Arizona Administrative Code Requires Providers To:

Report Communicable Diseases to the Local Health Department

- Amebiasis
- Anthrax
- Aseptic meningitis: viral
- Basidiodolomycosis
- Botulism
- Brucellosis
- Campylobacteriosis
- Chagas disease (American trypanosomiasis)
- Chancroid
- Chlamydia infection, sexually transmitted
- Cholera
- Coccidioidomycosis (valley fever)
- Colorado tick fever
- Conjunctivitis: acute
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclospora infection
- Cysticercosis
- Dengue
- Diarrhea, nausea, or vomiting
- Diphtheria
- Ehrlichiosis and Anaplasmosis
- Emerging or exotic disease
- Encephalitis, viral or parasitic
- Enterohemorrhagic Escherichia coli
- Enterotoxigenic Escherichia coli
- Giardiasis
- Gonorrhea
- Haemophilus influenzae: invasive disease
- Hansen’s disease (Leprosy)
- Hantavirus infection
- Hemolytic uremic syndrome
- Hepatitis A
- Hepatitis B and D
- Hepatitis C
- Hepatitis E
- Herpes genitalis
- HIV infection and related disease
- Influenza-associated mortality in a child
- Kawasaki syndrome
- Legionellosis (Legionnaires’ disease)
- Listeriosis
- Lyme disease
- Lymphocytic choriomeningitis
- Measles (rubeola)
- Malaria
- Meningococcal invasive disease
- Mumps
- Mumps
- Pertussis (whooping cough)
- Plague
- Poliomyelitis
- Psittacosis (ornithosis)
- Q fever
- Rabies in a human
- Relapsing fever (borreliosis)
- Rocky Mountain spotted fever
- Rubella (German measles)
- Rubella syndrome, congenital
- Salmonellosis
- Scabies
- Severe acute respiratory syndrome
- Shigellosis
- Smallpox
- Streptococcal Group A: invasive disease
- Streptococcal Group B: invasive disease in infants younger than 90 days of age
- Streptococcus pneumoniae (pneumococcal invasive disease)
- Syphilis
- Typhoid fever
- Typhus fever
- Unexplained death with a history of fever
- Vaccinia-related adverse event
- Vancomycin-resistant or Vancomycin-intermediate Staphylococcus aureus
- Vancomycin-resistant Staphylococcus epidermidis
- Varicella (chickenpox)
- Vibrio infection
- Viral hemorrhagic fever
- West Nile virus infection
- Yellow fever
- Yersiniosis

Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or occurrence is detected.

If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.

Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.

Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.

Submit a report within 24 hours after detecting an outbreak.


A.A.C. R9-6-202
Effective 04/01/2008
They shall submit a report that includes:

1. The following information about the case or suspect case:
   a. Name;
   b. Residential and mailing addresses;
   c. County of residence;
   d. If the individual is living on a reservation, the name of the reservation;
   e. Telephone number;
   f. Date of birth;
   g. Race and ethnicity;
   h. Gender;
      i. If known, whether the individual is pregnant;
      j. If known, whether the individual is alive or dead;
      k. If known, the individual’s occupation;
   l. If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, the name and address of the school, child care establishment, health care institution, or food establishment; and
   m. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number of the child’s parent or guardian, if known;

2. The following information about the disease:
   n. The name of the disease;
   o. The date of onset of symptoms;
   p. The date of diagnosis;
   q. The date of specimen collection;
   r. Each type of specimen collected;
   s. Each type of laboratory test completed;
   t. The date of the result of each laboratory test; and
   u. A description of the laboratory test results, including quantitative values if available

3. The name, address, and telephone number of the individual making the report;

4. The name and address of the health care provider, health care institution or correctional facility

5. Disease specific information (when applicable):

   **Tuberculosis**:
   a. The site of infection; and
   b. A description of the treatment prescribed, if any, including:
      i. The name of each drug prescribed,
      ii. The dosage prescribed for each drug, and
      iii. The date of prescription for each drug;

   **Chancroid, gonorrhea, genital herpes infection, or genital chlamydia infection**:
   a. The gender of the individuals with whom the case or suspect case had sexual contact;
   b. A description of the treatment prescribed, if any, including:
      i. The name of each drug prescribed,
      ii. The dosage prescribed for each drug, and
      iii. The date of prescription for each drug;
   c. The site of infection; and
   d. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;

   **Syphilis**:
   a. The stage of the disease, or
   b. Whether the syphilis is congenital;

   **Congenital syphilis in an infant**:
   a. The name and date of birth of the infant’s mother;
   b. The residential address, mailing address, and telephone number of the infant’s mother;
   c. The date and test results for the infant’s mother of the prenatal syphilis test required in A.R.S. § 36-693; and
   d. If the prenatal syphilis test of the infant’s mother indicated that the infant’s mother was infected with syphilis:
      i. Whether the infant’s mother received treatment for syphilis,
      ii. The name and dosage of each drug prescribed to the infant’s mother for treatment of syphilis and the date each drug was prescribed, and
      iii. The name and phone number of the health care provider required to report who treated the infant’s mother for syphilis;

   For each outbreak for which a report is required:
   1. A description of the signs and symptoms;
   2. If possible, a diagnosis and identification of suspected sources;
   3. The number of known cases and suspect cases;
   4. A description of the location and setting of the outbreak;
   5. The name, address, and telephone number of the individual making the report; and
   6. The name and address of the health care provider, health care institution or correctional facility

When an HIV-related test is ordered for an infant who was perinatally exposed to HIV:

For the infant and mother:
1. Name and date of birth
2. Address and telephone
3. Date of last medical evaluation
4. All HIV-related test information
5. Ordering provider name and contact

For the mother:
1. HIV-related risk factors
2. Delivery method
3. HIV-related drugs prior to birth

Report to your local health agency. More information, including the Communicable Disease Reporting form, is available at [http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-providers](http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-providers)