

Arizona Administrative Code[†] Requires Providers To:
Report Communicable Diseases
 to the Local Health Department

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| ☒*○ Amebiasis | ☒ Hantavirus infection | ☒*○ Salmonellosis |
| ☎ Anthrax | ☎ Hemolytic uremic syndrome | ○ Scabies |
| ☒ Aseptic meningitis: viral | ☒*○ Hepatitis A | ☎ Severe acute respiratory syndrome |
| ☒ Basidiobolomycosis | ☒ Hepatitis B and D | ☒*○ Shigellosis |
| ☎ Botulism | ☒ Hepatitis C | ☎ Smallpox |
| ① Brucellosis | ☒*○ Hepatitis E | ☒ Streptococcal Group A: invasive disease |
| ☒*○ Campylobacteriosis | ☒ Herpes genitalis | ☒ Streptococcal Group B: invasive disease in infants younger than 90 days of age |
| ☒ Chagas disease (American trypanosomiasis) | ☒ HIV infection and related disease | ☒ <i>Streptococcus pneumoniae</i> (pneumococcal invasive disease) |
| ☒ Chancroid | ① Influenza-associated mortality in a child | ☒ Syphilis |
| ☒ Chlamydia infection, sexually transmitted | ☒ Kawasaki syndrome | ☒*○ Taeniasis |
| ①* Cholera | ☒ Legionellosis (Legionnaires' disease) | ☒ Tetanus |
| ☒ Coccidioidomycosis (valley fever) | ☒ Leptospirosis | ☒ Toxic shock syndrome |
| ☒ Colorado tick fever | ☎ Listeriosis | ☒ Trichinosis |
| ○ Conjunctivitis: acute | ☒ Lyme disease | ① Tuberculosis, active disease |
| ☒ Creutzfeldt-Jakob disease | ☒ Lymphocytic choriomeningitis | ① Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result) |
| ☒*○ Cryptosporidiosis | ☒ Malaria | ☎ Tularemia |
| ☒ <i>Cyclospora</i> infection | ☎ Measles (rubeola) | ☎ Typhoid fever |
| ☒ Cysticercosis | ☎ Meningococcal invasive disease | ① Typhus fever |
| ☒ Dengue | ① Mumps | ☎ Unexplained death with a history of fever |
| ○ Diarrhea, nausea, or vomiting | ☎ Pertussis (whooping cough) | ① Vaccinia-related adverse event |
| ☎ Diphtheria | ☎ Plague | ☎ Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i> |
| ☒ Ehrlichiosis and Anaplasmosis | ☎ Poliomyelitis | ☎ Vancomycin-resistant <i>Staphylococcus epidermidis</i> |
| ☎ Emerging or exotic disease | ☒ Psittacosis (ornithosis) | ☒ Varicella (chickenpox) |
| ① Encephalitis, viral or parasitic | ① Q fever | ☒*○ <i>Vibrio</i> infection |
| ☎ Enterohemorrhagic <i>Escherichia coli</i> | ☎ Rabies in a human | ☎ Viral hemorrhagic fever |
| ☎ Enterotoxigenic <i>Escherichia coli</i> | ☒ Relapsing fever (borreliosis) | ☒ West Nile virus infection |
| ☒*○ Giardiasis | ☒ Reye syndrome | ☎ Yellow fever |
| ☒ Gonorrhea | ☒ Rocky Mountain spotted fever | ☒*○ Yersiniosis |
| ☒ <i>Haemophilus influenzae</i> : invasive disease | ①* Rubella (German measles) | |
| ☒ Hansen's disease (Leprosy) | ① Rubella syndrome, congenital | |

☎ 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.

* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.

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.

○ 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.

They 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. If the individual is living on a **reservation**, the name of the reservation;
- e. **Telephone number**;
- f. **Date of birth**;
- g. **Race and ethnicity**;
- h. **Gender**;
- i. If known, whether the individual is **pregnant**;
- j. If known, whether the individual is **alive or dead**;
- k. If known, the individual's **occupation**;
- l. 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
- m. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number of the **child's parent or guardian**, if known;

2. The following information about **the disease**:

- n. The **name** of the disease;
- o. The **date of onset** of symptoms;
- p. The **date of diagnosis**;
- q. The **date of specimen collection**;
- r. Each **type of specimen** collected;
- s. Each **type of laboratory test** completed;
- t. The **date of the result** of each laboratory test; and
- u. A description of the **laboratory test results**, including quantitative values if available

3. The **name, address, and telephone** number of the **individual** making the report;

4. The **name and address** of the health care provider, health care institution or correctional facility

5. Disease specific information (when applicable):

Tuberculosis:

- a. The site of infection; and
- 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;

Chancroid, gonorrhea, genital herpes infection, or genital chlamydia 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;

Syphilis:

- a. The stage of the disease, or
- b. Whether the syphilis is congenital;

Congenital syphilis in an infant:

- 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 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;

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

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, and telephone number of the individual making the report; and
6. The name and address of the health care provider, health care institution or correctional facility

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

For the infant and mother:

1. Name and date of birth
2. Address and telephone
3. Date of last medical evaluation
4. All HIV-related test information
5. Ordering provider name and contact

For the mother:

1. HIV-related risk factors
2. Delivery method
3. HIV-related drugs prior to birth

Report to your local health agency. More information, including the Communicable Disease Reporting form, is available at

<http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-providers>