-329. *Escherichia coli*, Shiga toxin-producing** – and includes suspect cases with diarrhea
- **R9-6-367. Salmonellosis**
- **R9-6-370. Shigellosis**
- **R9-6-389. *Vibrio* Infection**
- **R9-6-393. Yersiniosis (Enteropathogenic *Yersinia*)**

Clarifies that more than one specimen may be requested for a case and that a local health agency shall ensure that each specimen is submitted to the Arizona State Laboratory for:

- **R9-6-309. Botulism**

- **R9-6-350. Measles (Rubeola)**
- **R9-6-353. Mumps**
- **R9-6-358. Poliomyelitis (Paralytic or Non-paralytic)**
- **R9-6-365. Rubella (German Measles)**
- **R9-6-366. Rubella Syndrome, Congenital**
- **R9-6-390. Viral Hemorrhagic Fever**
- **R9-6-393.01. Zika Virus**

Clarifies that only a case or suspect case with diarrhea is required to be excluded from working for:

- **R9-6-305. Amebiasis**
- **R9-6-311. Campylobacteriosis**
- **R9-6-331. Giardiasis**
- **R9-6-389. *Vibrio* Infection**
- **R9-6-393. Yersiniosis (Enteropathogenic *Yersinia*)**

Clarifies that a suspect case with diarrhea is required to be excluded from working for:

R9-6-367. Salmonellosis

R9-6-370. Shigellosis

Clarifies that the requirement that a stool specimen should be collected at least 48 hours after discontinuing antibiotics is applicable only if the case or suspect case has received antibiotic treatment for:

- **R9-6-315. Cholera**
- **R9-6-370. Shigellosis**
- **R9-6-393. Yersiniosis (Enteropathogenic *Yersinia*)**

Clarifies when a local health agency shall notify the Department, consistent with other Sections and requirements in Article 2 for:

- **R9-6-313.01. Chikungunya**
- **R9-6-323. Dengue**
- **R9-6-329. *Escherichia coli*, Shiga toxin-producing**
- **R9-6-331.01. Glanders**
- **R9-6-333. *Haemophilus influenzae*: Invasive Disease**
- **R9-6-335. Hantavirus Infection**
- **R9-6-336. Hemolytic Uremic Syndrome**
- **R9-6-337. Hepatitis A**
- **R9-6-342. Influenza-Associated Mortality in a Child**
- **R9-6-344. Legionellosis (Legionnaires' Disease)**
- **R9-6-345. Leptospirosis**
- **R9-6-346. Listeriosis**
- **R9-6-348. Lymphocytic Choriomeningitis**
- **R9-6-351. Melioidosis**
- **R9-6-354.01. Novel Coronavirus (e.g., SARS or MERS)**
- **R9-6-356. Pertussis (Whooping Cough)**
- **R9-6-362. Relapsing Fever (Borreliosis)**

- **R9-6-367. Salmonellosis**
- **R9-6-370. Shigellosis**
- **R9-6-371.01. Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)**
- **R9-6-379. Trichinosis**
- **R9-6-380. Tuberculosis**
- **R9-6-382. Typhoid Fever**
- **R9-6-383. Typhus Fever**
- **R9-6-385. Vaccinia-related Adverse Event**
- **R9-6-389. *Vibrio* Infection**
- **R9-6-393.01. Zika Virus**

Adds an exclusion from using a public or semipublic water contact recreation device or facility for specific periods after diarrhea has resolved for:

- **R9-6-305. Amebiasis**
- **R9-6-311. Campylobacteriosis**
- **R9-6-315. Cholera**
- **R9-6-320. Cryptosporidiosis**
- **R9-6-324. Diarrhea, Nausea, or Vomiting**
- **R9-6-329. *Escherichia coli*, Shiga toxin-producing**
- **R9-6-331. Giardiasis**
- **R9-6-367. Salmonellosis**
- **R9-6-370. Shigellosis**
- **R9-6-389. *Vibrio* Infection**
- **R9-6-393. Yersiniosis (Enteropathogenic *Yersinia*)**

Allows a local health agency to determine that a case or suspect case in a sensitive occupation is unlikely to infect other individuals and may return to work for:

- **R9-6-311. Campylobacteriosis**
- **R9-6-324. Diarrhea, Nausea, or Vomiting – also adds the exclusion requirement**
- **R9-6-329. *Escherichia coli*, Shiga toxin-producing**
- **R9-6-331. Giardiasis**
- **R9-6-354. Norovirus**
- **R9-6-367. Salmonellosis**
- **R9-6-370. Shigellosis**
- **R9-6-389. *Vibrio* Infection**
- **R9-6-393. Yersiniosis (Enteropathogenic *Yersinia*)**

Allows a local health agency, in addition to a physician, physician assistant, or registered nurse practitioner, to determine whether a suspect case is unlikely to be infectious for:

- **R9-6-353. Mumps**
- **R9-6-356. Pertussis (Whooping Cough)**
- **R9-6-365. Rubella (German Measles)**

Adds exclusion criteria for cases and suspect cases working in a health care institution for:

- **R9-6-350. Measles (Rubeola)**
- **R9-6-353. Mumps**
- **R9-6-365. Rubella (German Measles)**

Adds control measures applicable to the administrator of a correctional facility or shelter for:

- **R9-6-350. Measles (Rubeola)**
- **R9-6-353. Mumps**
- **R9-6-356. Pertussis (Whooping Cough)**
- **R9-6-365. Rubella (German Measles)**

Adds environmental control measures specific to vector control for:

- **R9-6-307. Arboviral Infection**
- **R9-6-313.01. Chikungunya**
- **R9-6-323. Dengue**
- **R9-6-371.01. Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)**
- **R9-6-391. West Nile Virus Infection**
- **R9-6-393.01. Zika Virus**

Adds a requirement for a sending facility or health care provider to notify a receiving facility or health care provider before transferring a case, suspect case, or carrier of:

- **R9-6-311.01 Carbapenem-resistant Enterobacteriaceae**
- **R9-6-315.01. *Clostridium difficile***
- **R9-6-352.01. Methicillin-resistant *Staphylococcus aureus* (MRSA)**
- **R9-6-386. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus***
- **R9-6-387. Vancomycin-Resistant *Staphylococcus epidermidis***

Requires a local health agency to ensure that a case is provided with health education that includes measures to avoid mosquito bites and reduce mosquito breeding sites for:

- **R9-6-307. Arboviral Infection**
- **R9-6-313.01. Chikungunya**
- **R9-6-323. Dengue**
- **R9-6-391. West Nile Virus Infection**
- **R9-6-393.01. Zika Virus**

Changes specific to one Section include:

- **R9-6-309. Botulism**
 - Removes a requirement for a local health agency to determine if treatment of a botulism case is required
 - Clarifies that environmental control measures are required for food or utensils known to be contaminated by *Clostridium botulinum* toxin, as well as by *Clostridium botulinum*
- **R9-6-314. *Chlamydia trachomatis* Infection** - Clarifies the specific organism for which control measures are required, consistent with text in Article 2
- **R9-6-316. Coccidioidomycosis (Valley Fever)** – Changes the outbreak information required from R9-6-202(E) to R9-6-206(E)
- **R9-6-324. Diarrhea, Nausea, or Vomiting** – Adds the exclusion requirement for sensitive occupations

during an outbreak

- **R9-6-325. Diphtheria**
 - Removes the ability of a diphtheria case or suspect case to be removed from isolation 14 days after beginning treatment, without having negative culture results
 - Requires a local health agency to offer prophylaxis to a diphtheria contact
- **R9-6-326. Ehrlichiosis** – Removes Anaplasmosis into its own Section
- **R9-6-328. Encephalitis: Viral or Parasitic** – Separates case control measures for parasitic encephalitis from viral encephalitis
- **R9-6-329. *Escherichia coli*, Shiga toxin-producing** - Removes mention of the use of antibiotics
- **R9-6-331. Giardiasis** – Does not allow the option of removal of the exclusion from working for sensitive occupations with negative stool specimens
- **R9-6-335. Hantavirus Infection** – Adds environmental control measures
- **R9-6-336. Hemolytic Uremic Syndrome** – Removes the exclusion from working for sensitive occupations
- **R9-6-339. Hepatitis C** – Removes case control measures and adds outbreak control measures
- **R9-6-340. Hepatitis E** - Adds the exclusion from working for sensitive occupations
- **R9-6-341. Human Immunodeficiency Virus (HIV) Infection and Related Disease** – Clarifies that an epidemiologic investigation includes a review of medical records
- **R9-6-344. Legionellosis (Legionnaires' Disease)** – Clarifies environmental control measures and removes a specific requirement for disinfecting the system before resuming its use
- **R9-6-350. Measles (Rubeola)** - Allows a local health agency, rather than a physician, physician assistant, or registered nurse practitioner, to determine whether a suspect case is unlikely to be infectious
- **R9-6-355. Pediculosis (Lice Infestation)** – Adds contact control measures
- **R9-6-359. Psittacosis (Ornithosis)** – Removes the obsolete terminology for the agent
- **R9-6-361. Rabies in a Human** – Adds a requirement for a local health agency to ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory
- **R9-6-365. Rubella (German Measles)** – Requires consultation with the local health agency when isolating and instituting droplet precautions for a rubella case
- **R9-6-366. Rubella Syndrome, Congenital** – Clarifies that negative virus cultures required for removal from isolation and contact precautions must be from specimens collected at least one month apart
- **R9-6-368. Scabies** – Removes the requirement for an epidemiologic investigation of each reported scabies outbreak
- **R9-6-371. Smallpox**
 - Requires a diagnosing health care provider or an administrator of a health care institution to isolate and institute both airborne precautions and contact precautions for a smallpox case or suspect case
 - Requires a local health agency to ensure that a specimen has been submitted to the Arizona State Laboratory
- **R9-6-372. Streptococcal Group A Infection** – Clarifies that the case control measures apply to both invasive and non-invasive Streptococcal group A infections
- **R9-6-373. Streptococcal Group B Invasive Infection in an Infant Younger Than 90 Days of Age** – Clarifies that the control measures are only for invasive disease
- **R9-6-374. *Streptococcus pneumoniae* Invasive Infection** – Removes case control measures and adds outbreak control measures
- **R9-6-375. Syphilis**

- Adds that a local health agency may recommend more frequent or longer duration of serologic testing for a syphilis case than that currently in rule
- Requires that a health care provider for a pregnant syphilis case order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery
- Clarifies that an epidemiologic investigation includes a review of medical records
- **R9-6-380. Tuberculosis**
 - Adds another way for a suspect case to be removed from isolation and airborne precautions
 - Clarifies that a tuberculosis control officer has to approve the release of a suspect case of multi-drug resistant tuberculosis
 - Simplify the criteria for release from the exclusion from working
 - Add an epidemiologic investigation of each latent infection in a child five years of age or younger
- **R9-6-387. Vancomycin-Resistant *Staphylococcus epidermidis*** - Requires a local health agency to ensure that necessary isolation has been established for a patient
- **R9-6-388. Varicella (Chickenpox)** – Clarifies that an epidemiologic investigation is required only for a death due to primary varicella infection
- **R9-6-390. Viral Hemorrhagic Fever** – Clarifies that only one specimen from a case needs to be submitted to the Arizona State Laboratory