

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

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ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

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

- A.** A health care provider required to report shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- B.** An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 2.1 is diagnosed, treated, or detected or an occurrence listed in Table 2.1 is detected shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- C.** Except as described in subsection (D), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 2.1, a health care provider required to report or an administrator of a health care institution or correctional facility 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. Whether the individual is living on a reservation and, if so, the name of the reservation;
 - e. Whether the individual is ~~a member of~~ affiliated with a tribe and, if so, the name of the tribe;
 - f. Telephone number and, if available, email address;
 - g. Date of birth;
 - h. Race and ethnicity;
 - i. Gender Sex assigned at birth;
 - ~~j. If known, whether the individual is pregnant;~~
 - ~~k. If known, whether the individual is alive or dead;~~
 - ~~l. 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
- n. ~~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 guardian, if known;~~
- j. A unique patient identifier, such as a medical record number;
2. The following information about the disease:
- a. The name of the disease;²
 - b. The date of onset of symptoms;² and
 - c. The date of diagnosis;
 - ~~d. The date of specimen collection;~~
 - ~~e. Each type of specimen collected;~~
 - ~~f. Each type of laboratory test completed;~~
 - ~~g. The date of the result of each laboratory test; and~~
 - ~~h. A description of the laboratory test results, including quantitative values if available;~~
3. If reporting a case or suspect case of 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; and
 - c. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
4. If reporting a case or suspect case of chancroid, or gonorrhea, ~~or *Chlamydia trachomatis* infection:~~
- ~~a. The gender of the individuals with whom the case or suspect case had sexual contact;~~
 - ~~b.a.~~ 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; and
 - ~~e.b.~~ 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;
5. If reporting a case or suspect case of syphilis:
 - a. For a case or suspect case whose sex assigned at birth is female, whether the case or suspect case is pregnant;
 - b. The information required under subsection (C)(4); and
 - ~~b.c.~~ Identification of:
 - ~~i.~~ The the stage of the disease, ~~or~~
 - ~~ii.~~ Whether the syphilis is congenital;
6. If reporting a case of congenital syphilis in an infant, and in addition to the information required under subsection ~~(C)(5)~~ (C)(5)(b) and (c) and A.R.S. § 36-694(A), the following information:
 - a. The name and date of birth of the infant's birth mother, and
 - b. The residential address, ~~mailing address,~~ and telephone number, ~~and, if available,~~ email address of the infant's birth mother;
 - e. 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;
7. If reporting a case or suspect case with one of the following, the pregnancy status of a case or suspected case whose sex assigned at birth is female:
 - a. Hepatitis C,
 - b. Listeriosis,
 - c. Rubella, or
 - d. Emerging or exotic disease;
- 7.8. The name, address, telephone number, and, if available, email address of the individual making the report; and
- 8.9. The name, address, telephone number, and, if available, email address of the:

- a. Health care provider, if reporting under subsection (A) and different from the individual specified in ~~subsection (C)(7)~~ subsection (C)(8); or
 - b. Health care institution or correctional facility, if reporting under subsection (B).
- D. For each outbreak for which a report is required by subsection ~~(A)~~ or (B) and Table 2.1, ~~a health care provider required to report or~~ an administrator of a health care institution or correctional facility shall submit a report that includes:
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, telephone number, and, if available, email address of the individual making the report; and
 6. The name, address, telephone number, and, if available, email address of the:
 - a. ~~Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(5); or~~
 - b. Health ~~health~~ care institution or correctional facility, ~~if reporting under subsection (B).~~
- E. When an HIV-related test is ordered for an infant ~~who was perinatally exposed to HIV to determine whether the infant is infected with HIV~~, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:
1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
 2. Include the following information in the report specified in subsection (E)(1):
 - a. The name and date of birth of the infant;
 - b. The residential address, mailing address, and telephone number of the infant;
 - c. The name and date of birth of the infant's mother;
 - d. The date of the last medical evaluation of the infant;
 - e. The types of HIV-related tests ordered for the infant;
 - f. The dates of the infant's HIV-related tests;
 - g. The results of the infant's HIV-related tests; and
 - h. The ordering health care provider's name, address, and telephone number; and

3. Include with the report specified in subsection (E)(1) a report for the infant's mother including the following information:
 - 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 of the last medical evaluation of the infant's mother;
 - d. The types of HIV-related tests ordered for the infant's mother;
 - e. The dates of the HIV-related tests for the infant's mother;
 - f. The results of the HIV-related tests for the infant's mother;
 - g. What HIV-related risk factors the infant's mother has;
 - h. Whether the infant's mother delivered the infant vaginally or by C-section;
 - i. Whether the infant's mother was receiving HIV-related drugs prior to the infant's birth to reduce the risk of perinatal transmission of HIV; and
 - j. The name, address, and telephone number of the health care provider who ordered the HIV-related tests for the infant's mother.

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

[Once any changes to the reporting requirements are determined, the Table will be restructured and the ☎ symbol will be changed to [✓], the ① symbol will be changed to [!], and the ☒ symbol will be changed to [☑].]




☒*O	Amebiasis	☎	Glanders	O	Respiratory disease in a health care institution or correctional facility
☒	Anaplasmosis	☒	Gonorrhea	①*	Rubella (German measles)
☎	Anthrax	①	<i>Haemophilus influenzae influenzae</i> , invasive disease	①	Rubella syndrome, congenital
☒	Arboviral infection	☒	Hansen's disease (Leprosy)	☒*O	Salmonellosis
☒	Babesiosis	①	Hantavirus infection	☎	Severe acute respiratory syndrome (SARS)
☒	Basidiobolomyces	①	Hemolytic uremic syndrome	☒	Seabies
☎	Botulism	☒*O	Hepatitis A	☒*O	Shigellosis
①	Brucellosis	☒	Hepatitis B and Hepatitis D	☎	Smallpox
☒*O	Campylobacteriosis	☒	Hepatitis C	①	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
①	<i>Candida auris</i>	☒	Hepatitis E	☒	Streptococcal group A infection, invasive disease
☒	Chagas infection and related disease (American trypanosomiasis)	☒*	HIV infection and related disease	☒	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☒	Chancroid	☒	Influenza-associated mortality in a child	☒	<i>Streptococcus pneumoniae</i> infection (pneumococcal invasive disease)
☒	Chikungunya	①	Legionellosis (Legionnaires' disease)	☒†	Syphilis
☒	<i>Chlamydia trachomatis</i> infection	☒	Leptospirosis	☒*O	Taeniasis
☒*	Cholera	①	Listeriosis	☒	Tetanus
☒	Coccidioidomycosis (Valley Fever)	☒	Lyme disease	☒	Toxic shock syndrome
☒	Colorado tick fever	①	Lymphocytic choriomeningitis	①	Trichinosis
☒	Conjunctivitis, acute	☒	Malaria	①	Tuberculosis, active disease
☒	Creutzfeldt-Jakob disease	☒	Measles (rubeola)	①	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
☎	<i>Cronobacter</i> infection in an infant	☎	Melioidosis	☎	Tularemia
☒*	Cryptosporidiosis	①	Meningococcal invasive disease	☒	Typhoid fever
☒	<i>Cyclospora</i> infection	☎	Middle East respiratory syndrome (MERS)	①	Typhus fever
☒	Cysticercosis	☒	Mpox infection		
☒	Dengue	①	Mumps	①	Vaccinia-related adverse event
O	Diarrhea, nausea, or vomiting	☎	Novel coronavirus infection (e.g., SARS or MERS)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☎	Diphtheria	①	Pertussis (whooping cough)	☒	Varicella (chickenpox)
☒	Ehrlichiosis	☎	Plague	☒*O	Vibrio infection
☎	Emerging or exotic disease	☎	Poliomyelitis (paralytic or non-paralytic)	☎	Viral hemorrhagic fever
☎	Encephalitis, parasitic	☒	Psittacosis (ornithosis)	☒	West Nile virus infection
①	Encephalitis, viral	①	Q fever	☎	Yellow fever
☒	<i>Escherichia coli</i> , Shiga toxin-producing	☎	Rabies in a human	☒*O	Yersiniosis (enteropathogenic <i>Yersinia</i>)
☒*O	Giardiasis	①	Relapsing fever (borreliosis)	☒	Zika virus infection

Key: [Symbols highlighted in blue below will be changed as described above.]

☎ Submit a report by telephone or through an electronic reporting system authorized by the Department or by telephone within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is 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 handler or works in a child care establishment or a health care institution.

















† Submit a report within one working day if the case or suspect case is a pregnant woman.

-  Submit a report within one working day through an electronic reporting system or by telephone 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.



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

- A.** An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.2 and as specified in subsection (B).
- B.** For each individual with a disease, infestation, or symptoms of a communicable disease or infestation listed in Table 2.2, or an outbreak of the communicable disease or infestation, an administrator of a school, child care establishment, or shelter shall submit a report that includes:
1. The name and address of the school, child care establishment, or shelter;
 2. The number of individuals with the disease, infestation, or symptoms;
 3. The date and time that the disease or infestation was detected or that the symptoms began;
 4. The number of rooms, grades, or classes affected and the name of each;
 5. The following information about each individual with the disease, infestation, or symptoms:
 - a. Name;
 - b. Date of birth or age;
 - c. If the individual is a child, name and contact information for the individual's parent or guardian;
 - d. Residential address and telephone number;
 - e. Last date the individual was present at the school, child care establishment, or shelter, as applicable; and
 - e.f. Whether the individual is a staff member, a student, a child in care, or a resident;
 6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
 7. The name, address, telephone number, and, if available, email address of the individual making the report.

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

	Campylobacteriosis		Mumps
	Conjunctivitis, acute		Pertussis (whooping cough)
	Cryptosporidiosis		Rubella (German measles)
O	Diarrhea, nausea, or vomiting		Salmonellosis
	Emerging or exotic disease		
	<i>Escherichia coli</i> , Shiga toxin-producing		Scabies
	<i>Haemophilus influenzae</i> , invasive disease		Shigellosis
	Hepatitis A	O	Streptococcal group A infection
	Measles		Varicella (chickenpox)
	Meningococcal invasive disease		

[The symbol highlighted in blue below will be changed to  in the Table above.]

-  Submit a report within 24 hours after detecting a case or suspect case.
-  Submit a report within five working days after detecting a case or suspect case.
- O Submit a report within 24 hours after detecting an outbreak.

R9-6-204. Clinical Laboratory Director Reporting Requirements

- A. ~~Except as specified in subsection (D), a~~ A director of a clinical laboratory that obtains a test result described in Table 2.3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 2.3 shall, either personally or through a representative, submit a report, in a Department-provided format, and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 2.3 and subsection (B) or (C).
- B. For each specimen for which an immediate report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
 2. The name and telephone number of the director of the clinical laboratory;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject;
 5. The gender sex assigned at birth of the subject;
 6. The race and ethnicity of the subject;
 - ~~6.7.~~ The laboratory identification number;
 - ~~7.8.~~ The specimen type;
 - ~~8.9.~~ The date of collection of the specimen;
 - ~~9.10.~~ The type of test ordered on the specimen; and
 - ~~10.11.~~ The ordering health care provider's name, address, telephone number, and, if available, email address.

- C. Except as provided in Table 2.3 ~~and as specified in subsection (D)~~, for each test result for a subject for which a report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
 2. The name and telephone number of the director of the clinical laboratory;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject;
 5. The gender sex assigned at birth of the subject;
 6. The race and ethnicity of the subject;
 - ~~6-7.~~ The laboratory identification number;
 - ~~7-8.~~ The specimen type;
 - ~~8-9.~~ The date of collection of the specimen;
 - ~~9-10.~~ The date of the result of the test;
 - ~~10-11.~~ The type of test completed on the specimen;
 - ~~11-12.~~ The test result, including:
 - a. quantitative Quantitative values and reference ranges, if applicable;
 - b. Susceptibility testing data and a drug sensitivity pattern, if performed; and
 - c. Variant type, if available; and
 - ~~12-13.~~ The ordering health care provider's name, address, telephone number, and, if available, email address.
- D. When the Arizona State Laboratory obtains a test result from anonymous HIV testing sent to the Arizona State Laboratory as described in R9-6-1005, the director of the Arizona State Laboratory shall, either personally or through a representative: [The statute authorizing anonymous HIV testing was repealed in 2022. As part of this rulemaking, we will be repealing R9-6-1005 and removing any mention of anonymous testing.]**
- ~~1. Submit a report to the Department within five working days after obtaining a positive test result; and~~
 2. Include in the report the following information:
 - a. The laboratory identification number of the subject;
 - b. The date of birth, gender, race, and ethnicity of the subject;
 - c. The date the specimen was collected;
 - d. The type of tests completed on the specimen;
 - e. The test results, including quantitative values if available; and

f. ~~The name, address, and telephone number of the person who submitted the specimen to the Arizona State Laboratory.~~






















D. Upon the request of the Department, the director of a clinical laboratory shall:

1. Include an equivocal result or a negative test result for any subject in the report of test results, required in subsection (C)(12), for an infectious agent or toxin for which a report is required by subsection (A) and Table 2.3;
2. Submit sequencing-related information, as available, in a Department-provided format; or
3. Submit to the Department an isolate of an infectious agent, if available, or a specimen from a subject.





Table 2.3. Clinical Laboratory Director Reporting Requirements

[Once any changes to the reporting requirements are determined, the Table will be restructured and the ☒ symbol will be changed to [✓], the ① symbol will be changed to [!], and the ☒ symbol will be changed to [☒].]

☒ <i>Anaplasma</i> spp.	☒, ①, * <i>Francisella tularensis</i>	☒ <i>Plasmodium</i> spp.
	☒ <u><i>Giardia duodenalis</i></u>	
①, * ⁴ Arbovirus	①, * ^{4,5} <i>Haemophilus influenzae</i> , from a normally sterile site	①, * Rabies virus from a human
☒ <i>Babesia</i> spp.	① Hantavirus	①, * ⁴ Rabies virus from an animal
☒, ☒, * <i>Bacillus anthracis</i>	① ¹ Hepatitis A virus (anti-HAV IgM serologies, detection of viral nucleic acid, or genetic sequencing)	☒ Respiratory syncytial virus
☒ <u><i>Basidiobolus</i> spp.</u>		
☒ <u><i>Blastomyces</i> spp.</u>	☒ ¹ Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, detection of viral nucleic acid, or genetic sequencing)	①, * ⁴ <i>Rickettsia</i> spp. — any test result
①, * ⁴ <i>Bordetella pertussis</i>	☒ ¹ Hepatitis C virus	① ¹ , * Rubella virus and anti-rubella IgM serologies
①, * <i>Brucella</i> spp.	☒ ¹ Hepatitis D virus	①, * <i>Salmonella</i> spp.
①, * <u><i>Burkholderia mallei</i> and <i>B. pseudomallei</i></u>	☒ ¹ , * ⁴ Hepatitis E virus	☒ <u>Severe acute respiratory syndrome coronavirus</u>
①, * <u><i>Burkholderia pseudomallei</i></u>		
☒, * ⁴ <i>Campylobacter</i> spp.	☒ ¹ HIV — any test result (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing), including genetic sequencing, except from a negative screening test	☒ <u>Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2)</u>
①, * ³ <i>Candida auris</i>	☒ ¹ HIV — any test result for an infant (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing)	①, * ⁴ <i>Shigella</i> spp.
☒, * ³ <u>Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)</u>	☒, * ⁴ Influenza virus	☒, * ⁴ <i>Streptococcus</i> group A, from a normally sterile site
☒, * ^{4,3} <u>Carbapenem-resistant <i>Enterobacteriaceae</i> <i>Enterobacterales</i> (CRE)</u>	①, + <i>Legionella</i> spp. (excluding single serological results)	☒ <i>Streptococcus</i> group B, from a normally sterile site in an infant younger than 90 days of age
☒, * ³ <u>Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)</u>	① <i>Leptospira</i> spp.	☒, * ⁴ <i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, from a normally sterile site
	①, * <u><i>Listeria</i> spp., from a normally sterile site</u>	
☒ CD4-T-lymphocyte count	① <i>Lymphocytic choriomeningitis</i> virus	☒ ¹ <i>Treponema pallidum</i> (syphilis) or rapid plasma reagin
①, * ⁴ Chikungunya virus	☒, * <u><i>Listeria</i> spp., from a normally sterile site</u>	☒ <i>Trypanosoma cruzi</i> (Chagas disease)
☒ <i>Chlamydia trachomatis</i>	☒ ¹ , * Measles virus and anti-measles IgM serologies	①, * Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☒ <i>Chlamydia psittaci</i> / <u><i>Chlamydophila psittaci</i></u>	☒ ² Methicillin-resistant <i>Staphylococcus aureus</i> , from a normally sterile site	☒, ☒, * Variola virus (smallpox)
☒, ☒ <i>Clostridium botulinum</i> toxin (botulism)	☒ <u>Middle East respiratory syndrome coronavirus (MERS-CoV)</u>	①, * <i>Vibrio</i> spp.
☒, * ⁴ <i>Coccidioides</i> spp.	☒ <u>Mpox virus</u>	☒, ☒, * Viral hemorrhagic fever agent
☒ <u>Colorado tick fever virus</u>		
① <i>Coxiella burnetii</i>	① ¹ , * Mumps virus and anti-mumps IgM serologies	☒ West Nile virus

 *	<u>Cronobacter spp. in an infant</u>	 *, ³	<u>Mycobacterium tuberculosis complex</u> and <u>its drug sensitivity pattern</u>	 *,*	Yellow fever virus
	<i>Cryptosporidium</i> spp.		<u>Mycoplasma genitalium</u>	 ,  ,*	<i>Yersinia pestis</i> (plague)
 *	<i>Cyclospora</i> spp.	 *, ⁴	<u>Neisseria gonorrhoeae</u> and, if performed, <u>the drug sensitivity pattern</u>	 *,*	<i>Yersinia</i> spp. (other than <i>Y. pestis</i>)
 *, ⁴	Dengue virus	 *,*	<u>Neisseria meningitidis</u> , from a normally sterile site	 *,*	Zika virus
	<i>Ehrlichia</i> spp.		Norovirus		
 , 	Emerging or exotic disease agent		Novel coronavirus <u>infection (e.g., SARS or MERS)</u>		
	<u>Entamoeba histolytica</u>		<u>Novel influenza virus</u>		
 *,*	<i>Escherichia coli</i> , Shiga toxin-producing				

Key: **Symbols highlighted in blue below will be changed as described above.**

-  Submit a report immediately after receiving one specimen for detection of the agent. Report the receipt of subsequent specimens within five working days after receipt.
 -  Submit a report within 24 hours after obtaining a positive test result.
 -  Submit a report within one working day after obtaining a positive test result.
 -  Submit a report within five working days after obtaining a positive test result or a test result specified in Table 2.3.
 - * Submit an isolate of the organism for each positive culture, if available, or a specimen for each positive test result to the Arizona State Laboratory within one working day.
 - + Submit an isolate of the organism for each positive culture to the Arizona State Laboratory within one working day.
- When appearing after one of the symbols above, the following modify the requirement:
- ¹ When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel or as a reflex test.
 - ² Submit a report only when an initial positive result is obtained for an individual.
 - ³ Submit an isolate or specimen of the organism, as applicable, only when an initial positive result is obtained for an individual, when a change in resistance pattern or mechanism is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.
 - ⁴ Submit an isolate or specimen, as applicable, only by request. [The isolate symbol was removed above from the applicable agents.]
 - ⁵⁺ Submit an isolate of the organism, if available, or a specimen when a positive result is obtained for an individual < 5 years of age.

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

- A.** A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report, in a Department-provided format, that complies with subsection (C) to the Department within five working days after the prescription is filled.
- B.** Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
1. Isoniazid,
 - ~~2.~~ 2. Streptomycin,
 - ~~3.~~ 2. Any rifamycin,
 - ~~4.~~ 3. Pyrazinamide, or
 - ~~5.~~ 4. Ethambutol.
- C.** A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) that includes:
1. The following information about the individual for whom the drugs are prescribed:
 - a. Name,
 - b. Address,
 - c. Telephone number, and
 - d. Date of birth; and
 2. The following information about the prescription:
 - a. The name of the drugs prescribed,
 - b. The date of prescription, and
 - c. The name and telephone number of the prescribing health care provider.

Table 2.4. Local Health Agency Reporting Requirements

[Once any changes to the reporting requirements are determined, the Table will be restructured and the ☒ symbol will be changed to [✓ (?)], the ① symbol will be changed to [! (?)], and the ☒ symbol will be changed to [☒ (?).]

















☒, →, ①	Amebiasis	☒	Gonorrhea	①	<u>Respiratory disease</u>
☒, →	Anaplasmosis	①, →	<i>Haemophilus influenzae influenzae</i> , invasive disease	①, →, *	Rubella (German measles)
☒, →, *	Anthrax	☒, →	Hansen's disease (Leprosy)	☒, →, *	Rubella syndrome, congenital
☒, →	Arboviral infection	①, →	Hantavirus infection	①, →	Salmonellosis
☒, →	Babesiosis	①, →	Hemolytic uremic syndrome	①, →	<u>Severe acute respiratory syndrome (SARS)</u>
☒, →	Basidiobolomycosis	①, →	Hepatitis A	①, →	Shigellosis
☒	<u>Blastomycosis</u>	☒, →	Hepatitis B and Hepatitis D	☒, →, *	Smallpox
☒, →, *	Botulism	☒, →	Hepatitis C	①, →	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☒, →, *	Brucellosis	☒	Hepatitis E	☒	Streptococcal group A infection, invasive disease
☒, →	Campylobacteriosis	☒, →	HIV infection and related disease	☒	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
①, →, *	<u>Candida auris</u>	☒		☒	<i>Streptococcus pneumoniae</i> infection, (pneumococcal invasive disease)
☒, →, *	<u>Carbapenem-resistant Acinetobacter baumannii (CRAB)</u>	☒, →		☒, →	Syphilis
☒, →, *	<u>Carbapenem-resistant Enterobacterales (CRE)</u>	☒, →		☒, →	Taeniasis
☒, →, *	<u>Carbapenem-resistant Pseudomonas aeruginosa (CRPA)</u>	☒, →		☒, →	Tetanus
☒, →	Chagas infection and related disease (American Trypanosomiasis)	①, →	Influenza-associated mortality in a child	☒, →	Toxic shock syndrome
☒, →	Chancroid (<i>Haemophilus ducreyi</i>)	①, →	Legionellosis (Legionnaires' disease)	①, →	Trichinosis
☒, →	Chikungunya	①, →	Leptospirosis	①, →, *	Tuberculosis, active disease
☒	<i>Chlamydia trachomatis</i> infection	①, →, *	Listeriosis	①, →	Tuberculosis latent infection in a child five years of age or younger (<u>positive screening test result</u>)
①, →	Cholera	☒, →	Lyme disease	☒, →, *	Tularemia
☒	Coccidioidomycosis (Valley Fever)	①, →	Lymphocytic choriomeningitis	①, →	Typhoid fever
☒, →	Colorado tick fever	☒, →	Malaria	①, →	Typhus fever
☒, →	Creutzfeldt-Jakob disease	☒, →, *	Measles (rubeola)	①, →	Vaccinia-related adverse event
☒, →, *	<u>Cronobacter infection in an infant</u>	①, →, *	Melioidosis	①, →, *	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☒, →	Cryptosporidiosis	☒, →, *	Meningococcal invasive disease	☒, → ¹	Varicella (chickenpox)
☒, →	<i>Cyclospora</i> infection	①, →	<u>Middle East respiratory syndrome (MERS)</u>	☒, →	<i>Vibrio</i> infection
☒, →	Cysticercosis	☒, →	<u>Mpox infection</u>	①, →, *	Viral hemorrhagic fever
①, →	Dengue	①, →, *	Mumps	☒, →, *	West Nile virus infection
☒, →	Diphtheria	☒	<u>Mycoplasma genitalium infection</u>	☒, →	Yellow fever
		☒, →	Novel coronavirus <u>infection</u> (e.g., SARS or MERS)	☒, →, *	
		☒, →	<u>Novel influenza virus infection</u>		

DRAFT APRIL 2024


Strikeouts = text being removed


Changes are highlighted


Underlines = text being added


 , →	Ehrlichiosis	 , →	Pertussis (whooping cough)	 , →, *	Yersiniosis (enteropathogenic <i>Yersinia</i>)
 , →	Emerging or exotic disease	 , →, *	Plague	 , →, *	Zika virus infection
 , →	Encephalitis, parasitic	 , →, *	Poliomyelitis (paralytic or non-paralytic)		
 , →	Encephalitis, viral	 , →	Psittacosis (ornithosis)		
 , →	<i>Escherichia coli</i> , Shiga toxin-producing	 , →	Q Fever		
 , →	Giardiasis	 , →, *	Rabies in a human		
 , →, *	Glanders	 , →	Relapsing fever (borreliosis)		


Key: **Symbols highlighted in blue below will be changed as described above.**


 Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.

 Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.

 Notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203

 Notify the Department within 24 hours after receiving a report or reports indicating an outbreak or possible outbreak.

 Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.

 Ensure that an isolate of the organism for each positive culture, if available, or a specimen for each positive test result is submitted to the Arizona State Laboratory within one working day.

¹ Submit an epidemiologic investigation report only if a case or suspect case has died as a result of the communicable disease.

**ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES
AND INFESTATIONS**

R9-6-306. Amebiasis

Case Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported amebiasis outbreak;**
- 1.2. Exclude an amebiasis case or suspect case with diarrhea from:**
 - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - i. Either:**
 - (1) Treatment with an amebicide is initiated, and**
 - (2) A stool specimen negative for amoebae is obtained from the amebiasis case or suspect case;**
 - i. Diarrhea has resolved, or**
 - ii. The local health agency has determined that the amebiasis case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
- 2. Conduct an epidemiologic investigation of each reported amebiasis case or suspect case;**
and
3. ~~For each amebiasis case, submit~~ **Submit** to the Department, ~~as specified in Table 2.4,~~ the information required under ~~R9-6-206(D)~~ **R9-6-206(E)**.

R9-6-3XX. Blastomycosis

A. Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported blastomycosis case or suspect case; and**
- 2. For each blastomycosis case, submit to the Department, as specified in Table 2.4, the information required under R9-206 (D).**

B. Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported outbreak of blastomycosis; and**
- 2. For each outbreak of blastomycosis, submit to the Department the information required under R9-6-206(E).**

R9-6-3XX. Candida auris

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with *Candida auris* infection or colonization to prevent transmission; and
 - b. If a case with *Candida auris* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with *Candida auris* infection or colonization to prevent transmission; and
 - b. If a case with *Candida auris* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
 - a. A case with *Candida auris* infection or colonization is isolated as necessary to prevent transmission; and
 - b. An isolate or a specimen, as available, from each case with *Candida auris* infection or colonization is submitted to the Arizona State Laboratory.

B. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of *Candida auris*; and
2. For each outbreak or suspected outbreak of *Candida auris*, submit to the Department the information required under R9-6-206(E).

R9-6-3XX. Carbapenem-resistant *Acinetobacter baumannii*

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.

2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
 - a. A case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is isolated as necessary to prevent transmission; and
 - b. An isolate or a specimen, as available, from each case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is submitted to the Arizona State Laboratory.

B. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant *Acinetobacter baumannii*; and
2. For each outbreak or suspected outbreak of carbapenem-resistant *Acinetobacter baumannii*, submit to the Department the information required under R9-6-206(E).

R9-6-315. Carbapenem-resistant ~~Enterobacteriaceae~~ Enterobacterales

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant enterobacteriaceae enterobacterales infection or colonization ~~ease or carrier~~ to prevent transmission; and
 - b. If a case with carbapenem-resistant enterobacteriaceae enterobacterales infection or colonization ~~ease or carrier~~ is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant enterobacteriaceae enterobacterales infection or colonization ~~ease or carrier~~ to prevent transmission; and

- b. If a case with carbapenem-resistant enterobacteriaceae enterobacterales infection or colonization ~~case or carrier~~ is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
 - a. ~~Ensure that a~~ A case ~~or carrier of~~ with carbapenem-resistant enterobacteriaceae enterobacterales infection or colonization is isolated as necessary to prevent transmission; and
 - b. ~~Upon request, ensure that an~~ An isolate or a specimen, as available, from each case ~~or carrier of~~ with carbapenem-resistant enterobacteriaceae enterobacterales infection or colonization is submitted to the Arizona State Laboratory.
- B. Outbreak control measures: A local health agency shall:
 1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae enterobacterales; and
 2. For each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae enterobacterales, submit to the Department the information required under R9-6-206(E).

R9-6-3XX. Carbapenem-resistant *Pseudomonas aeruginosa*

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
 - a. A case with carbapenem-resistant *Pseudomonas aeruginosa* infection or

colonization is isolated as necessary to prevent transmission; and

- b. An isolate or a specimen, as available, from each case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization is submitted to the Arizona State Laboratory.

B. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant *Pseudomonas aeruginosa*; and
2. For each outbreak or suspected outbreak of carbapenem-resistant *Pseudomonas aeruginosa*, submit to the Department the information required under R9-6-206(E).

R9-6-3XX. Cronobacter Infection in an Infant

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a Cronobacter infection case or suspect case in an infant, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Cronobacter infection case or suspect case in an infant;
3. For each Cronobacter case in an infant, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each Cronobacter infection case in an infant is submitted to the Arizona State Laboratory.

B. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Cronobacter outbreak in infants; and
2. For each Cronobacter outbreak in infants, submit to the Department the information required under R9-6-206(E).

R9-6-347. HIV Infection and Related Disease

A. Case control measures:

1. A local health agency shall:
 - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported HIV-infected individual or suspect case; and
 - b. For each HIV-infected individual, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
 3. The Department and a local health agency shall offer ~~anonymous~~ HIV-testing to an individual ~~as specified in R9-6-1005~~. **[Need to remove anonymous testing and R9-6-1005]**
- B.** Contact control measures: The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection under A.R.S. § 36-664(I) as specified in R9-6-1006(A).
- C.** Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

R9-6-3XX. Middle East respiratory syndrome (MERS)

A. Case control measures:

1. In consultation with the Department or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a Middle East Respiratory Syndrome (MERS) case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
 2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a MERS case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a **hospitalized MERS** case or suspect case to prevent transmission, unless otherwise advised by the Department;
 - c. Conduct an epidemiologic investigation of each reported MERS case or suspect case, unless otherwise advised by the Department; and
 - d. For each MERS case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which MERS contacts will be quarantined or excluded, according to R9-6-303, to

prevent transmission.

R9-6-3XX. Mpox Virus Infection

A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported mpox virus infection case or suspect case;
2. As part of the epidemiologic investigation, provide education to a mpox virus infection case, including:
 - a. A description of the disease or syndrome caused by the mpox virus, the symptoms of mpox virus infection, treatment options, and how the mpox virus infection is passed to others; and
 - b. Risk reduction strategies for preventing re-infection;
3. For each mpox virus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-206(D); and
4. For each mpox virus infection case seeking care at the local health agency, either provide care to the mpox virus infection case or refer the mpox virus infection case to another facility for treatment or services.

B. Contact control measures: A local health agency shall:

1. Notify a contact named by an mpox virus infection case of the exposure;
2. Provide education about the mpox virus infection to the contact; and
3. Provide recommendations for prevention of mpox virus infection to the contact, including a recommendation for isolation for clade 1 cases or suspected cases.

C. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of mpox virus infection; and
2. For each outbreak of mpox virus infection, submit to the Department the information required under R9-6-206(E).

R9-6-3XX. Mycoplasma genitalium Infection

A Case control measures: A local health agency shall:

1. Offer or arrange for treatment for each *Mycoplasma genitalium* infection case that seeks treatment from the local health agency;
2. Provide education to the *Mycoplasma genitalium* infection case about *Mycoplasma genitalium* that includes a description of *Mycoplasma genitalium* infection, symptoms,

treatment options, measures to prevent transmission and re-infection, and the confidential nature of test results and services; and

3. Inform the *Mycoplasma genitalium* infection case about the importance of notifying sexual contacts and the options for notification.

B. Contact control measures: A local health agency shall:

1. Offer or arrange for treatment for any contact of a *Mycoplasma genitalium* infection case that seeks care at the local health agency; and
2. Provide education to a contact of a *Mycoplasma genitalium* infection case that includes a description of *Mycoplasma genitalium* infection, symptoms, treatment options, measures to prevent transmission and re-infection, and the confidential nature of test results and services.

R9-6-361. Novel Coronavirus (e.g., SARS or MERS)

A. Case control measures:

1. In consultation with the Department or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel coronavirus case or suspect case, including a case or suspect case of severe acute respiratory syndrome or Middle East respiratory syndrome, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a novel coronavirus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized novel coronavirus case or suspect case to prevent transmission, unless otherwise advised by the Department;
 - c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case, unless otherwise advised by the Department; and
 - d. For each novel coronavirus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which novel coronavirus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

R9-6-3XX. Novel Influenza Virus

A. Case control measures:

1. In consultation with the Department or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel influenza virus case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a novel influenza virus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized novel influenza virus case or suspect case to prevent transmission, unless otherwise advised by the Department;
 - c. Conduct an epidemiologic investigation of each reported novel influenza virus case or suspect case, unless otherwise advised by the Department; and
 - d. For each novel influenza virus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which novel influenza virus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

R9-6-3XX. Severe Acute Respiratory Syndrome (SARS)

A. Case control measures:

1. In consultation with the Department or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a Severe Acute Respiratory Syndrome (SARS) case, until evaluated and

determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.

2. A local health agency shall:

a. Upon receiving a report under R9-6-202 of a SARS case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;

b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized SARS case or suspect case to prevent transmission, unless otherwise advised by the Department;

c. Conduct an epidemiologic investigation of each reported SARS case or suspect case, unless otherwise advised by the Department; and

d. For each SARS case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency, in consultation with the Department, shall determine which SARS contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

R9-6-374. Scabies

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, ~~shall~~ may exclude a scabies case from the school or child care establishment until treatment for scabies is completed.

2. An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.

3. An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.

4. An administrator of a correctional facility, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.

B. Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact

with symptoms of scabies to obtain examination and, if necessary, treatment.

C. ~~Outbreak control measures: A local health agency shall:~~

1. ~~Provide health education regarding prevention, control, and treatment of scabies to individuals affected by a scabies outbreak;~~
2. ~~When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak; and~~
3. ~~For each scabies outbreak, submit to the Department the information required under R9-6-202(D);~~

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION

R9-6-1005. Anonymous HIV Testing Repealed

- ~~A.~~ A local health agency and the Department shall offer anonymous HIV testing to individuals.
- ~~B.~~ If an individual requests anonymous HIV testing, the Department or a local health agency shall:
1. Provide to the individual requesting anonymous HIV testing:
 - a. Health education about HIV;
 - b. The meaning of HIV test results, and
 - c. The risk factors for becoming infected with HIV or transmitting HIV to other individuals;
 2. Collect a specimen of blood from the individual;
 3. Record the following information in a Department provided format:
 - a. The individual's date of birth;
 - b. The individual's race and ethnicity;
 - c. The individual's gender;
 - d. The date and time the blood specimen was collected;
 - e. The type of screening test;
 - f. Information about the individual's risk factors for becoming infected with or transmitting HIV; and
 - g. The name, address, and telephone number of the person collecting the blood specimen;
 4. Before the individual leaves the building occupied by the Department or local health agency:
 - a. Test the individual's specimen of blood using the screening test for HIV specified in subsection (B)(3);
 - b. Provide the results of the screening test to the individual;
 - c. Enter the test results in the record established according to subsection (B)(3); and
 - d. If the test results from the screening test on the specimen of blood indicate that the individual may be HIV infected:
 - i. Assist the individual to connect with persons that may have additional resources available for the individual; and
 - ii. Provide confirmatory testing or submit the specimen of blood to the Arizona State Laboratory for confirmatory testing by:
 - (1) Assigning to the blood specimen an identification number

~~corresponding to the record established according to subsection (B)(3);~~

~~(2) Giving the individual requesting anonymous HIV testing the identification number assigned to the blood specimen and information about how to obtain the results of the confirmatory test; and~~

~~(3) Sending the blood specimen and the record specified in subsection (B)(3) to the Arizona State Laboratory for confirmatory testing; and~~

~~5. If anonymous HIV testing is provided by a local health agency, submit the record specified in subsection (B)(3) to the Department.~~