



# Arizona Administrative Code<sup>†</sup> Requires Providers to: Report Communicable Diseases to the Local Health Department

☒*O	Amebiasis	☎	Glanders	O	Respiratory disease in a health care institution or correctional facility
☒	Anaplasmosis	☒	Gonorrhea	①*	Rubella (German measles)
☎	Anthrax	①	<i>Haemophilus influenzae</i> , invasive disease	①	Rubella syndrome, congenital
☒	Arboviral infection	☒	Hansen's disease (Leprosy)	①*O	Salmonellosis
☒	Babesiosis	①	Hantavirus infection	O	Scabies
☒	Basidiobolomycosis	①	Hemolytic uremic syndrome	①*O	Shigellosis
☎	Botulism	①*O	Hepatitis A	☎	Smallpox
①	Brucellosis	☒	Hepatitis B and Hepatitis D	①	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☒*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)
①	Chikungunya	①	Influenza-associated mortality in a child	☒ <sup>1</sup>	Syphilis
☒	<i>Chlamydia trachomatis</i> infection	①	Legionellosis (Legionnaires' disease)	☒*O	Taeniasis
①*	Cholera	①	Leptospirosis	☒	Tetanus
☒	Coccidioidomycosis (Valley Fever)	①	Listeriosis	☒	Toxic shock syndrome
☒	Colorado tick fever	☒	Lyme disease	①	Trichinosis
O	Conjunctivitis, acute	①	Lymphocytic choriomeningitis	①	Tuberculosis, active disease
☒	Creutzfeldt-Jakob disease	☒	Malaria	①	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
①*O	Cryptosporidiosis	☎	Measles (rubeola)	☎	Tularemia
①	<i>Cyclospora</i> infection	①	Melioidosis	①	Typhoid fever
☒	Cysticercosis	☎	Meningococcal invasive disease	①	Typhus fever
①	Dengue	①	Mumps	①	Vaccinia-related adverse event
O	Diarrhea, nausea, or vomiting	☎	Novel coronavirus infection (e.g., SARS or MERS)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☎	Diphtheria	①	Pertussis (whooping cough)	☒	Varicella (chickenpox)
☒	Ehrlichiosis	☎	Plague	①*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
①	Encephalitis, viral	①	Q fever	☎	Yellow fever
①	<i>Escherichia coli</i> , Shiga toxin-producing	☎	Rabies in a human	①*O	Yersiniosis (enteropathogenic <i>Yersinia</i> )
☒*O	Giardiasis	①	Relapsing fever (borreliosis)	①	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.

① 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.

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

Adapted from Arizona Administrative Code R9-6-202.

Submit a report that includes:

The following information about the **case or suspect case**

- a. **Name**
- b. Residential and mailing **addresses**;
- c. **County** of residence;
- d. Whether the individual is living on a **reservation** and, if so, the name of the reservation;
- e. Whether the individual is a member of a **tribe** and, if so, the name of the tribe;
- f. **Telephone number** and, if available, **email address**;
- 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;

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;

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

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

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

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

Disease specific information (when applicable):

## Tuberculosis:

- a. The site of infection;
- b. A description of the treatment prescribed, if any, including:
  - i. The name of each drug prescribed,
  - ii. The dosage prescribed for each drug, and
  - iii. The date of prescription for each drug;
- c. Whether the diagnosis was confirmed by a laboratory and if so, the name, address, and phone number of the laboratory.

## Chancroid, gonorrhea, Chlamydia trachomatis infection, or syphilis:

- a. The gender of the individuals with whom the case or suspect case had sexual contact;
- b. A description of the treatment prescribed, if any, including:
  - i. The name of each drug prescribed,
  - ii. The dosage prescribed for each drug, and
  - iii. The date of prescription for each drug;
- c. The site of infection; and
- d. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
- e. For syphilis, also include
  - i. The stage of the disease; or
  - ii. Whether the syphilis is congenital.

## Congenital syphilis in an infant:

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

- a. The name and date of birth of the infant's mother;
- b. The residential address, mailing address, telephone number, and, if available, email address of the infant's mother;
- c. The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and
- d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:
  - i. Whether the infant's mother received treatment for syphilis,
  - 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.

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

For the infant and mother:

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

For the mother:

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

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

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