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ARTICLE 1. GENERAL

R9-6-101. Definitions

In this Chapter, unless otherwise specified:

1. “Active tuberculosis” means the same as in A.R.S. § 36-711.
2. “Administrator” means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
3. “Agency” means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. “Agent” means an organism that may cause a disease, either directly or indirectly.
5. “AIDS” means Acquired Immunodeficiency Syndrome.
6. “Airborne precautions” means, in addition to use of standard precautions:
 - a. Either:
 - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
 - (1) Exhausted directly to the outside of the building containing the room, or
 - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
 - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
 - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual’s residence, as medically appropriate; and
 - (2) Ensuring that the individual is wearing a mask covering the individual’s nose and mouth; and
 - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
 - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
 - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.

7. “Approved test for tuberculosis” means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
8. “Arizona State Laboratory” means the part of the Department authorized by A.R.S. Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. “Average window period” means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
10. “Barrier” means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
11. “Body fluid” means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
12. “Carrier” means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. “Case” means an individual:
 - a. With a communicable disease whose condition is documented:
 - i. By laboratory results that support the presence of the agent that causes the disease;
 - ii. By a health care provider’s diagnosis based on clinical observation; or
 - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;
 - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - c. Who has experienced a vaccinia-related adverse event.
14. “Case definition” means the disease-specific criteria that must be met for an individual to be classified as a case.
15. “Chief medical officer” means the senior health care provider in a correctional facility or that individual's designee who is also a health care provider.
16. “Child” means an individual younger than 18 years of age.
17. “Child care establishment” means:
 - a. A “child care facility,” as defined in A.R.S. § 36-881;
 - b. A “child care group home,” as defined in A.R.S. § 36-897;
 - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or

- d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
- 18. “Clinical signs and symptoms” means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient’s description of subjective complaints.
- 19. “Cohort room” means a room housing only individuals infected with the same agent and no other agent.
- 20. “Communicable disease” means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
- 21. “Communicable period” means the time during which an agent may be transmitted directly or indirectly:
 - a. From an infected individual to another individual;
 - b. From an infected animal, arthropod, or vehicle to an individual; or
 - c. From an infected individual to an animal.
- 22. “Confirmatory test” means a laboratory analysis approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
- 23. “Contact” means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
- 24. “Correctional facility” means any place used for the confinement or control of an individual:
 - a. Charged with or convicted of an offense,
 - b. Held for extradition, or
 - c. Pursuant to a court order for law enforcement purposes.
- 25. “Court-ordered subject” means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
- 26. “Dentist” means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
- 27. “Department” means the Arizona Department of Health Services.
- 28. “Designated service area” means the same as in R9-18-101.
- 29. “Diagnosis” means an identification of a disease by an individual authorized by law to make the identification.
- 30. “Disease” means a condition or disorder that causes the human body to deviate from its normal or healthy state.

31. “Emerging or exotic disease” means:
 - a. A new disease resulting from change in an existing organism;
 - b. A known disease not usually found in the geographic area or population in which it is found;
 - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
 - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
32. “Entity” has the same meaning as “person” in A.R.S. § 1-215.
33. “Epidemiologic investigation” means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
34. “Fever” means a temperature of 100.4° F or higher.
35. “Food establishment” has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.
36. “Food handler” means:
 - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
 - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
37. “Foodborne” means that food serves as a mode of transmission of an infectious agent.
38. “Guardian” means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
39. “HBsAg” means hepatitis B surface antigen.
40. “Health care institution” has the same meaning as in A.R.S. § 36-401.
41. “Health care provider” means the same as in A.R.S. § 36-661.
42. “Health education” means supplying to an individual or a group of individuals:
 - a. Information about a communicable disease or options for treatment of a communicable disease, and
 - b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
43. “HIV” means Human Immunodeficiency Virus.
44. “HIV-related test” has the same meaning as in A.R.S. § 36-661.

Unofficial version of the rules in 9 A.A.C. 6, effective January 1, 2018, made by 23 A.A.R. 2605.

- 45. “Infected” or “infection” means when an individual has an agent for a disease in a part of the individual’s body where the agent may cause a disease.
- 46. “Infectious active tuberculosis” means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
- 47. “Infectious agent” means an agent that can be transmitted to an individual.
- 48. “Infant” means a child younger than 12 months of age.
- 49. “Isolate” means:
 - a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
 - b. A pure strain of an agent obtained from a specimen.
- 50. “Isolation” means separation, during the communicable period, of an infected individual or animal from others to limit the trans-mission of infectious agents.
- 51. “Laboratory report” means a document that:
 - a. Is produced by a laboratory that conducts a test or tests on a subject’s specimen; and
 - b. Shows the outcome of each test, including personal identifying information about the subject.
- 52. “Local health agency” means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
- 53. “Local health officer” means an individual who has daily control and supervision of a local health agency or the individual’s designee.
- 54. “Medical evaluation” means an assessment of an individual’s health by a physician, physician assistant, or registered nurse practitioner.
- 55. “Medical examiner” means an individual:
 - a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-592, or
 - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
- 56. “Multi-drug resistant tuberculosis” means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
- 57. “Officer in charge” means the individual in the senior leadership position in a correctional facility or that individual’s designee.
- 58. “Outbreak” means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
- 59. “Parent” means a biological or adoptive mother or father.

- 60. “Person” has the same meaning as in A.R.S. § 1-215.
- 61. “Petition” means a formal written application to a court requesting judicial action on a matter.
- 62. “Pharmacy” has the same meaning as in A.R.S. § 32-1901.
- 63. “Physician” means an individual licensed as a doctor of:
 - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
 - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
 - c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
 - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
- 64. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- 65. “Pupil” means a student attending a school.
- 66. “Quarantine” means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
- 67. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
- 68. “Respiratory disease” means a communicable disease with acute onset of fever and symptoms such as cough, sore throat, or shortness of breath.
- 69. “Risk factor” means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
- 70. “School” means:
 - a. An “accommodation school,” as defined in A.R.S. § 15-101;
 - b. A “charter school,” as defined in A.R.S. § 15-101;
 - c. A “private school,” as defined in A.R.S. § 15-101;
 - d. A “school,” as defined in A.R.S. § 15-101;
 - e. A college or university;
 - f. An institution that offers a “private vocational program,” as defined in A.R.S. § 32-3001; or
 - g. An institution that grants a “degree,” as defined in A.R.S. § 32-3001, for completion of an educational program of study.
- 71. “Screening test” means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
- 72. “Sexual contact” means vaginal intercourse, anal intercourse, fellatio, ~~or~~ cunnilingus, or other deliberate interaction with another individual’s genital area for a non-medical or non-hygienic reason.

- 73. “Shelter” means:
 - a. A facility or home that provides “shelter care,” as defined in A.R.S. § 8-201;
 - b. A “homeless shelter,” as defined in A.R.S. § 16-121; or
 - c. A “shelter for victims of domestic violence,” as defined in A.R.S. § 36-3001.
- 74. “Significant exposure” means the same as in A.R.S. § 32-3207.
- 75. “Standard precautions” means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
- 76. “Subject” means an individual whose blood or other body fluid has been tested or is to be tested.
- 77. “Submitting entity” means the same as in A.R.S. § 13-1415.
- 78. “Suspect case” means an individual whose medical history, signs, or symptoms indicate that the individual:
 - a. May have or is developing a communicable disease;
 - b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - c. May have experienced a vaccinia-related adverse event.
- 79. “Syndrome” means a pattern of signs and symptoms characteristic of a disease.
- 80. “Test” means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
- 81. “Test result” means information about the outcome of a laboratory analysis of a subject’s specimen and does not include personal identifying information about the subject.
- 82. “Treatment” means a procedure or method to cure, improve, or palliate an illness or a disease.
- 83. “Tuberculosis control officer” means the same as in A.R.S. § 36-711.
- 84. “Vaccine” means a preparation of a weakened or killed agent, a portion of the agent’s structure, or a synthetic substitute for a portion of the agent’s structure that, upon administration into the body of an individual or animal, stimulates a response in the body to produce or increase immunity to a particular disease.
- 85. “Vaccinia-related adverse event” means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
- 86. “Victim” means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
- 87. “Viral hemorrhagic fever” means disease characterized by fever and hemorrhaging and caused by a virus.
- 88. “Waterborne” means that water serves as a mode of transmission of an infectious agent.

89. “Working day” means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

R9-6-201. Definitions

In this Article, unless otherwise specified:

1. “Clinical laboratory” has the same meaning as in A.R.S. § 36-451.
2. “Drug” has the same meaning as in A.R.S. § 32-1901.
3. “Epidemiologic curve” means a graphic display of the number of cases over time.
4. “Normally sterile site” means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
 - a. The lower respiratory tract;
 - b. Blood;
 - c. Bone marrow;
 - d. Cerebrospinal fluid;
 - e. Pleural fluid;
 - f. Peritoneal fluid;
 - g. Synovial fluid;
 - h. Pericardial fluid;
 - i. Amniotic fluid;
 - j. Lymph;
 - k. A closed abscess; or
 - l. Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, urogenital tract, or gastrointestinal tract.
5. “Health care provider required to report” means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 2.1 or detects an occurrence listed in Table 2.1.
6. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
7. “Point of contact” means an individual through whom the Department or a local health agency can obtain information upon request.
8. “Whole blood” means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

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

Unofficial version of the rules in 9 A.A.C. 6, effective January 1, 2018, made by 23 A.A.R. 2605.

- 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 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;
 - 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;
 - 2. 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;
 - 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, gonorrhea, or *Chlamydia trachomatis* 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;
5. If reporting a case or suspect case of syphilis:
- a. The information required under subsection (C)(4); and
 - b. Identification of:
 - i. 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) and A.R.S. § 36-694(A), 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,
 - 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. The name, address, telephone number, and, if available, email address of the individual making the report; and
 - 8. 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); 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 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

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

Key:

- ☎ 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 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.
- ¹ Submit a report within one working day if the case or suspect case is a pregnant woman.
- ☎ 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.
- O 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; and
 - e. 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
O	Conjunctivitis, acute		Pertussis (whooping cough)
	Cryptosporidiosis		Rubella (German measles)
O	Diarrhea, nausea, or vomiting		Salmonellosis
	<i>Escherichia coli</i> , Shiga toxin-producing	O	Scabies
	<i>Haemophilus influenzae</i> , invasive disease		Shigellosis
	Hepatitis A	O	Streptococcal group A infection
	Measles		Varicella (chickenpox)
	Meningococcal invasive disease		

-  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 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 of the subject;
 6. The laboratory identification number;
 7. The specimen type;
 8. The date of collection of the specimen;
 9. The type of test ordered on the specimen; and
 10. 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 of the subject;
 6. The laboratory identification number;
 7. The specimen type;
 8. The date of collection of the specimen;
 9. The date of the result of the test;
 10. The type of test completed on the specimen;
 11. The test result, including quantitative values and reference ranges, if applicable; and

12. 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:
 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.

Table 2.3. Clinical Laboratory Director Reporting Requirements

 <i>Anaplasma</i> spp.	 ①, * <i>Francisella tularensis</i>	 <i>Plasmodium</i> spp.
①, * ⁴ Arboviruses	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
①, * ⁴ <i>Bordetella pertussis</i>	 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, * <i>Brucella</i> spp.	 ¹ Hepatitis C virus	① ¹ , * Rubella virus and anti-rubella-IgM serologies
①, * <i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	 ¹ Hepatitis D virus	①, * <i>Salmonella</i> spp.
 * ⁴ <i>Campylobacter</i> spp.	 ¹ , * ⁴ Hepatitis E virus	①, * ⁴ <i>Shigella</i> spp.
 * ⁴ Carbapenem-resistant Enterobacteriaceae (CRE)	 HIV—any test result (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing), except from a negative screening test	 * ⁴ <i>Streptococcus</i> group A, from a normally sterile site
 CD ₄ -T-lymphocyte count	 HIV—any test result for an infant (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing)	 <i>Streptococcus</i> group B, from a normally sterile site in an infant younger than 90 days of age
①, * ⁴ Chikungunya virus	 * ⁴ Influenza virus	 * ⁴ <i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, from a normally sterile site
 <i>Chlamydia trachomatis</i>	①, + <i>Legionella</i> spp. (excluding single serological results)	 ¹ <i>Treponema pallidum</i> (syphilis) or rapid plasma reagent
 <i>Chlamydia psittaci</i> / <i>Chlamydophila psittaci</i>	① <i>Leptospira</i> spp.	 <i>Trypanosoma cruzi</i> (Chagas disease)
  <i>Clostridium botulinum</i> toxin (botulism)	① <i>Lymphocytic choriomeningitis</i> virus	①, * Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
 * ⁴ <i>Coccidioides</i> spp.	①, * <i>Listeria</i> spp., from a normally sterile site	  * ⁴ Variola virus (smallpox)
① <i>Coxiella burnetii</i>	 * ¹ , * Measles virus and anti-measles-IgM serologies	①, * <i>Vibrio</i> spp.
① <i>Cryptosporidium</i> spp.	 ² Methicillin-resistant <i>Staphylococcus aureus</i> , from a normally sterile site	  * ⁴ Viral hemorrhagic fever agent
① <i>Cyclospora</i> spp.	① ¹ , * Mumps virus and anti-mumps-IgM serologies	 West Nile virus
①, * ⁴ Dengue virus	①, * ³ <i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	 * ⁴ Yellow fever virus
 <i>Ehrlichia</i> spp.	 * ⁴ <i>Neisseria gonorrhoeae</i> and, if performed, the drug sensitivity pattern	  * ⁴ <i>Yersinia pestis</i> (plague)
  Emerging or exotic disease agent	 * ⁴ <i>Neisseria meningitidis</i> , from a normally sterile site	①, * <i>Yersinia</i> spp. (other than <i>Y. pestis</i>)
 <i>Entamoeba histolytica</i>	① Norovirus	①, * Zika virus
①, * <i>Escherichia coli</i> , Shiga toxin-producing	 Novel coronavirus infection (e.g., SARS or MERS)	

Key:

-  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.
- ① Submit a report within one working day after obtaining a positive test result.

Unofficial version of the rules in 9 A.A.C. 6, effective January 1, 2018, made by 23 A.A.R. 2605.

- ☐ 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 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.
 - 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. Streptomycin,
 - 3. Any rifamycin,
 - 4. Pyrazinamide, or
 - 5. 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.

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

- A.** The Department shall notify each local health agency of the format to be used by:
 - 1. A health care provider required to report when making a report required under R9-6-202(A) and Table 2.1;
 - 2. An administrator of a health care institution or correctional facility when making a report required under R9-6-202(B) and Table 2.1; and
 - 3. An administrator of a school, child care establishment, or shelter when making a report required under R9-6-203(A) and Table 2.2.

- B.** A local health agency shall 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, as specified in subsection (A).
- C.** Except as specified in Table 2.4 and Article 3, a local health agency shall provide to the Department the information contained in each report of a case, suspect case, or occurrence received by the local health agency under R9-6-202 or R9-6-203, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify:

 - 1. Which of the following best describes the individual identified in each report:

 - a. The individual meets the case definition for a case of the specific disease,
 - b. The individual is a suspect case,
 - c. The individual does not meet the case definition for a case or suspect case of the specific disease, or
 - d. The local health agency has not yet determined the status of the disease in the individual; and
 - 2. The status of the epidemiologic investigation for each report.
- D.** Except as specified in Table 2.4 and Article 3, a local health agency shall submit to the Department a report, in a Department-provided format, of an epidemiologic investigation conducted by the local health agency:

 - 1. In response to a report of a case, suspect case, or occurrence:

 - a. Submitted under R9-6-202 or R9-6-203, or
 - b. About which the local health agency was notified by the Department;
 - 2. Within 30 calendar days after receiving the report submitted under R9-6-202 or R9-6-203 or notification by the Department;
 - 3. If an epidemiologic investigation is required for the reported disease under Article 3; and
 - 4. Including in the report of the epidemiologic investigation:

 - a. The information described in:

 - i. R9-6-202(C) for a report submitted under R9-6-202,
 - ii. R9-6-203(B) for a report submitted under R9-6-203, or
 - iii. R9-6-202(C) for a report about which the Department notified the local health agency;
 - b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;

- c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
 - d. A classification of the case according to the case definition;
 - e. A description of the condition or status of the case at the end of the epidemiologic investigation;
 - f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
 - g. A description of how the local health agency provided or arranged for the case to receive health education about the nature of the disease and how to prevent transmission or limit disease progression;
 - h. A description of the case's specific risk factors for transmitting the disease considered by the local health agency when conducting an assessment of contacts;
 - i. A description of the control measures used by the local health agency to reduce the spread of the disease; and
 - j. The date the report of the case, suspect case, or occurrence was submitted or the Department notified the local health agency.
- E.** For each instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:
 - 1. Within 24 hours after receiving the report or reports, provide to the Department, in a Department-provided format, the following information:
 - a. The location of the outbreak or possible outbreak;
 - b. If known, the number of cases and suspect cases;
 - c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;
 - d. The setting of the outbreak or possible outbreak;
 - e. The name of the disease suspected or known to be the cause of the outbreak or possible outbreak; and
 - f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or possible outbreak; and
 - 2. Within 30 calendar days after receiving the last report or reports associated with the outbreak, submit to the Department a report, in a Department-provided format, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:

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- a. A description of the outbreak location and setting;
- b. The date that the local health agency was notified of the outbreak;
- c. A description of how the local health agency verified the outbreak;
- d. The number of individuals reported to be ill during the outbreak;
- e. The number of individuals estimated to be at risk for illness as a result of the outbreak;
- f. The specific case definition used;
- g. A summary profile of the signs and symptoms;
- h. An epidemiologic curve;
- i. A copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;
- j. Hypotheses of how the outbreak occurred;
- k. A description of the control measures used and the dates the control measures were implemented;
- l. The conclusions drawn based upon the results of the epidemiologic investigation;
- m. Recommendations for preventing future outbreaks; and
- n. The name, address, and telephone number of the individual making the report to the Department.

Table 2.4. Local Health Agency Reporting Requirements

☒,➔	Amebiasis	☒	Gonorrhea	①,➔,*	Rubella (German measles)
☒,➔	Anaplasmosis	①,➔	<i>Haemophilus influenza</i> , invasive disease	☎,➔,*	Rubella syndrome, congenital
☎,➔,*	Anthrax	☒,➔	Hansen's disease (Leprosy)	①,➔	Salmonellosis
☒,➔	Arboviral infection	①,➔	Hantavirus infection	①,➔	Shigellosis
☒,➔	Babesiosis	①,➔	Hemolytic uremic syndrome	☎,➔,*	Smallpox
☒,➔	Basidiobolomycosis	①,➔	Hepatitis A	①,➔	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☎,➔,*	Botulism	☒,➔	Hepatitis B and Hepatitis D	☒	Streptococcal group A infection, invasive disease
☒,➔,*	Brucellosis	☒,➔	Hepatitis E	☒	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☒,➔	Campylobacteriosis	☒,➔	HIV infection and related disease	☒	<i>Streptococcus pneumoniae</i> infection, (pneumococcal invasive disease)
☒,➔	Chagas infection and related disease (American Trypanosomiasis)	①,➔	Influenza-associated mortality in a child	☒,➔	Syphilis
☒,➔	Chancroid (<i>Haemophilus ducreyi</i>)	①,➔	Legionellosis (Legionnaires' disease)	☒,➔	Taeniasis
☒,➔	Chikungunya	①,➔	Leptospirosis	☒,➔	Tetanus
☒	<i>Chlamydia trachomatis</i> infection	①,➔,*	Listeriosis	☒,➔	Toxic shock syndrome
①,➔	Cholera	☒,➔	Lyme disease	①,➔	Trichinosis
☒	Coccidioidomycosis (Valley Fever)	①,➔	Lymphocytic choriomeningitis	①,➔,*	Tuberculosis, active disease
☒,➔	Colorado tick fever	☒,➔	Malaria	①,➔	Tuberculosis latent infection in a child five years of age or younger (positive screening test result)
☒,➔	Creutzfeldt-Jakob disease	☎,➔,*	Measles (rubeola)	☎,➔,*	Tularemia
☒,➔	Cryptosporidiosis	①,➔,*	Melioidosis	①,➔	Typhoid fever
☒,➔	<i>Cyclospora</i> infection	☎,➔,*	Meningococcal invasive disease	①,➔	Typhus fever
☒,➔	Cysticercosis	①,➔,*	Mumps	①,➔	Vaccinia-related adverse event
①,➔	Dengue	☎,➔	Novel coronavirus (e.g., SARS or MERS)	①,➔,*	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☎,➔	Diphtheria	①,➔	Pertussis (whooping cough)	☒,➔ ¹	Varicella (chickenpox)
☒,➔	Ehrlichiosis	☎,➔,*	Plague	①,➔	<i>Vibrio</i> 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
①,➔	<i>Escherichia coli</i> , Shiga toxin-producing	☎,➔,*	Rabies in a human	①,➔,*	Yersiniosis (enteropathogenic <i>Yersinia</i>)
☒,➔	Giardiasis	①,➔	Relapsing fever (borreliosis)	①,➔,*	Zika virus infection
①,➔,*	Glanders				

Key:

- ☎ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
 - ① 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
 - ➔ 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.

R9-6-207. Federal or Tribal Entity Reporting

- A.** To the extent permitted by law, a federal or tribal entity shall comply with the reporting requirements in this Article as follows:
1. If the federal or tribal entity is participating in the diagnosis or treatment of an individual, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for a health care provider;
 2. If the federal or tribal entity is operating a facility that provides health care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a health care institution;
 3. If the federal or tribal entity is operating a correctional facility, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a correctional facility;
 4. If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a child care establishment;
 5. If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a “private vocational program” as defined in A.R.S. § 32-3001, or an institution that grants a “degree” as defined in A.R.S. § 32-3001, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a school;
 6. If the federal or tribal entity is operating a clinical laboratory, the federal or tribal entity shall comply with the reporting requirements in R9-6-204 and Table 2.3 for a clinical laboratory director; and
 7. If the federal or tribal entity is operating a facility that provides pharmacy services, the federal or tribal entity shall comply with the reporting requirements in R9-6-205 for an administrator of a pharmacy.
- B.** For the purposes of this Section, “federal or tribal entity” means a person operating within this state, whether on federal or tribal land or otherwise, under the authority of an agency or other administrative subdivision of the federal government or a tribal nation and who is:
1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
 2. Licensed as a physician assistant under the laws of this or another state;
 3. Licensed as a registered nurse practitioner under the laws of this or another state;
 4. Licensed as a dentist under the laws of this or another state;

5. Operating a facility that provides health care services;
6. Operating a correctional facility;
7. Operating a facility that provides child care services;
8. Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a “private vocational program” as defined in A.R.S. § 32-3001, or an institution that grants a “degree” as defined in A.R.S. § 32-3001;
9. Operating a clinical laboratory; or
10. Operating a facility that provides pharmacy services.

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

R9-6-301. Definitions

In this Article, unless otherwise specified:

1. “Aquatic venue” means an artificially constructed structure or modified natural structure that:
 - a. Is used:
 - i. For water contact recreation, as defined in A.A.C. R9-8-801; or
 - ii. To treat a diagnosed injury, illness, or medical condition under the supervision of a health professional, as defined in A.R.S. § 32-3201;
 - b. Is open to all individuals or to all residents of a community, members of a club or camp, individuals being treated by a specific health professional, or patrons of other such establishments; and
 - c. Includes a:
 - i. Natural bathing place as defined in A.A.C. R18-5-201;
 - ii. Public spa as defined in A.A.C. R18-5-201;
 - iii. Public swimming pool as defined in A.A.C. R18-5-201;
 - iv. Semi-artificial bathing place as defined in A.A.C. R18-5-201;
 - v. Semi-public spa as defined in A.A.C. R18-5-201;
 - vi. Semi-public swimming pool as defined in A.A.C. R18-5-201; and
 - vii. Water-play area, an artificially constructed depression in which water issues from showers or other nozzles and drains away to leave little or no standing water.
2. “Blood bank” means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.
3. “Blood center” means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
4. “Contact precautions” means, in addition to use of standard precautions:
 - a. Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual’s bed from the bed of another individual; and
 - b. Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.
5. “Contaminated” means to have come in contact with a disease-causing agent or toxin.

6. “Disinfection” means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
7. “Disinfestation” means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
8. “Droplet precautions” means, in addition to use of standard precautions:
 - a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual’s bed from the bed of another individual;
 - b. Ensuring that the individual wears a mask covering the individual’s mouth and nose, if medically appropriate, when not in the room described in subsection (8)(a); and
 - c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.
9. “Follow-up” means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
10. “Incapacitated adult” means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
11. “Isolation precautions” means methods to limit the transmission of an infectious agent, based on the infectious agent and the location of infection in or on the infected individual or animal, that includes isolation of the infected individual or animal and may include any one or combination of the following:
 - a. Standard precautions,
 - b. Contact precautions,
 - c. Droplet precautions, or
 - d. Airborne precautions.
12. “Midwife” has the same meaning as in A.R.S. § 36-751.
13. “Multi-drug-resistant organism” means a bacterial agent on a Department-provided list that is known to not be killed or whose growth is not slowed by specific classes of antibiotics.
14. “Pediculocide” means a shampoo or cream rinse manufactured and labeled for controlling head lice.
15. “Person in charge” means the individual present at a food establishment who is responsible for the food establishment’s operation at the time in question.
16. “Plasma center” means a facility where the process of plasmapheresis or another form of apheresis is conducted.
17. “State health officer” means the Director of the Department or the Director’s designee.

18. “Vector” means a living animal, usually a mosquito, tick, flea, or other arthropod, that may transmit an infectious agent to an individual.

R9-6-302. Local Health Agency Control Measures

A local health agency shall:

1. Review each report received under Article 2 for completeness and accuracy;
2. Confirm each diagnosis;
3. Conduct epidemiologic and other investigations required by this Chapter or in cooperation with the Department;
4. Facilitate notification of known contacts;
5. Conduct surveillance;
6. Determine trends;
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter;
8. Disseminate surveillance information to health care providers;
9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease; and
10. Report to the Department, as specified in R9-6-206 and this Article.

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

A. When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency:

1. Shall issue a written order:
 - a. For isolation or quarantine and other control measures;
 - b. To each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual’s parent or guardian, except as provided in subsection (A)(2);
 - c. That specifies:
 - i. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor each individual’s health status;
 - ii. The identity of each individual or group of individuals subject to the order;
 - iii. The premises at which each individual or group of individuals is to be isolated or quarantined;

- iv. The date and time at which isolation or quarantine and other control measure requirements begin; and
 - v. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
 - d. That may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment; and
 - 2. May post the written order in a conspicuous place at the premises at which a group of individuals is to be isolated or quarantined if:
 - a. The written order applies to the group of individuals, and
 - b. It would be impractical to provide a copy to each individual in the group.
- B.** A local health agency may issue a written order for additional control measures:
- 1. Except as provided in subsection (A)(2), to each affected individual, group of individuals, or person and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian;
 - 2. That specifies:
 - a. The control measure requirements being imposed, including, if applicable, requirements for:
 - i. Being excluded from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment;
 - ii. Avoiding other locations where the individual or an individual in the group of individuals may pose a health risk to other individuals;
 - iii. Observing airborne precautions, droplet precautions, or contact precautions and the methods by which the individual shall comply with the requirement;
 - iv. Prophylaxis or immunization, as applicable, as an alternative to or to reduce the length of exclusion;
 - v. Physical examinations and medical testing to ascertain and monitor the individual's health status; or
 - vi. Not creating a situation where additional individuals may be exposed to the communicable disease;
 - b. The identity of each individual, group of individuals, or person subject to the order;
 - c. The date and time at which the control measure requirements begin; and

- d. The justification for the control measure requirements, including:
 - i. If known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
 - ii. If applicable, the possible consequences of the individual, group of individuals, or person failing to follow the recommendations of the Department or the local health agency to control the spread of the communicable disease; and
 - 3. That may provide information about the disease, existing medical treatment, if applicable, and the consequences of an individual's failure to comply with the order.
- C. Within 10 calendar days after the issuing of a written order described in subsection (A) or (B), if a local health agency determines that isolation, quarantine, or other control measure requirements need to continue for more than 10 calendar days after the date of the order, the local health agency shall file a petition for a court order that:
 - 1. Authorizes the continuation of isolation, quarantine, or other control measure requirements pertaining to an individual, a group of individuals, or a person;
 - 2. Includes the following:
 - a. The isolation, quarantine, or other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
 - b. The identity of each individual, group of individuals, or person subject to isolation, quarantine, or other control measure requirements;
 - c. If applicable, the premises at which each individual or group of individuals is isolated or quarantined;
 - d. The date and time at which isolation, quarantine, or other control measure requirements began; and
 - e. The justification for isolation, quarantine, or other control measure requirements, including, if applicable and known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
 - 3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- D. A local health agency that files a petition for a court order under subsection (C) shall provide notice to each individual, group of individuals, or person identified in the petition according to the Arizona

Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.

- E.** In the event of noncompliance with a written order issued under subsection (A) or (B), a local health agency may contact law enforcement to request assistance in enforcing the order.
- F.** If the Department determines that isolation, quarantine, or other control measure requirements are necessary, the Department, under A.R.S. § 36-136(G), may take any of the actions specified in subsections (A) through (E).

R9-6-304. Food Establishment Control Measures

The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements in this Article or as ordered by a local health agency or the Department.

R9-6-305. Control Measures for Multi-drug-resistant Organisms

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is infected with a multi-drug-resistant organism.
2. An administrator of the correctional facility transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another correctional facility or to a health care institution shall, either personally or through a representative, ensure that the receiving correctional facility or health care institution is informed that the individual is infected with a multi-drug-resistant organism.

R9-6-306. Amebiasis

Case control measures: A local health agency shall:

1. 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; 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 to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-307. Anaplasmosis

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported anaplasmosis case or suspect case; and
- 2. For each anaplasmosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-308. Anthrax

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

- 1. Upon receiving a report under R9-6-202 of an anthrax 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;
- 2. Conduct an epidemiologic investigation of each reported anthrax case or suspect case;
- 3. For each anthrax case, 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 anthrax case or suspect case is submitted to the Arizona State Laboratory.

B. Environmental control measures: A local health agency shall, in conjunction with the Department and applicable federal agencies, provide or arrange for disinfection of areas or objects contaminated by *Bacillus anthracis* through sterilization by dry heating, incineration of objects, or other appropriate means.

R9-6-309. Arboviral Infection

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

- 1. Conduct an epidemiologic investigation of each reported arboviral infection case or suspect

case;

2. For each arboviral infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
3. Ensure that each arboviral infection case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.

- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each arboviral infection case or suspect case and implement vector control measures as necessary.

R9-6-310. Babesiosis

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported babesiosis case or suspect case; and
2. For each babesiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-311. Basidiobolomycosis

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case; and
2. For each basidiobolomycosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-312. Botulism

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

1. Upon receiving a report under R9-6-202 of a botulism 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;
2. Conduct an epidemiologic investigation of each reported botulism case or suspect case; and
3. For each botulism case or suspect case:
 - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and

- b. Ensure that one or more specimens from each botulism case or suspect case are submitted to the Arizona State Laboratory.

B. Environmental control measures: An individual in possession of:

1. Food known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated food for 10 minutes and then discard it, and
2. Utensils known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated utensils for 10 minutes before reuse or disposal.

R9-6-313. Brucellosis

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported brucellosis case or suspect case;
2. For each brucellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
3. Ensure that an isolate or a specimen, as available, from each brucellosis case is submitted to the Arizona State Laboratory.

R9-6-314. Campylobacteriosis

Case control measures: A local health agency shall:

1. Exclude a campylobacteriosis 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. Diarrhea has resolved,
 - ii. A stool specimen negative for *Campylobacter* spp. is obtained from the campylobacteriosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case; and
3. For each campylobacteriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-315. Carbapenem-resistant Enterobacteriaceae

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 carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and
 - b. If a carbapenem-resistant enterobacteriaceae case 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 carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and
 - b. If a carbapenem-resistant enterobacteriaceae 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:
 - a. Ensure that a case or carrier of carbapenem-resistant enterobacteriaceae is isolated as necessary to prevent transmission; and
 - b. Upon request, ensure that an isolate or a specimen, as available, from each case or carrier of carbapenem-resistant enterobacteriaceae 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; and
 2. For each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae, submit to the Department the information required under R9-6-206(E).

R9-6-316. Chagas Infection and Related Disease (American Trypanosomiasis)

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
2. For each Chagas infection or disease case:
 - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - b. Provide to the Chagas infection or disease case or ensure that another person provides to the Chagas infection or disease case health education that includes:
 - i. The treatment options for Chagas infection or disease,

- ii. Where the Chagas infection or disease case may receive treatment for Chagas infection or disease, and
- iii. For women of childbearing age, the risks of transmission of Chagas infection or disease to a fetus.

R9-6-317. Chancroid (*Haemophilus ducreyi*)

- A.** Case control measures: A local health agency shall:
 - 1. Conduct an epidemiologic investigation of each reported chancroid case or suspect case;
 - 2. For each chancroid case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - 3. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chancroid case.
- B.** Contact control measures: When a chancroid case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

R9-6-318. Chikungunya

- A.** Case control measures: A local health agency shall:
 - 1. Upon receiving a report under R9-6-202 of a chikungunya case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - 2. Conduct an epidemiologic investigation of each reported chikungunya case or suspect case;
 - 3. For each chikungunya case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - 4. Ensure that each chikungunya case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each chikungunya case or suspect case and implement vector control measures as necessary.

R9-6-319. *Chlamydia trachomatis* Infection

- A.** Case control measures: A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a *Chlamydia trachomatis* infection case that seeks treatment from the local health agency.
- B.** Contact control measures: If an individual who may have been exposed to chlamydia through sexual contact with a *Chlamydia trachomatis* infection case seeks treatment for symptoms of chlamydia infection from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

R9-6-320. Cholera

- A.** Case control measures: A local health agency shall:
 - 1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - 2. Exclude a cholera case or suspect case from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until a stool specimen negative for toxigenic *Vibrio cholerae* is obtained from the cholera case or suspect case; and
 - b. Using an aquatic venue until diarrhea has resolved;
 - 3. Conduct an epidemiologic investigation of each reported cholera case or suspect case; and
 - 4. For each cholera case, submit to the Department, as specified in ~~Article 2, Table 4 2.4~~, the information required under R9-6-206(D).
- B.** Contact control measures: A local health agency shall provide follow-up for each cholera contact for five calendar days after exposure.

R9-6-321. *Clostridium difficile*

Case control measures:

- 1. A diagnosing health care provider or an administrator of a health care institution transferring a known *Clostridium difficile* case with active infection and diarrhea to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known *Clostridium difficile* case.
- 2. If a known *Clostridium difficile* case with active infection and diarrhea is being transferred from a correctional facility to another correctional facility or to a health care institution, an

administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known *Clostridium difficile* case.

R9-6-322. Coccidioidomycosis (Valley Fever)

Outbreak control measures: A local health agency shall:

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

R9-6-323. Colorado Tick Fever

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case; and
2. For each Colorado tick fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-324. Conjunctivitis: Acute

A. Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.

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

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

R9-6-325. Creutzfeldt-Jakob Disease

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case; and
2. For each Creutzfeldt-Jakob disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-326. *Cryptosporidiosis*

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

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case; and
3. For each cryptosporidiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of cryptosporidiosis.

R9-6-327. *Cyclospora Infection*

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported *Cyclospora* infection case or suspect case; and
2. For each *Cyclospora* infection case submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-328. *Cysticercosis*

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported cysticercosis case or suspect case; and
2. For each cysticercosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-329. *Dengue*

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

1. Upon receiving a report under R9-6-202 of a dengue case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 2. Conduct an epidemiologic investigation of each reported dengue case or suspect case;
 3. For each dengue case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 4. Ensure that each dengue case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each dengue case or suspect case and implement vector control measures as necessary.

R9-6-330. Diarrhea, Nausea, or Vomiting

- A.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting;
 2. Submit to the Department the information required under R9-6-206(E); and
 3. Exclude each case that is part of an outbreak of diarrhea, nausea, or vomiting from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Diarrhea and vomiting have resolved, or
 - ii. The local health agency has determined that the case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved.
- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of diarrhea, nausea, or vomiting.

R9-6-331. Diphtheria

- 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. Isolate and institute droplet precautions for a pharyngeal diphtheria case or suspect case until two successive sets of cultures negative for *Cornyebacterium diphtheriae* are obtained from nose and throat specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; and
 - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until two successive sets of cultures negative for *Cornyebacterium diphtheriae* are obtained from skin specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a diphtheria 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. Conduct an epidemiologic investigation of each reported diphtheria case or suspect case; and
 - c. For each diphtheria 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 shall:
 1. Exclude each diphtheria contact from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment until a set of cultures negative for *Cornyebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
 2. In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Cornyebacterium diphtheriae* are obtained from nose and throat specimens collected from the contact at least 24 hours apart;
 3. Offer each previously immunized diphtheria contact prophylaxis and a vaccine containing diphtheria toxoid; and
 4. Offer each unimmunized diphtheria contact prophylaxis and the primary vaccine series.

R9-6-332. Ehrlichiosis

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported ehrlichiosis ~~or anaplasmosis~~ case or suspect case; and
2. For each ehrlichiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-333. Emerging or Exotic Disease

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

1. Upon receiving a report under R9-6-202 of an emerging or exotic disease 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;
2. In consultation with the Department, isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission;
3. Conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case; and
4. For each emerging or exotic disease 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 quarantine or exclude an emerging or exotic disease contact as necessary, according to R9-6-303, to prevent transmission.

R9-6-334. Encephalitis, Viral or Parasitic

Case control measures: A local health agency shall:

1. Upon receiving a report of encephalitis under R9-6-202, notify the Department:
 - a. For a case or suspect case of parasitic encephalitis, within 24 hours after receiving the report and provide to the Department the information contained in the report; and
 - b. For a case or suspect case of viral encephalitis, within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case; and
3. For each encephalitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-335. *Escherichia coli*, Shiga Toxin-producing

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

1. Upon receiving a report under R9-6-202 or R9-6-203 of a Shiga toxin-producing *Escherichia coli* case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

2. Exclude a Shiga toxin-producing *Escherichia coli* case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Two successive stool specimens, collected from the Shiga toxin-producing *Escherichia coli* case or suspect case at least 24 hours apart, are negative for Shiga toxin-producing *Escherichia coli*;
 - ii. Diarrhea has resolved; or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
 3. Conduct an epidemiologic investigation of each reported Shiga toxin-producing *Escherichia coli* case or suspect case; and
 4. For each Shiga toxin-producing *Escherichia coli* case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Environmental control measures:** A local health agency shall:
1. If an animal located in a private residence is suspected to be the source of infection for ~~an~~ a Shiga toxin-producing *Escherichia coli* case or outbreak, provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*; and
 2. If an animal located in a setting other than a private residence is suspected to be the source of infection for a Shiga toxin-producing *Escherichia coli* case or outbreak:
 - a. Provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*, and
 - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about Shiga toxin-producing *Escherichia coli* and methods to reduce the risk of transmission.

R9-6-336. Giardiasis

Case control measures: A local health agency shall:

1. Exclude a giardiasis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Treatment for giardiasis is initiated and diarrhea has resolved, or

- ii. The local health agency has determined that the 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 giardiasis case or suspect case; and
- 3. For each giardiasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-337. Glanders

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a glanders case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported glanders case or suspect case;
- 3. For each glanders case, 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 glanders case or suspect case is submitted to the Arizona State Laboratory.

R9-6-338. Gonorrhea

A. Case control measures:

- 1. For the prevention of gonorrheal ophthalmia, a physician, physician assistant, registered nurse practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
 - a. Erythromycin ophthalmic ointment 0.5%, or
 - b. Tetracycline ophthalmic ointment 1%.
- 2. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a gonorrhea case that seeks treatment from the local health agency.

B. Contact control measures: If an individual who may have been exposed to gonorrhea through sexual contact with a gonorrhea case seeks treatment for symptoms of gonorrhea from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

R9-6-339. *Haemophilus influenzae*: Invasive Disease

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 isolate and institute droplet precautions for a *Haemophilus influenzae* meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a *Haemophilus influenzae* invasive disease case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and
 - c. For each *Haemophilus influenzae* invasive disease 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 shall evaluate the level of risk of transmission from each contact's exposure to a *Haemophilus influenzae* invasive disease case and, if indicated, shall provide or arrange for each contact to receive immunization or treatment.

R9-6-340. Hansen's Disease (Leprosy)

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

1. Conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case; and
2. For each Hansen's disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures: In consultation with the Department, a local health agency shall examine contacts of a Hansen's disease case, if indicated, for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.

R9-6-341. Hantavirus Infection

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a hantavirus infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

2. Ensure that a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
 3. Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
 4. For each hantavirus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Environmental control measures: A local health agency shall conduct an environmental assessment for each hantavirus infection case or suspect case.

R9-6-342. Hemolytic Uremic Syndrome

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a hemolytic uremic syndrome case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 2. Conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case; and
 3. For each hemolytic uremic syndrome 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 shall exclude a hemolytic uremic syndrome contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

R9-6-343. Hepatitis A

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 or R9-6-203 of a hepatitis A case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 2. Exclude a hepatitis A case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
 3. Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
 4. For each hepatitis A 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 shall:

1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. For 45 calendar days after exposure, monitor a food handler who was a contact of a hepatitis A case during the infectious period for symptoms of hepatitis A; and
3. Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.

R9-6-344. Hepatitis B and Hepatitis D

A. Case control measures:

1. A local health agency shall:
 - a. Evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated;
 - b. Conduct an epidemiologic investigation of each reported case or suspect case of hepatitis B or hepatitis B co-infected with hepatitis D; and
 - c. For each acute case of hepatitis B or hepatitis B co-infected with hepatitis D or case of perinatal hepatitis B, 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 hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

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

1. Refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series, and
2. Provide health education related to the progression of hepatitis B disease and the prevention of transmission of hepatitis B infection to each non-immune hepatitis B contact.

R9-6-345. Hepatitis C

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported hepatitis C outbreak;
2. For each hepatitis C outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(E);

3. Evaluate a health care provider identified as the source of hepatitis C virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated; and
4. Ensure that health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection is provided to each individual who may have been exposed to hepatitis C during the outbreak.

R9-6-346. Hepatitis E

Case control measures: A local health agency shall:

1. Exclude a hepatitis E case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and
3. For each hepatitis E case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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.

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.

R9-6-348. Influenza-Associated Mortality in a Child

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of an influenza-associated death of a child, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of influenza-associated mortality in a child; and
3. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-349. Legionellosis (Legionnaires' Disease)

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

1. Upon receiving a report under R9-6-202 of a legionellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and
3. For each legionellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: The owner of a water, cooling, or ventilation system or equipment that is determined by the Department or a local health agency to be associated with a case of *Legionella* infection shall comply with the environmental control measures recommended by the Department or local health agency to prevent the exposure of other individuals.

R9-6-350. Leptospirosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a leptospirosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and
3. For each leptospirosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-351. Listeriosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a listeriosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
3. For each listeriosis case, 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 listeriosis case is submitted to the Arizona State Laboratory.

R9-6-352. Lyme Disease

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Lyme disease case or suspect case; and
2. For each Lyme disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-353. Lymphocytic Choriomeningitis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a lymphocytic choriomeningitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
3. For each lymphocytic choriomeningitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-354. Malaria

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

1. Conduct an epidemiologic investigation of each reported malaria case or suspect case; and
2. For each malaria case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each malaria case or suspect case and implement vector control measures as necessary.

R9-6-355. Measles (Rubeola)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth calendar day after the rash appears; and
 - b. Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until the local health agency has determined that the suspect case is unlikely to infect other individuals.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for a measles case from onset of illness through the fourth calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a measles:
 - a. Case from working at the health care institution from the onset of illness through the fourth calendar day after the rash appears; and
 - b. Suspect case from working at the health care institution until the local health agency has determined that the suspect case may return to work.
4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a measles 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. Conduct an epidemiologic investigation of each reported measles case or suspect case;
 - c. For each measles case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each measles case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the measles control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. When a measles case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall:
 - a. Determine which measles contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. Provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.
3. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
 - a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
 - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to measles; or
 - c. Documentary evidence of birth before January 1, 1957.

R9-6-356. Melioidosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a melioidosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;
3. For each melioidosis case, 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 melioidosis case or suspect case is submitted to the Arizona State Laboratory.

R9-6-357. Meningococcal Invasive Disease

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 isolate and institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a meningococcal invasive disease 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. Conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case;
 - c. For each meningococcal invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that an isolate or a specimen, as available, from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a meningococcal invasive disease case and, if indicated, provide or arrange for each contact to receive prophylaxis.

R9-6-358. Methicillin-resistant *Staphylococcus aureus* (MRSA)

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a known methicillin-resistant *Staphylococcus aureus* case with active infection to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known methicillin-resistant *Staphylococcus aureus* case.
2. If a known methicillin-resistant *Staphylococcus aureus* case with active infection is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a

representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known methicillin-resistant *Staphylococcus aureus* case.

B. Outbreak control measures:

1. A local health agency, in consultation with the Department, shall:
 - a. Conduct an epidemiologic investigation of each reported outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility; and
 - b. For each outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of methicillin-resistant *Staphylococcus aureus* occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency or the Department.

R9-6-359. Mumps

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a mumps case from the school or child care establishment for five calendar days after the onset of glandular swelling; and
 - b. Exclude a mumps suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions with a mumps case for five calendar days after the onset of glandular swelling.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a mumps:
 - a. Case from working at the health care institution for five calendar days after the onset of glandular swelling; and

- b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
- 4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a mumps case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported mumps case or suspect case;
 - c. For each mumps case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each mumps case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
- 5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the mumps control measures recommended by a local health agency or the Department.

B. Contact control measures:

- 1. When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
- 2. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a mumps case or suspect case unless the worker is able to provide evidence of immunity to mumps through one of the following:
 - a. A record of immunization against mumps with two doses of live virus vaccine given on or after the first birthday and at least one month apart; or
 - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to mumps.
- 3. A local health agency shall determine which mumps contacts will be:
 - a. Quarantined or excluded, according to R9-6-303, to prevent transmission; and

- b. Advised to obtain an immunization against mumps.

R9-6-360. Norovirus

- A.** Outbreak control measures: A local health agency shall:
 - 1. Conduct an epidemiologic investigation of each reported norovirus outbreak;
 - 2. Submit to the Department the information required under R9-6-206(E); and
 - 3. Exclude each case that is part of a norovirus outbreak from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - a. Diarrhea has resolved, or
 - b. The local health agency has determined that the case or suspect case is unlikely to infect other individuals.
- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with a norovirus outbreak.

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

- 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 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.
 - 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 novel coronavirus case or suspect case to prevent transmission;
 - c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case; 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.

R9-6-362. Pediculosis (Lice Infestation)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculocide.
2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.

- B.** Contact control measures: An administrator of a school or child care establishment that excludes a pediculosis case from the school or child care establishment, either personally or through a representative, shall ensure that a parent or guardian of a child who is a contact is notified that a pediculosis case was identified at the school or child care establishment.

R9-6-363. Pertussis (Whooping Cough)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a pertussis case from the school or child care establishment for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
 - b. Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. An administrator of a health care institution, either personally or through a representative, shall:
 - a. Exclude a pertussis case from working at the health care institution for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and

- b. Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
 - 3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate droplet precautions for a pertussis case for five calendar days after the date of initiation of antibiotic treatment for pertussis.
 - 4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a pertussis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
 - c. For each pertussis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
 - 5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the pertussis control measures recommended by a local health agency or the Department.
- B. Contact control measures:**
- 1. When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
 - 2. A local health agency shall identify contacts of a pertussis case and shall:
 - a. Determine which pertussis contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. If indicated, provide or arrange for a pertussis contact to receive antibiotic prophylaxis.

R9-6-364. Plague

- 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 isolate and institute droplet precautions for a pneumonic plague case or suspect case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
 2. An individual handling the body of a deceased plague case shall use droplet precautions.
 3. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a plague 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. Conduct an epidemiologic investigation of each reported plague case or suspect case;
 - c. For each plague case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that an isolate or a specimen, as available, from each plague case or suspect case is submitted to the Arizona State Laboratory.
- B.** Contact control measures: A local health agency shall provide follow-up to pneumonic plague contacts for seven calendar days after last exposure to a pneumonic plague case.

R9-6-365. Poliomyelitis (Paralytic or Non-paralytic)

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a poliomyelitis 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;
2. Conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case;
3. For each poliomyelitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that one or more specimens from each poliomyelitis case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

R9-6-366. Psittacosis (Ornithosis)

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

1. Conduct an epidemiologic investigation of each reported psittacosis case or suspect case; and
2. For each psittacosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

1. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a private residence:
 - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis, and
 - b. Advise the bird's owner to obtain treatment for the bird; and
2. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a setting other than a private residence:
 - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis,
 - b. Ensure that the bird is treated or destroyed and any contaminated structures are disinfected, and
 - c. Require the bird's owner to isolate the bird from contact with members of the public and from other birds until treatment of the bird is completed or the bird is destroyed.

R9-6-367. Q Fever

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a Q fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Q fever case or suspect case; and
3. For each Q fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-368. Rabies in a Human

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

1. Upon receiving a report under R9-6-202 of a human rabies 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;
2. Conduct an epidemiologic investigation of each reported human rabies case or suspect case;
3. For each human rabies case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

- B.** Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.

R9-6-369. Relapsing Fever (Borreliosis)

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a borreliosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported borreliosis case or suspect case; and
3. For each borreliosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-370. Respiratory Disease in a Health Care Institution or Correctional Facility

Outbreak control measures:

1. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported outbreak of respiratory disease in a health care institution or correctional facility; and
 - b. For each outbreak of respiratory disease in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of respiratory disease occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency.

R9-6-371. Rubella (German Measles)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a rubella case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the seventh calendar day after the rash appears; and
 - b. Exclude a rubella suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined

to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.

2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, and in consultation with the local health agency, shall isolate and institute droplet precautions for a rubella case through the seventh calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a rubella:
 - a. Case from working at the health care institution from the onset of illness through the seventh calendar day after the rash appears; and
 - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a rubella case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;
 - c. For each rubella case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each rubella case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the rubella control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
 - a. A record of immunization against rubella given on or after the first birthday; or
 - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to rubella.

2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
3. A local health agency shall:
 - a. Determine which rubella contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. Provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

R9-6-372. Rubella Syndrome, Congenital

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 isolate and implement contact precautions for an infant congenital rubella syndrome case until:
 - a. The infant congenital rubella syndrome case reaches one year of age; or
 - b. Two successive negative virus cultures, from specimens collected at least one month apart, are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome 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. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
 - c. For each congenital rubella syndrome case, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each congenital rubella syndrome case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

B. Contact control measures: An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution who is known to be pregnant does

not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-371(B)(1).

R9-6-373. Salmonellosis

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

1. Upon receiving a report under R9-6-202 or R9-6-203 of a salmonellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a salmonellosis 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. Diarrhea has resolved,
 - ii. A stool specimen negative for *Salmonella* spp. is obtained from the salmonellosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
4. For each salmonellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

1. If an animal infected with *Salmonella* spp. is located in a private residence, provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
2. If an animal infected with *Salmonella* spp. is located in a setting other than a private residence:
 - a. Provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp., and
 - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about salmonellosis and methods to reduce the risk of 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 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).

R9-6-375. Shigellosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a shigellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a shigellosis 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. Diarrhea has resolved,

- ii. A stool specimen negative for *Shigella* spp. is obtained from the shigellosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
- b. Using an aquatic venue for one week after diarrhea has resolved;
- 3. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
- 4. For each shigellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-376. Smallpox

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 isolate and institute both airborne precautions and contact precautions for a smallpox case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
- 2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a smallpox 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:
 - i. Ensure that isolation and both airborne precautions and contact precautions have been instituted for a smallpox case or suspect case to prevent transmission, and
 - ii. Conduct an epidemiologic investigation of each reported smallpox case or suspect case;
 - c. For each smallpox case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that a specimen from each smallpox case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

B. Contact control measures: A local health agency, in consultation with the Department, shall:

- 1. Quarantine or exclude a smallpox contact as necessary, according to R9-6-303, to prevent transmission; and
- 2. Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

R9-6-377. Spotted Fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)

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

1. Upon receiving a report under R9-6-202 of a spotted fever rickettsiosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Ensure that a spotted fever rickettsiosis case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with spotted fever rickettsiosis;
3. Conduct an epidemiologic investigation of each reported spotted fever rickettsiosis case or suspect case; and
4. For each spotted fever rickettsiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each spotted fever rickettsiosis case or suspect case and implement vector control measures as necessary.

R9-6-378. Streptococcal Group A Infection

A. Streptococcal group A infection, invasive or non-invasive:

Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending or working in a school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal group A infection.

B. Invasive streptococcal group A infection:

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection;
2. For each streptococcal group A invasive infection case involved in an outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and

3. For each outbreak of streptococcal group A invasive infection, submit to the Department the information required under R9-6-206(E).

R9-6-379. Streptococcal Group B Invasive Infection in an Infant Younger Than 90 Days of Age

Case control measures: A local health agency shall:

1. Confirm the diagnosis of streptococcal group B invasive infection for each reported case or suspect case of streptococcal group B invasive infection in an infant younger than 90 days of age; and
2. For each case of streptococcal group B infection in an infant younger than 90 days of age, submit to the Department the information required under R9-6-202(C).

R9-6-380. *Streptococcus pneumoniae* Invasive Infection

Outbreak control measures: A local health agency shall:

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

R9-6-381. Syphilis

A. Case control measures:

1. A syphilis case shall obtain serologic testing for syphilis three months, six months, and one year after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
2. A health care provider for a pregnant syphilis case shall order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery.
3. A local health agency shall:
 - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported syphilis case or suspect case, confirming the stage of the disease;
 - b. For each syphilis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsection (A)(1) and (A)(2); and
 - d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.

4. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- B.** Contact control measures: When a syphilis case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.
- C.** Outbreak control measures: A local health agency shall:
 1. Conduct an epidemiologic investigation of each reported syphilis outbreak; and
 2. For each syphilis outbreak, submit to the Department the information required under R9-6-206(E).

R9-6-382. Taeniasis

Case control measures: A local health agency shall:

1. Exclude a taeniasis case with *Taenia* spp. from 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 free of infestation;
2. Conduct an epidemiologic investigation of each reported taeniasis case; and
3. For each taeniasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-383. Tetanus

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported tetanus case or suspect case; and
2. For each tetanus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-384. Toxic Shock Syndrome

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case; and
2. For each toxic shock syndrome case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-385. Trichinosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a trichinosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
3. For each trichinosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-386. Tuberculosis

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 isolate and institute airborne precautions for:
 - a. An individual with infectious active tuberculosis until:
 - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
 - ii. Anti-tuberculosis treatment is initiated with multiple antibiotics; and
 - iii. Clinical signs and symptoms of active tuberculosis are improved;
 - b. A suspect case of infectious active tuberculosis until:
 - i. At least two successive tests for tuberculosis, using a product and methodology approved by the U.S. Food and Drug Administration for use when making decisions whether to discontinue isolation and airborne precautions, for the suspect case are negative; or
 - ii. At least three successive sputum smears collected from the suspect case as specified in subsection (A)(1)(a)(i) are negative for acid-fast bacilli, anti-tuberculosis treatment of the suspect case is initiated with multiple antibiotics, and clinical signs and symptoms of active tuberculosis are improved; and
 - c. A case or suspect case of multi-drug resistant active tuberculosis until a tuberculosis control officer has approved the release of the case or suspect case.
2. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
3. A local health agency shall:

- a. Upon receiving a report under R9-6-202 of a tuberculosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- b. Exclude an individual with infectious active tuberculosis or a suspect case from working, unless the individual's work setting has been approved by a tuberculosis control officer, until the individual with infectious active tuberculosis or suspect case is released from airborne precautions according to the applicable criteria in subsection (A)(1);
- c. Conduct an epidemiologic investigation of each reported tuberculosis case, ~~or~~ suspect case, or latent infection in a child five years of age or younger;
- d. For each tuberculosis case or suspect case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
- e. Ensure that an isolate or a specimen, as available, from each tuberculosis case is submitted to the Arizona State Laboratory; and
- f. Comply with the requirements specified in R9-6-1202.

B. Contact control measures:

1. A contact of an individual with infectious active tuberculosis shall allow a local health agency to evaluate the contact's tuberculosis status.
2. A local health agency shall comply with the tuberculosis contact control measures specified in R9-6-1202.

C. An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.

R9-6-387. Tularemia

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a tularemia 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. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;

- c. For each tularemia case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- d. Ensure that an isolate or a specimen, as available, from each tularemia case or suspect case is submitted to the Arizona State Laboratory.

R9-6-388. Typhoid Fever

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

- 1. Upon receiving a report under R9-6-202 of a typhoid fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
- 3. For each typhoid fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
- 4. Exclude a typhoid fever case or suspect case from 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:
 - a. At least one month after the date of onset of illness;; and
 - b. After two successive stool specimens, collected from the typhoid fever case at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy, are negative for *Salmonella typhi*;
- 5. If a stool specimen from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(4) until two successive stool specimens, collected from the typhoid fever case at least one month apart and 12 or fewer months after the date of onset of illness, are negative for *Salmonella typhi*;
- 6. If a positive stool specimen, collected at least 12 months after onset of illness, is obtained from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
- 7. Exclude a typhoid fever carrier from 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 three successive stool specimens, collected from the typhoid fever carrier at least one month apart, are negative for *Salmonella typhi*.

B. Contact control measures: A local health agency shall exclude a typhoid fever contact from 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 two successive stool specimens, collected from the typhoid fever contact at least 24 hours apart, are negative for *Salmonella typhi*.

R9-6-389. Typhus Fever

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a typhus fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and
3. For each typhus fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-390. Vaccinia-related Adverse Event

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of a vaccinia-related adverse event, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and
3. For each case of a vaccinia-related adverse event, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-391. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*.
2. A diagnosing health care provider or an administrator of a health care institution transferring a known case with active infection or a known carrier of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall:

- a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- b. Ensure that a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is isolated as necessary to prevent transmission;
- c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*;
- d. For each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- e. Ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

R9-6-392. Varicella (Chickenpox)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment and from school- or child-care-establishment-sponsored events until lesions are dry and crusted.
2. An administrator of a health care institution, either personally or through a representative, shall isolate and implement airborne precautions for a varicella case until the case is no longer infectious.
3. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported case of death due to primary varicella infection; and
 - b. For each reported case of death due to varicella infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures:

1. When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and

- b. Comply with the local health agency's recommendations for exclusion.
- 2. A local health agency shall determine which contacts of a varicella case will be:
 - a. Excluded from a school or child care establishment, and
 - b. Advised to obtain an immunization against varicella.

R9-6-393. *Vibrio* Infection

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a *Vibrio* infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Exclude a *Vibrio* infection case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Diarrhea has resolved, or
 - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
- 3. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
- 4. For each *Vibrio* infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

R9-6-394. Viral Hemorrhagic Fever

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 isolate and implement both droplet precautions and contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
- 2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a viral hemorrhagic fever 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. Conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case;

- c. For each viral hemorrhagic fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each viral hemorrhagic fever case or suspect case are submitted to the Arizona State Laboratory.
- B.** Contact control measures: A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

R9-6-395. West Nile Virus Infection

- A.** Case control measures: A local health agency shall:
 - 1. Conduct an epidemiologic investigation of each reported West Nile virus infection case or suspect case; ~~and~~
 - 2. For each case of West Nile virus infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - 3. Ensure that each West Nile virus infection case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each West Nile virus infection case or suspect case and implement vector control measures as necessary.

R9-6-396. Yellow Fever

- A.** Case control measures: A local health agency shall:
 - 1. Upon receiving a report under R9-6-202 of a yellow fever 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;
 - 2. Conduct an epidemiologic investigation of each reported yellow fever case or suspect case;
 - 3. For each yellow fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 - 4. Ensure that each yellow fever case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites; and

5. Ensure that an isolate or a specimen, as available, from each yellow fever case or suspect case is submitted to the Arizona State Laboratory.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each yellow fever case or suspect case and implement vector control measures as necessary.

R9-6-397. Yersiniosis (Enteropathogenic *Yersinia*)

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a yersiniosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for enteropathogenic *Yersinia* is obtained from the case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;
4. For each yersiniosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
5. Ensure that an isolate or a specimen, as available, from each yersiniosis case is submitted to the Arizona State Laboratory.

R9-6-398. Zika Virus Infection

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

1. Upon receiving a report under R9-6-202 of a Zika virus infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Zika virus infection case or suspect case;

3. For each Zika virus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 4. Ensure that one or more specimens from each Zika virus infection case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory; and
 5. Provide to the Zika virus infection case or ensure that another person provides to the Zika virus infection case health education that includes measures to:
 - a. Avoid mosquito bites,
 - b. Reduce mosquito breeding sites, and
 - c. Reduce the risk of sexual or congenital transmission of Zika virus.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each Zika virus infection case or suspect case and implement vector control measures as necessary.

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION

R9-6-1002. Local Health Agency Requirements

For each HIV-infected individual or suspect case, a local health agency shall comply with the requirements in R9-6-347.

ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION

R9-6-1102. Health Care Provider Requirements

When a laboratory report for a test ordered by a health care provider for a subject indicates that the subject is infected with an STD, the ordering health care provider or the ordering health care provider's designee shall:

1. Describe the test results to the subject;
2. Provide or arrange for the subject to receive the following information about the STD for which the subject was tested:
 - a. A description of the disease or syndrome caused by the STD, including its symptoms;
 - b. Treatment options for the STD and where treatment may be obtained;
 - c. A description of how the STD is transmitted to others;
 - d. A description of measures to reduce the likelihood of transmitting the STD to others and that it is necessary to continue the measures until the infection is eliminated;
 - e. That it is necessary for the subject to notify individuals who may have been infected by the subject that the individuals need to be tested for the STD;
 - f. The availability of assistance from local health agencies or other resources; and
 - g. The confidential nature of the subject's test results;
3. Report the information required in R9-6-202 to a local health agency; and
4. If the subject is pregnant and is a syphilis case, inform the subject of the requirement that the subject obtain serologic testing for syphilis according to R9-6-381.

R9-6-1103. Local Health Agency Requirements

A. For each STD case, a local health agency shall:

1. Comply with the requirements in:
 - a. R9-6-317(A)(1) and (2) for each chancroid case reported to the local health agency, and
 - b. R9-6-381(A)(3)(a) through (c) for each syphilis case reported to the local health agency;
2. Offer or arrange for treatment for each STD case that seeks treatment from the local health agency for symptoms of:
 - a. Chancroid,
 - b. Chlamydia infection,
 - c. Gonorrhea, or
 - d. Syphilis;

3. Provide information about the following to each STD case that seeks treatment from the local health agency:
 - a. A description of the disease or syndrome caused by the applicable STD, including its symptoms;
 - b. Treatment options for the applicable STD;
 - c. A description of measures to reduce the likelihood of transmitting the STD to others and that it is necessary to continue the measures until the infection is eliminated; and
 - d. The confidential nature of the STD case's test results; and
 4. Inform the STD case that:
 - a. A chlamydia or gonorrhea case must notify each individual, with whom the chlamydia or gonorrhea case has had sexual contact within 60 days preceding the onset of chlamydia or gonorrhea symptoms up to the date the chlamydia or gonorrhea case began treatment for chlamydia or gonorrhea infection, of the need for the individual to be tested for chlamydia or gonorrhea; and
 - b. The Department or local health agency will notify, as specified in subsection (B), each contact named by a chancroid or syphilis case.
- B.** For each contact named by a chancroid or syphilis case, the Department or a local health agency shall:
1. Notify the contact named by a chancroid or syphilis case of the contact's exposure to chancroid or syphilis and of the need for the contact to be tested for:
 - a. Chancroid, if the chancroid case has had sexual contact with the contact within 10 days preceding the onset of chancroid symptoms up to the date the chancroid case began treatment for chancroid infection; or
 - b. Syphilis, if the syphilis case has had sexual contact with the contact within:
 - i. 90 days preceding the onset of symptoms of primary syphilis up to the date the syphilis case began treatment for primary syphilis infection;
 - ii. Six months preceding the onset of symptoms of secondary syphilis up to the date the syphilis case began treatment for secondary syphilis infection; or
 - iii. 12 months preceding the date the syphilis case was diagnosed with syphilis if the syphilis case cannot identify when symptoms of primary or secondary syphilis began;
 2. Offer or arrange for each contact named by a chancroid or syphilis case to receive testing and, if appropriate, treatment for chancroid or syphilis; and
 3. Provide information to each contact named by a chancroid or syphilis case about:

- a. The characteristics of the applicable STD,
 - b. The syndrome caused by the applicable STD,
 - c. Measures to reduce the likelihood of transmitting the applicable STD, and
 - d. The confidential nature of the contact's test results.
- C. For each contact of a chlamydia or gonorrhea case who seeks treatment from a local health agency for symptoms of chlamydia or gonorrhea, the local health agency shall:
 - 1. Offer or arrange for treatment for chlamydia or gonorrhea;
 - 2. Provide information to each contact of a chlamydia or gonorrhea case about:
 - a. The characteristics of the applicable STD,
 - b. The syndrome caused by the applicable STD,
 - c. Measures to reduce the likelihood of transmitting the applicable STD, and
 - d. The confidential nature of the contact's test results.

ARTICLE 12. TUBERCULOSIS CONTROL

R9-6-1202. Local Health Agency Reporting Requirements

- A.** Within 30 days after receiving information, a local health agency shall report to the Department regarding:
1. Each individual in its jurisdiction who has been diagnosed with active tuberculosis,
 2. Each individual in its jurisdiction who is suspected of having active tuberculosis, and
 3. Each individual in its jurisdiction who is believed to have been exposed to an individual with infectious active tuberculosis.
- B.** Each report made under subsection (A) shall consist of completed Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference, or a completed electronic equivalent to Form CDC 72.9A and B provided by the Department.