



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Infectious Diseases of High Consequence Plan

Arizona Department of Health Services

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Table of Contents

Record of Changes	0
Background	0
Purpose	3
Scope	4
At-Risk Individuals	5
Planning Assumptions	5
Organizations' Roles and Responsibilities	6
911/Public Safety Answering Points	11
Public Health Monitoring	12
Isolation and Quarantine	12
Emergency Medical Services	14
Information Sharing	14
Interstate Transport	14
Laboratory Services Support and Coordination	14
Process for Submitting Specimens	15
Waste Management Considerations	15
Personal Protective Equipment Resources	16
Communication	17
Arizona Health Alert Network	17
Administrative Preparedness	17
Finance	18
Accounting - Expenditures and Record Keeping	18
Authority	19
Plan Development and Maintenance	20
Acronyms	21

Record of Changes

Date	Change	Page(s)
January 2023	<ul style="list-style-type: none">• Was updated to extract processes and procedures for the Ebola response	Entire Plan
October 2022	<ul style="list-style-type: none">• Update formatting to match brand standards• Updated Plan Maintenance Section• Added At-Risk Individuals Section• Updated acronyms• Added tables and graphics for easier digestion	Entire Plan
September 2019	<ul style="list-style-type: none">• New Plan	Entire Plan

Background

Infectious disease emergencies are circumstances caused by biological agents, including organisms such as bacteria, viruses, or toxins, with the potential for significant illness or death in the population. Infectious disease emergencies may include naturally occurring outbreaks (e.g., measles, mumps, and meningococcal disease), emerging infectious diseases (e.g., SARS, avian influenza), and bioterrorism. Infectious diseases of high consequences (IDHC) have epidemic or pandemic potential, significant severity or mortality, and high susceptibility. They are an ongoing public health concern. Over the last two decades, the world has faced many IDHC outbreaks that have traveled from country to country.

Currently known examples of IDHCs that can generate substantial public health and economic concerns are:

- Severe Acute Respiratory Syndrome (SARS Cov-1)
- Middle East Respiratory Syndrome (MERS)
- SARS CoV-2 (COVID - 19)
- A H1N1 (Swine Flu)
- Ebola Virus Disease (EVD)
- Zika Virus
- Anthrax
- Mumps

With today's volume and speed of travel, increased interactions with animal populations, and changes in the environment and human behaviors, an IDHC may spread rapidly from anywhere in the world. Therefore, local, tribal, and state health departments and the healthcare system must be prepared to respond to such threats.

Arizona is a state in the southwestern region of the U.S. The population in Arizona is 7,359,197 (July 2022 U.S. Census estimates). There are 63 people per square mile (2020 Census). Its capital and largest city is Phoenix, which is located in Maricopa County, and has a population of 1,624,569 and a density of 2,798 people per square mile (2020 Census). There are 3,104 people per square mile (2020 Census). The Phoenix Sky Harbor International Airport (PHX) served 38,846,713 passengers in 2021. There is no Centers for Disease Control and Prevention (CDC) Quarantine Station on-site at PHX. The state of Arizona may be covered by CDC Quarantine Stations at international airports in neighboring states, which have been identified as sites for enhanced screening and surveillance activities during times of increased risk for an IDHC. Arizona has 15-counties of which 4-counties share borders with Mexico: Cochise, Pima, Santa Cruz and Yuma Counties.

Pima County is the second largest county by population (1,052,030- July 1, 2022). Based on the 2020 census, the population density of Pima County is 113 people per square mile. Tucson International Airport (in Pima County) served 2.7 million passengers in 2022.

This IDHC plan aligns with the Arizona Department of Health Services (ADHS) All Hazard Emergency Response Plan (AHERP) and informs our management and response actions in the event of such an incident.

Purpose

The purpose of the IDHC Plan is to contain an outbreak of disease caused by an infectious agent or biological toxin, or respond to other infectious disease emergencies as defined above. Activities that may be implemented during an Infectious Disease Emergency Response include:

- Coordination with other city, regional, state and federal agencies and other organizations responding to a large public health emergency.
- Development and dissemination of information and guidance for the medical community, responders, general public, and special populations and settings.
- Public health disease containment measures such as infection control, mass prophylaxis, isolation and quarantine, or restriction and clearance.
- Coordination of medical care systems and management of alternate care and/or shelter sites.
- Epidemiological surveillance and investigation activities such as surveillance, investigation, and lab testing.
- Collection and analysis of data to inform the development of objectives and tactics.

Scope

An infectious disease emergency occurs when urgent and possibly extensive public health and medical interventions are needed to respond to and contain an infectious disease outbreak or biological threat that has the potential for significant morbidity and mortality. The Bureau of Infectious Disease and Services routinely receives reports of cases of infectious disease, conducts investigations and implements disease containment measures. The IDHC Plan is intended to be used for any infectious disease emergency that requires a response that exceeds the section's normal disease control capacity. Some outbreaks or situations may require limited response activities; other situations may require large-scale response efforts that involve many sections within the Department and/or many city agencies. This plan does not define any operational component of a suspected or confirmed EVD case. For more information on specific ebola response activities, refer to the Ebola Response Operational Annex.

The IDHC Plan is to be utilized in concert with the AHERP and the Health Emergency Operation Center (HEOC) Standard Operating Procedure. These additional plans further describe the roles and responsibilities of the Department and other agencies and organizations responding to an emergency. During an IDHC incident, ADHS will serve as the state lead for Emergency Support Function (ESF) 8: Public Health and Medical, whose role includes supporting response efforts in coordination with the Emergency Management Division of the Arizona Department of Emergency and Military Affairs (DEMA) and the State Emergency Operations Center (SEOC). This plan does not define any operational component of a suspected or confirmed EVD case.

At-Risk Individuals

This plan encompasses coordination and support for at-risk populations, including Limited English Proficiency (LEP) populations, geographically isolated individuals, Access and Functional Needs (AFN) groups, people with serious mental illness (SMI), and others requiring behavioral healthcare. Response strategies should consider the medical and public health needs of groups such as people with disabilities, pregnant women, children, senior citizens, and other sub-groups as dictated by the response.

Planning for at-risk individuals occurs on several levels within Arizona. The U.S. Department of Health and Human Services (HHS) and ADHS use the Communication, Maintaining Health, Independence, Support and Safety, and Transportation (CMIST) framework to identify and understand at-risk individuals with AFN when planning for, responding to, and recovering from a disaster. The CMIST Framework provides a useful and flexible framework for

emergency planning and response that emphasizes a person's needs without having to define a specific diagnosis, status or label.

During a disaster, it has been observed that certain at-risk individuals, specifically those with AFN, have required additional response assistance before, during and after the incident. These additional considerations for at-risk individuals with AFN are vital to inclusive planning for the whole community, and have been mandated for inclusion in federal, state, territorial, tribal, and local public health emergency plans by the Public Health Service (PHS) Act. In addition, Arizona Healthcare Coalitions will be called upon during an emergency event to share information among their members to ensure that the needs of at-risk individuals are addressed.

Planning Assumptions

Response to an IDHC outbreak will be guided by this plan and other applicable public health support annexes. The following assumptions may apply during the activation of this plan:

- A single case occurring in Arizona may be considered a public health emergency.
- There are individuals at the highest risk for contracting an IDHC that may include healthcare workers and anyone who had direct contact with an infected/symptomatic patient.
- Effective isolation of patients and appropriate infection control measures can help contain any potential spread.
- Jurisdictions may activate their medical and health Emergency Operations Centers (EOCs).
- Federal agencies will respond in accordance with the National Incident Management System (NIMS).
- Complete Information about the IDHC may not be immediately available and may take days or even months to unfold.
- Involve crisis emergency risk communication (CERC) for the public's concerns.
- Persons undergoing active monitoring and direct active monitoring may require supportive services to meet their basic needs.
- Transmission from asymptomatic survivors is possible.
- Hospitals have an adequate supply of approved personal protective equipment (PPE).
- Staff working in hospitals and ambulatory care settings, are trained in donning and doffing of PPE according to CDC guidelines.

- Health care facility personnel are trained to isolate and quarantine patients, provide basic supportive care, and should inform and consult with public health officials.
- ADHS will work with Arizona Healthcare Cost Containment System (AHCCCS) to coordinate crisis behavioral health services to health care staff and families when requested.

Organizations' Roles and Responsibilities

Table 1 outlines the roles and responsibilities of the various agencies involved in the response to an outbreak.

Table 1

Primary Agencies	Roles and Responsibilities
State	
<p>Arizona Department of Health Services</p>	<ul style="list-style-type: none"> • Coordinate directly with federal health and medical authorities (CDC, HHS, etc.) in regards to surveillance and treatment of cases with IDHC. • Assist and support county and tribal governments, health care facilities and providers in conducting disease surveillance. • Provide leadership in coordinating and integrating overall state efforts to provide public health and medical assistance to the affected counties/areas. • Coordinate the distribution of medical supplies and services. • Request activation of the National Disaster Medical System (NDMS) and/or Strategic National Stockpile (SNS) as needed. • Coordinate health care volunteers through the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) as requested and as needed. • Coordinate public health messaging and risk communication with local public health, Healthcare Coalition, and other stakeholders. • Coordinate the efforts of public/private sector health care organizations. • Track a suspected case and confirmed contacts via Medical Electronic Disease Surveillance Intelligence System (MEDSIS). • Assist local health departments in establishing an active surveillance of suspected cases and provide guidance on monitoring and treatment of exposed individuals. • Provide guidance on the use of appropriate Personal Protective Equipment (PPE) recommended by CDC including proper donning and doffing guidelines.

Primary Agencies	Roles and Responsibilities
	<ul style="list-style-type: none"> ● In cases of Ebola, coordinate with designated Regional Treatment Center (RTC)-host states and CDC/HHS.
<p>Arizona Department of Health Services - Bureau of Public Health Emergency Preparedness</p>	<ul style="list-style-type: none"> ● Activate HEOC and support the local public health response to emerging IDHC, if appropriate. ● Coordinate conference calls as determined by the HEOC Manager for situational awareness. ● Communicate with county health officials, tribal partners, hospitals, physicians, Indian Health Services (IHS), laboratory directors, community health centers, childcare centers, schools, health volunteers and other partner agencies. ● Coordinate state and federal resource requests between counties, tribes and DEMA. ● Determine mortuary affairs policy recommendations as they pertain to public health and coordinate with the affected country or tribe.
<p>Arizona of Department of Health Services - Bureau of Infectious Disease and Services</p>	<ul style="list-style-type: none"> ● Provide epidemiological support and coordination between state, local, CDC and HHS. ● Coordinate the initiation of appropriate disease control measures at all levels of public health, including counties, tribes, IHS, schools and health care facilities to determine the extent and scope of the disease and target interventions to meet specific needs. ● Develop strategies for maintaining active surveillance of all exposed individuals and develop tracking protocol based on CDC guidelines. ● Assist health care facilities, providers, and local health departments with health messaging and risk communication. ● Provide incident-specific guidance on appropriate PPE for responders. ● Support operations by providing information about health issues such as immunizations, food safety, water purification, and hygiene.

Primary Agencies	Roles and Responsibilities
Arizona State Public Health Laboratory	<ul style="list-style-type: none"> ● Receive guidelines and reagents from CDC to perform recommended tests. ● Provide support to health care facilities and providers for specimen testing based on CDC guidelines. ● Provide just-in-time training to agencies sending specimens for testing. ● Follow appropriate waste management guidelines as recommended.
Arizona Department of Health Services - Division of Licensing Services (DLS)	<ul style="list-style-type: none"> ● May consider reviewing and approving waivers for certain state licensure rule requirements. ● Should work with Centers for Medicare and Medicaid Services (CMS) to assist certified facilities during specific types of declared emergencies with requesting CMS waivers.
Arizona Department of Health Services - Bureau of Emergency Medical Services	<ul style="list-style-type: none"> ● Identify ambulance support resources ● Activate appropriate memorandum of understanding (MOU) with emergency medical services for transporting suspected or confirmed cases. ● Coordinate transportation activities between local health departments, healthcare facilities, and emergency medical transporters. ● Participate in the HEOC and provide situation updates.
Arizona Department of Health Services - Public Information Officer (PIO)	<ul style="list-style-type: none"> ● Coordinates with the Operations Communications section of the HEOC on public message development. ● Monitor public health media inquiries.

Primary Agencies	Roles and Responsibilities
Medical Examiner's Office	<ul style="list-style-type: none"> ● County medical examiner (ME) should be involved in preparedness planning for managing deaths and autopsies during an IDHC event. ● MEs' from each jurisdiction may receive specific guidelines from CDC and ADHS for: <ul style="list-style-type: none"> ○ Proper handling of bodies ○ Recommendations on autopsies and proper storage of bodies and personal effects. ● For specific roles and responsibilities of a ME during an IDHC incident, please refer to the respective county ME Office Plan.
Tribal and County Health Departments	<ul style="list-style-type: none"> ● Acts as the lead agency responsible for epidemiologic response to a public health emergency in their respective jurisdictions including: <ul style="list-style-type: none"> ○ disease surveillance ○ disease investigations ○ outbreak investigations ○ data management ● Work with ADHS in establishing active surveillance of potentially exposed individuals. ● Follow state and CDC guidance on monitoring and treatment of exposed individuals. ● Coordinate with the ADHS Public Information Officer (PIO) to develop public health messaging and risk communication strategies. ● For details on specific roles and responsibilities, please review county health department infectious disease plans.
Hospitals and other health care facilities	<ul style="list-style-type: none"> ● Work closely with their regional health care coalition to obtain situation awareness. ● Have adequate supply of recommended PPE. ● Ensure the staff is trained in donning and doffing of PPE

Primary Agencies	Roles and Responsibilities
	<p>according to CDC guidelines.</p> <ul style="list-style-type: none"> • Have staff trained to triage and isolate patients, provide basic supportive care, and inform and consult with public health officials. • Work with ADHS and local health departments in developing public messaging and risk communication strategies. • For more detail, please refer to hospital infectious disease policies and protocols.
Healthcare Coalition	<ul style="list-style-type: none"> • Provide notification of an actual or potential incident to member organizations. • Facilitate information sharing among participating health care organizations and jurisdictional authorities to create a common operating picture. • Assists in the coordination to establish effective support for health care system resiliency and medical surge. • For more detail, please refer to the Arizona HCC Plans and protocols.

911/Public Safety Answering Points

Based on data from local and state public health authorities and the CDC regarding an elevated risk, ADHS may work with EMS and Department of Public Safety (DPS) to implement 911/Public Safety Answering Points (PSAP) operators to use a modified query to screen for possible IDHC suspected cases. Next steps following a suspected query will be scenario dependent.

Public Health Monitoring

If Arizona receives a high-risk traveler, county and state public health may implement a combination of direct active monitoring, travel restrictions, and/or isolation and quarantine to minimize exposure to an IDHC.

Isolation and Quarantine

Isolation refers to the separation of an infected individual from non-infected individuals; Quarantine refers to the separation of an individual, or individuals, exposed to the disease from non-infected and non-exposed individuals. There are three sources of authority and direction for Isolation and Quarantine in Arizona:

- [A.R.S. 36-624](#) (*Quarantine and sanitary measures to prevent contagion*): When a county health department or public health services district is apprised that infectious or contagious disease exists within its jurisdiction, it shall immediately make an investigation. If the investigation discloses that the disease does exist, the county health department or public health services district may adopt quarantine and sanitary measures consistent with department rules and sections 36-788 and 36-789 to prevent the spread of the disease. The county health department or public health services district shall immediately notify the department of health services of the existence and nature of the disease and measures taken concerning it.
- [A.R.S. §§ 36-787](#) through [36-789](#): Provides the Governor, in consultation with ADHS, county and state health departments, with isolation and quarantine authority during a state of emergency or state of war emergency.
- [A.A.C. R9-6-303](#) (*Isolation, Quarantine, Exclusion, and Other Control Measures*): Gives the county health department a process for issuing isolation and/or quarantine orders congruent with A.R.S. §§ 36-624, 36-788, and 36-789.
 - 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);

- [ARS 36-787 C \(2\) and 789](#) provides the Governor, in consultation with ADHS and the local health authority, with isolation and quarantine authority during a state of emergency or state of war emergency. For details, please see: A.R.S. §§ 36-787 (Public health authority during state of emergency or state of war emergency)
 - If ADHS or the county health department find it necessary to isolate or quarantine a person or group of persons for a disease (other than tuberculosis), it must adhere to the process described in [A.R.S §36-789](#)

This guidance was drafted specifically for ADHS. However, other entities may use the petition, order, and affidavit. There are areas highlighted in yellow indicating where additional information is needed or where a specific selection needs to be made. However, each of these documents may require additional information based on the facts of the case and the agency filing the request.

Emergency Medical Services

(For the Transport of Persons under Investigation or Confirmed with IDHC)

The ADHS Bureau of EMS will help facilitate the transport of PUIs or patients confirmed with emerging IDHC to a designated assessment hospital or designated RTC for further evaluation, testing, and possible hospitalization.

The ADHS-EMS has a contract with medical transport provider, the American Medical Response (AMR), for ground and air transportation of all PUIs and suspected IDHC patients. AMR has developed comprehensive Standard Operating Procedures (SOPs), training protocols, and post-exposure monitoring plans in regards to transportation of PUI. EMS and AMR have developed guidance for 9-1-1 identifying calls related to people at risk for contracting IDHC.

Coordination with AMR will be carried out through the HEOC to pre-designated points of contact (Transportation Plan: APPENDIX-1). If needed, and staff is available, AMR may send a representative to the HEOC upon request. This would include the AMR Medical Director as a Subject Matter Expert (SME) for the Statewide Disaster Medical Advisory Committee (SDMAC).

Information Sharing

AMR should share the following information:

- Type of call/Nature of event (EMS run)
- Status of patient, treatment, patient response to treatment, any safety events
- Destination information, updates on location
- Staff information – post-exposure monitoring for epidemiological tracking (per AMR SOPs)

Interstate Transport

HEOC staff will coordinate with local health departments, DEMA, impacted ports of entry, receiving state health agencies, the HHS-REC, and other stakeholders. This may assist in sharing the most current information with impacted jurisdictions as well as jurisdictions along transportation routes to maintain a common operating picture, predict and mitigate any logistical concerns, and assist in the routing of the PUI or patient with IDHC.

Laboratory Services Support and Coordination

Diagnostic testing is available for the detection of select infectious diseases. The Arizona State Public Health Laboratory (ASPHL), a Clinical Laboratory Improvement Amendments (CLIA)-accredited laboratory serves as the first line of defense in the rapid recognition and prevention of the spread of communicable diseases and provides testing for, and aid in the diagnosis of, unusual pathogens. Trained laboratory staff at ASPHL are on call 24/7 to provide testing for select samples.

Process for Submitting Specimens

The county health department should consult with ADHS and the CDC regarding a patient's level of likelihood of having an IDHC. If testing is approved by all consulting entities, the specimen should be packaged appropriately by a trained individual, and immediately transported by courier to the ASPHL for testing. Refer to the ASPHL's [Guide to Laboratory Services: Microbiology](#) for a list of acceptable specimens.

The ASPHL has implemented a statewide courier service, Specialized Delivery Services, for clinical specimens submitted within Arizona. This courier service is available 24/7 to collect suspect samples and transport them to the ASPHL. Specimen shipping and testing must be approved and coordinated by county and state health officials.

Specimens of suspected patients must be shipped as Category-A infectious substances. Specimens collected for IDHC testing should be packaged and shipped without attempting to open collection tubes or aliquot specimens.

In-person training for packaging and shipping can be coordinated by ASPHL personnel. Information is also available on the ADHS website. Training should continue to be provided throughout any response. ADHS can provide secure packaging materials to all county health departments. Once approved for testing, the county health department should provide the facility with the packaging materials.

Waste Management Considerations

Medical waste requires careful disposal and containment before collection and consolidation for treatment. The most practical approach to medical waste management is to identify waste that represents a significant potential risk of causing infection during handling and disposal and for which some precautions are necessary. *Healthcare facility* medical waste includes microbiology laboratory waste (microbiologic cultures and stocks of microorganisms), pathology and anatomy waste, blood specimens from clinics and laboratories, blood products, and other body-fluid specimens. General considerations and recommendations are as follows:

- Healthcare facilities are recommended to dispose of medical waste regularly to avoid accumulation.
- Medical waste requiring storage should be kept in labeled, leak-proof, puncture-resistant containers under conditions that minimize or prevent foul odors.
- The storage area should be well-ventilated and inaccessible to pests.
- Any facility that generates regulated medical waste should have a regulated medical waste management plan to ensure the health and environmental safety as per federal, state, and local regulations.

Personal Protective Equipment Resources

Full information about the IDHC may not be immediately available and may take days or even months to unfold; therefore, appropriate PPE and its use may play an important part in containment of the disease. Hospitals and first responders (ambulance staff, police, fire fighters, MEs and mortuary staff) should have adequate supply of approved PPE. Staff working in hospitals and ambulatory care settings, should be trained in donning and doffing of PPE according to current CDC guidelines. IDHC, may be transmitted in postmortem care settings through unsafe handling of remains. It is necessary to ensure that only personnel trained in handling infected human remains (HR) and wearing recommended PPE touch or move any remains that contain IDHC. It may be advised not to wash, clean, embalm the body, or even not to perform an autopsy. If an autopsy is necessary, consult the respective county health department for guidance. The county health department(s) generally coordinate as needed.

Developing protocol on the use of PPE for those handling human remains:

- PPE will be required for all personnel handling human remains to enhance the Universal Precaution to protect against potential diseases and infections.
- All remains recovery should be conducted by personnel trained on donning and doffing PPE and handling measures to safely recover remains from the scene.
- The ME should determine the proper protocols for the type, amounts and standards of use for all PPE. For more information see [Personal Protective Equipment \(PPE\) and the Safe Handling of Human Remains.](#)
- Guide staff in the safe handling of HR that may be contaminated with an IDHC pathogen by properly using PPE and following decontamination measures at every step of the process.

Communication

Arizona Health Alert Network

The Arizona Health Alert Network (AzHAN) serves as a communication system that distributes information to stakeholders and partners. See the figure below which outlines the various modes of communication:

Figure 4



ADHS routinely distributes HAN messages that include federal and state recommendations and guidelines to stakeholders. Oftentimes, these partners will further distribute information to their respective constituents.

Administrative Preparedness

ADHS is a signatory on the Arizona Mutual Aid Compact (AzMAC) under DEMA.

AzMAC is in place to coordinate in-state resources via DEMA. AzMAC is a collection of public and private entities, providing emergency support to one another through a vast array of material, personnel, and other resources. For details, please use link:

https://dema.az.gov/sites/default/files/2023-10/AZMAC_FAQ_2024.pdf

Requests for AzMAC activation will occur through an Order Desk Request to DEMA and the SEOC utilizing form 213-RR on WebEOC. Should the requested resources not be available within the State, the SEOC will assist in the coordination of an Emergency Mutual Aid Compact (EMAC) request to other states.

EMAC is the nation's state-to-state mutual-aid system. EMAC is ratified by U.S. Congress (PL 104-321) and is law in all 50 states, the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands to facilitate the sharing of assistance among states during emergency events, including natural and manmade disasters. For details, please use link: <https://emacweb.org/>

Finance

Accounting - Expenditures and Record Keeping

During declared emergencies, impacted jurisdiction(s) and other responding agencies are responsible for maintaining records of all expenditures incurred during response operations for possible federal reimbursement.

Authority

[A.R.S. § 36-787](#)- Public health authority during state of emergency or state of war emergency:

"Under ARS § 36-787: the department (i.e., ADHS) has the authority to coordinate all matters pertaining to the public health emergency response of the state. The department has primary jurisdiction, responsibility and authority for..." Please use the link for detailed authority.

Under [A.R.S. § 36-104 \(4\)](#) ADHS has the power and duty to "... determine when a health care emergency or medical emergency situation exists or occurs within the state that cannot be satisfactorily controlled, corrected or treated by the health care delivery systems and facilities available ...".

Under [Sec. 4-115 Control during emergencies \(City of Phoenix Code\)](#): In the event of an emergency at the airport, the Aviation Director shall have absolute control of the airport.

Law enforcement should assist the local health departments in the enforcement of quarantine rules and regulations. This authority is provided in the following Arizona Revised Statutes (A.R.S.):

- [A.R.S. § 36-737](#): (B). An afflicted person who knowingly or intentionally exposes others to infection is guilty of a class 2 misdemeanor; (C). An afflicted person who leaves or attempts to leave the custody, isolation, quarantine or detention imposed by the superior court or the order of the tuberculosis control officer or local health officer pursuant to this article is guilty of a class 2 misdemeanor; (D). Any person who knowingly obstructs, impairs or hinders an investigation conducted pursuant to this article is guilty of a class 3 misdemeanor; Any person who knowingly makes a false report of tuberculosis to the tuberculosis control officer or the local health officer is guilty of a class 3 misdemeanor.
- [A.R.S. § 36-624](#) (*Quarantine and sanitary measures to prevent contagion*): When a county health department or public health services district is apprised that infectious or contagious disease exists within its jurisdiction, it shall immediately make an investigation. If the investigation discloses that the disease does exist, the county health department or public health services district may adopt quarantine and sanitary measures consistent with department rules and sections 36-788 and 36-789 to prevent the spread of the disease. The county health department or public health services district shall immediately notify the department of health services of the existence and nature of the disease and measures taken concerning it.
- [A.R.S. § 36-630](#) (*Violation classification*): A person who knowingly secretes himself or others known to have a contagious or infectious disease, or a member of a board of health or an officer of a local health department who with criminal negligence fails or refuses to perform a duty, or a person who violates a provision of this article or a rule, regulation, order, instruction or measure adopted and given the required publicity by a board of health is guilty of a class 3 misdemeanor unless another classification is specifically prescribed in this article.
- [A.R.S. § 36-631](#) (*Person with contagious or infectious disease exposing himself to public; classification exception*): A person who knowingly exposes himself or another afflicted with a contagious or infectious disease in a public place or thoroughfare, except in the necessary removal of such a person in a manner least dangerous to the public health, is guilty of a class 2 misdemeanor.

Plan Development and Maintenance

ADHS plan review and revision involves three levels:

- Level 1 - Cosmetic and cursory internal review
- Level 2 - Operational stakeholder review for content updates
- Level 3 - Complete plan overhaul

In collaboration with internal and external stakeholders, Bureau of Public Health Emergency Preparedness (BPHEP) takes the lead in reviewing and revising the plan to ensure:

1. The plan will be evaluated through exercises or real-world events regularly. ADHS and stakeholder participation will vary and is dependent on the scope of the exercise or event. The associated corrective actions, lessons-learned, and best practices will be implemented and integrated as appropriate.
2. The maintenance of the plan will include a review by communicating through email, telephone, or in-person meetings with operational stakeholders as dictated by the level of review identified. This will occur at a minimum of every 3 years and in conjunction with exercise or real-world events.
3. Public comment may be obtained for emergency preparedness plans directly through the ADHS website.
4. The revised plan will be posted to the ADHS public-facing website and filed in the agency's secure information sharing portal. In addition, the updated and approved plan will be shared with all operational stakeholders and other partners to promote local and state emergency planning alignment.

Acronyms

ADHS	Arizona Department of Health Services
AFN	Access and Functional Needs
AHCCCS	Arizona Healthcare Cost Containment System
AHERP	All-Hazards Emergency Response Plan
ASPHL	Arizona State Public Health Laboratory
AzHAN	Arizona Health Alert Network
AZMAC	Arizona Mutual Aid Compact
BPHEP	Bureau of Public Health Emergency Preparedness
CDC	Center for Disease Control and Prevention
CERC	Crisis Emergency Risk Communication
CLIA	Clinical Laboratory Improvement Amendments
CMIST	Communication, Maintaining Health, Independence, Support, Safe, and Transportation
CMS	Centers for Medicare and Medicaid Services
DEMA	Department of Emergency and Military Affairs
DLS	Division of Licensing Services
DPS	Department of Public Safety
EMAC	Emergency Mutual Aid Compact
EMS	Emergency Medical Services
EOC	Emergency Operation Centers
ESAR-VHP	Emergency System for Advanced Registration of Volunteer Health Professionals
ESF	Emergency Support Function
EVD	Ebola Virus Disease
HEOC	Health Emergency Operation Center
HCC	Health Care Coalition
HHS	U.S. Health and Human Services
HR	Human Remains
IDHC	Infectious Diseases of High Consequence
IHS	Indian Health Services
LEP	Limited English Proficiency
ME	Medical Examiner
MEDSIS	Medical Electronic Disease Surveillance Intelligence System

MERS	Middle East Respiratory Syndrome
MOU	Memorandum of Understanding
NDMS	National Disaster Medical System
NIMS	National Incident Management System
PHS	Public Health Service Act
PHX	Phoenix Sky Harbor International Airport
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Points
RTC	Regional Treatment Center
REC	Regional Emergency Coordinator
SARS	Severe Acute Respiratory Syndrome
SEOC	State Emergency Operation Center
SMI	Serious Mental Illness
SNS	Strategic National Stockpile