Arizona Administrative Code * Requires Providers to:



Report Communicable Diseases

to the Local Health Department

<u>=</u> *O	Amebiasis		Glanders		Ο	Respiratory disease in a health care institution or correctional facility
=	Anaplasmosis	=	Gonorrhea		D *	Rubella (German measles)
**	Anthrax	①	Haemophilus influenzae, invasive	disease	①	Rubella syndrome, congenital
=	Arboviral infection	="	Hansen's disease (Leprosy)		①*O	Salmonellosis
=	Babesiosis	①	Hantavirus infection		0	Scabies
=	Basidiobolomycosis	①	Hemolytic uremic syndrome		①*O	Shigellosis
	Botulism	①*O	Hepatitis A			Smallpox
①	Brucellosis	=	Hepatitis B and Hepatitis D		①	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
<u>=</u> '*0	Campylobacteriosis	=	Hepatitis C		=	Streptococcal group A infection, invasive disease
=	Chagas infection and related disease (American trypanosomiasis)	<u>=</u> *0	Hepatitis E		=	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
=	Chancroid	=	HIV infection and related disease	9	="	Streptococcus pneumoniae infection (pneumococcal invasive disease)
①	Chikungunya	①	Influenza-associated mortality in	a child	1	Syphilis
=	Chlamydia trachomatis infection	①	Legionellosis (Legionnaires' disea	ase)	<u>=</u> *O	Taeniasis
D *	Cholera	①	Leptospirosis		="	Tetanus
=	Coccidioidomycosis (Valley Fever)	①	Listeriosis		=	Toxic shock syndrome
=	Colorado tick fever	=	Lyme disease		①	Trichinosis
0	Conjunctivitis, acute	①	Lymphocytic choriomeningitis		①	Tuberculosis, active disease
=	Creutzfeldt-Jakob disease	=	Malaria		①	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
①*O	Cryptosporidiosis		Measles (rubeola)		~	Tularemia
①	Cyclospora infection	①	Melioidosis		①	Typhoid fever
=	Cysticercosis		Meningococcal invasive disease		①	Typhus fever
①	Dengue	①	Mumps		①	Vaccinia-related adverse event
0	Diarrhea, nausea, or vomiting		Novel coronavirus infection (e.g.,	, SARS or	MERS) 🖀	Vancomycin-resistant or Vancomycin-intermediate Staphylococcus aureus
	Diphtheria	①	Pertussis (whooping cough)		="	Varicella (chickenpox)
=	Ehrlichiosis		Plague		①*O	Vibrio infection
	Emerging or exotic disease		Poliomyelitis (paralytic or non-pa	ralytic)		Viral hemorrhagic fever
	Encephalitis, parasitic	=	Psittacosis (ornithosis)		=	West Nile virus infection
①	Encephalitis, viral	①	Q fever			Yellow fever
①	Escherichia coli, Shiga toxin-producing		Rabies in a human		①*O	Yersiniosis (enteropathogenic <i>Yersinia</i>)
<u>=</u> *O	Giardiasis	3	Relapsing fever (borreliosis)		①	Zika virus infection
Key:				1	Submit a repo	rt within one working day if the case or suspect case is a pregnant
Submit a report by telephone or through an electronic reporting system authorized by the					woman.	
Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.				①	Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.	
 Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected, instead of reporting within the general reporting deadline, if the case or suspect case is a food 				=	Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.	
				0	•	rt within 24 hours after detecting an outbreak.
handler or works in a child care establishment or a health care institution.				ŭ		

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

Submit a report that includes:

The following information about the case or suspect case

- a. Name
- b. Residential and mailing addresses;
- c. County of residence;
- d. Whether the individual is living on a **reservation** and, if so, the name of the reservation;
- e. Whether the individual is a member of a **tribe** and, if so, the name of the tribe:
- f. Telephone number and, if available, email address;
- q. Date of birth;
- h. Race and ethnicity;
- i. Gender:
- j. If known, whether the individual is pregnant;
- k. If known, whether the individual is alive or dead;
- I. If known, the individual's **occupation**;
- m. 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
- For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, telephone number, and, if available, email address of the child's parent or quardian, if known;

The following information about the disease:

- a. The **name** of the disease;
- b. The date of onset of symptoms;
- c. The date of diagnosis;
- d. The date of specimen collection;
- Each type of specimen collected;
- f. Each type of laboratory test completed;
- q. The date of the result of each laboratory test; and
- A description of the **laboratory test results**, including quantitative values if available;

The name, address, telephone number, and, if available, email address of:

- a. the **individual** making the report; and
- b. health care provider, health care institution or correctional facility.

For each **outbreak** for which a report is required:

- a. A description of the signs and symptoms;
- b. If possible, a diagnosis and identification of suspected sources;
- c. The number of known cases and suspect cases;
- d. A description of the location and setting of the outbreak;
- e. The name, address, telephone number, and, if available, email address of:
 - i. the individual making the report; and
 - the health care provider, health care institution or correctional facility.

Disease specific information (when applicable):

Tuberculosis:

- a. The site of infection;
- 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. Whether the diagnosis was confirmed by a laboratory and if so, the name, address, and phone number of the laboratory.

Chancroid, gonorrhea, Chlamydia trachomatis infection, or syphilis:

- 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;
- e. For syphilis, also include
 - i. The stage of the disease; or
 - ii. Whether the syphilis is congenital.

Congenital syphilis in an infant:

In addition to the information required for syphilis above, the following information:

- a. The name and date of birth of the infant's mother;
- b. The residential address, mailing address, telephone number, and, if available, email address 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,
 - 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.

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

For the infant and mother:

a. Name and date of birth

- b. Address and telephone
- c. Date of last medical evaluation
- d. All HIV-related test information
- e. Ordering provider name and contact

For the mother:

- a. HIV-related risk factors
- b. Delivery method
- c. HIV-related drugs prior to birth

Report to your local health agency or through MEDSIS (https://my.health.azdhs.gov/).

Local health agency contact information, how to obtain access to MEDSIS, and the reporting form are at https://azdhs.gov/providerreporting.gov/