NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES

COMMUNICABLE DISEASES AND INFESTATIONS

PREAMBLE

1.	**Sections Affected**	**Rulemaking Action**
	R9-6-101	Amend
	R9-6-201	Amend
	R9-6-202	Amend
	Table 1	Amend
	R9-6-204	Amend
	Table 3	Amend
	R9-6-206	Amend
	Table 4	New Section
	R9-6-301	Amend
	R9-6-302	Amend
	R9-6-303	Renumber
	R9-6-303	Amend
	R9-6-304	Renumber
	R9-6-305	Renumber
	R9-6-305	Amend
	R9-6-306	Renumber
	R9-6-306	Amend
	R9-6-307	Renumber
	R9-6-307	Amend
	R9-6-308	Renumber
	R9-6-308	Amend
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	R9-6-311	Renumber
	R9-6-311	Amend
	R9-6-312	Renumber

R9-6-312	New Section
R9-6-313	Renumber
R9-6-313	Amend
R9-6-314	Renumber
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R9-6-315	Renumber
R9-6-315	Amend
R9-6-316	Renumber
R9-6-316	Amend
R9-6-317	Renumber
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R9-6-342	Renumber
R9-6-342	New Section
R9-6-343	Renumber
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R9-6-351	Renumber
R9-6-351	New Section
R9-6-352	Renumber
R9-6-352	Amend
R9-6-353	Renumber
R9-6-353	Amend
R9-6-354	Renumber
R9-6-354	New Section
R9-6-355	Renumber
R9-6-356	Renumber
R9-6-356	Amend
R9-6-357	Renumber
R9-6-357	Amend
R9-6-358	Renumber
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R9-6-371	Renumber
R9-6-371	Amend
R9-6-372	Renumber
R9-6-372	Amend
R9-6-373	Renumber
R9-6-373	New Section
R9-6-374	Renumber
R9-6-374	New Section
R9-6-375	Renumber
R9-6-375	Amend
R9-6-376	Renumber
R9-6-376	Amend
R9-6-377	Renumber
R9-6-377	Amend
R9-6-378	Renumber
R9-6-378	Amend
R9-6-379	Repeal
R9-6-379	Renumber
R9-6-379	Amend
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R9-6-389	Renumber
R9-6-389	Amend
R9-6-390	Renumber
R9-6-390	Amend
R9-6-391	Renumber
R9-6-391	Amend
R9-6-392	Renumber
R9-6-392	Amend
R9-6-393	Renumber
R9-6-393	Amend
Exhibit III-A	Repeal
Exhibit III-B	Repeal
Exhibit III-C	Repeal
Exhibit III-D	Repeal
Exhibit III-E	Repeal
Exhibit III-F	Repeal
Exhibit III-G	Repeal
Exhibit III-H	Repeal
Exhibit III-I	Repeal
Exhibit III-J	Repeal
Exhibit III-K	Repeal
Exhibit III-L	Repeal

Exhibit III-M	Repeal
Exhibit III-N	Repeal
R9-6-801	Amend
R9-6-802	Amend
R9-6-803	Repeal
R9-6-901	New Section
R9-6-902	New Section
R9-6-1001	Amend
R9-6-1002	Renumber
R9-6-1002	New Section
R9-6-1003	Renumber
R9-6-1003	Amend
Exhibit A	Repeal
Exhibit A	New Section
Exhibit B	Repeal
R9-6-1004	Renumber
R9-6-1004	Amend
R9-6-1005	New Section
R9-6-1006	New Section
R9-6-1101	New Section
R9-6-1102	New Section
R9-6-1103	New Section
R9-6-1104	New Section

2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statute: A.R.S. § 36-136(A)(7) and (F)

Implementing statutes: A.R.S. §§ 8-341; 13-1210; 13-1415; 32-3207, 36-136(H)(1), (11), and (12); 36-136(L); 36-186(4); 36-621; 36-624; 36-663; and 36-664

3. The effective date of the rules:

The Department requests an immediate effective date for these rules under A.R.S. § 41-1032 (A)(1) and (4). These rules clarify and update the requirements for reporting and controlling communicable diseases to comply with current guidance from the Centers for Disease Control and Prevention (CDC). They will benefit the Department, local health agencies, entities such as health care institutions and health care providers who report cases of communicable disease and implement control measures, individuals infected with a communicable disease, the contacts of

individuals infected with a communicable disease, and society in general by providing more understandable, complete, current, and comprehensive requirements. They will also enable local health agencies and the Department to better fulfill their mission to protect and preserve public health. The rules also specify the notification requirements for testing conducted under a court-order as specified in A.R.S. § 32-3207, and the requirements for testing conducted pursuant to a court order under A.R.S. § 13-1415 and the notification of the court-ordered subject and victim. These requirements will enable prosecuting attorneys, health professionals who petition for testing under A.R.S. § 32-3207 and their employers, and public safety volunteers who petition for testing under A.R.S. § 13-1210 to better understand the process and, where applicable, obtain the test results in a more timely manner. No penalties are assessed for a violation of the rules.

4. A list of all previous notices appearing in the Register addressing the final rules:

Notice of Rulemaking Docket Opening: 12 A.A.R. 764, March 10, 2006

Notice of Rulemaking Docket Opening: 13 A.A.R. 311, February 9, 2007

Notice of Rulemaking Docket Opening: 13 A.A.R. 1050, March 23, 2007

Notice of Rulemaking Docket Opening: 13 A.A.R. 2268, June 29, 2007

Notice of Rulemaking Docket Opening: 13 A.A.R. 4142, November 23, 2007

Notice of Proposed Rulemaking: 14 A.A.R. 64, January 11, 2008

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

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6. An explanation of the rules, including the agency's reasons for initiating the rule:

A.R.S. § 36-136(H)(1) requires the Arizona Department of Health Services (Department) to make rules defining and prescribing "reasonably necessary measures for detecting, reporting, preventing, and controlling communicable and preventable diseases." The Department has adopted rules to implement this statute in 9 A.A.C. Chapter 6. Specifically, the rules specifying reporting requirements are in Article 2, and the rules specifying control measures are in Article 3. Within Chapter 6, there are also Articles that specify requirements for specific diseases or sets of diseases. For instance, Article 10, which was recodified from Article 9, specifies requirements for HIV-related testing. In the new rules, new definitions have been added to Article 1. Article 2 has been revised to include requirements for information currently being collected, new information necessary to effectively carry out communicable disease control activities, and reports of additional communicable diseases, such as Chagas disease, a communicable disease common in parts of Latin America, that may be spread through blood transfusions or organ transplants from infected individuals. The number of blood donors testing positive for Chagas disease has begun to climb. The Department has determined that Chagas disease represents a threat to public health and has required the reporting of Chagas disease under A.R.S. § 36-136(G). Article 3 has been updated to conform to current standards for communicable disease control. The Department has also added other disease-specific Sections to Article 3 to better address public health concerns.

A.R.S. §§ 13-1210(D) and 32-3207(D) require the Department to adopt rules that establish the notification procedures to be used after testing is completed pursuant to a court order issued under A.R.S. §§ 13-1210 or 32-3207. A.R.S. § 13-1210, as amended by Laws 2007, Chapter 33, also expands the group of individuals who may request testing to include the individuals listed in the definition of "public safety employee or volunteer." A.R.S. § 13-1415(B) requires that court-ordered testing issued under its authority be performed in compliance with rules adopted by the Department. The Department has implemented the requirements in A.R.S. § 13-1210 in 9 A.A.C. 6 Article 8, and in the current rulemaking is revising Article 8 to remove redundancy and specify the expanded group of individuals who may petition for testing. The Department is implementing the requirements in A.R.S. § 32-3207 in 9 A.A.C. 6 Article 9. The rules implementing A.R.S. § 13-1415 have been made in the disease-specific Article 10 for HIV and the new Article 11 for sexually transmitted diseases. The Department has also moved requirements currently in Article

3 concerning notification about HIV-test results into Article 10 and about testing and notification for sexually-transmitted diseases into Article 11.

This rulemaking was undertaken to:

- Update and clarify the reporting requirements for communicable diseases in Article 2;
- Add diseases such as Chagas disease and norovirus to reportable communicable diseases;
- Update and clarify the control measures for communicable diseases in Article 3;
- Repeal the obsolete reporting forms incorporated in the current rules, while specifying the type of information that local health agencies are required to report to the Department;
- Update, clarify, and amend the requirements in Article 8 to conform to the requirements in the amended A.R.S. § 13-1210, while reducing the time periods within which notification must be given;
- Add a new Article 9 to implement the requirements in A.R.S. § 32-3207;
- Update, clarify, and amend the requirements in Article 10 regarding HIV testing, to include the requirements for testing ordered under A.R.S. § 13-1415;
- Repeal the consent forms for HIV testing in the current rules and add a new, more understandable consent form;
- Move information about HIV notification from Article 3 to Article 10; and
- Add a new Article 11 specifying the requirements for testing and notification related to sexually-transmitted diseases (STDs), including testing required under a court-order issued under A.R.S. §§ 13-1210, 13-1415, or 32-3207.

Many of the changes in this rulemaking reflect changes that have already been made in the reporting of and control measures for communicable diseases, based on recommendations of the CDC, and in the notification of individuals who petition for court-ordered testing, based on statute changes. All changes conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council (Council) and the Office of the Secretary of State.

7. A reference to any study relevant to the rules that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review or rely on any study related to this rulemaking package.

8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. A summary of the economic, small business, and consumer impact:

As used in this summary, annual costs/revenues are designated as minimal when less than $1,000, moderate when between $1,000 and $10,000, and substantial when greater than $10,000. Costs are listed as significant when meaningful or important, but not readily subject to quantification.

The Department believes that the new rules will result in a minimal cost to the Department associated with providing education to stakeholders about the new rules and possibly testing additional specimens and isolates. The clarity of the new rules and the increased knowledge of the requirements specified in the rules, resulting from the rulemaking process and education provided to stakeholders, will provide a significant benefit to the Department in enabling the Department to provide assistance to local health agencies and others in Arizona to reduce the incidence or severity of communicable diseases. The new requirements for notifying a victim and possibly a court-ordered subject under A.R.S. § 13-1415 may impose a minimal cost on and provide a minimal benefit to the Department.

Local health agencies are responsible for carrying out most of the control measures for cases or suspect cases within their jurisdictions. By clarifying requirements for reporting and controlling communicable diseases, the new rules should improve the ability of local health agencies to conduct epidemiologic investigations. The Department anticipates that a local health agency may receive a minimal-to-substantial benefit from the increased clarity of the new rules and a minimal-to-moderate benefit from the addition of Table 4, depending on the number of cases and suspect cases reported and the quality of the information currently being reported to the local health agency. The repeal of the incorporated reporting forms may cause at most a minimal cost to a local health agency and provide a minimal benefit to a local health agency since the local health agency would be submitting just the information required by the Department. Changing the time when a local health agency is required to submit an epidemiologic investigation report may cause a minimal cost for a local health agency that submits timely reports, but may cause a substantial cost for a local health agency that submits many reports beyond the time specified in the new submission requirement in the new rule. The change in the rules concerning the time for submission of the report of an epidemiological investigation may even provide a minimal benefit to a local health agency by encouraging an employee of the local health agency to complete and submit a report to the Department rather than waiting for more information that is difficult or impossible to obtain. The requirement for local health agencies to provide health education to cases and contacts will cause minimal cost to a local health agency that already provides such health education. The requirement for local health agencies to provide health education to cases and contacts may cause substantial cost if a local health agency were not already providing health education and experienced a large number of cases of reportable diseases within its jurisdiction.

Providing routine health education to cases and contacts may also provide a minimal benefit to a local health agency if, as a result of the health education provided to an individual who is at risk for infection, the individual does not become infected with a reportable disease. The new rules may impose a minimal-to-substantial cost on a local health agency from having to report certain diseases within 24 hours, and for other specific diseases within one working day, of the receipt of a report and for ensuring that isolates or specimens for certain specific diseases are sent to the Arizona State Laboratory for testing. A local health agency may receive a minimal benefit from the requirement for rapid reporting and a minimal-to-substantial benefit from ensuring that isolates or specimens are submitted for testing. The requirement for ensuring that a syphilis case who is pregnant obtains the required follow-up testing for syphilis may cause a minimal-to-moderate cost and provide a minimal-to-moderate benefit for a local health agency. The addition of new control requirements for reportable diseases, requirements for "suspect cases," and more stringent exclusion criteria for some specific diseases may cause a minimal-to-moderate cost to a local health agency. These changes in the reporting requirements and control measures specified in the new rules may also provide a minimal-to-moderate benefit to a local health agency in improving the ability of the local health agency to protect the health of individuals within its jurisdiction. The new rules also remove certain control measures and the requirement for a local health agency to dispose of information about an HIV-infected individual, currently in Article 3, and move requirements for HIV, tuberculosis, and sexually-transmitted diseases to the disease-specific Articles within Chapter 6. The Department believes that these changes may cause a minimal cost to a local health agency, and may provide a minimal-to-substantial benefit to the local health agency. When a local health agency acts as a submitting entity under A.R.S. § 13-1415, the local health agency may incur a minimal cost and experience a minimal benefit from the new rules.

Other entities, such as prosecuting attorneys, health care providers who order a test performed as a result of a court order issued under A.R.S. § 13-1210 or 32-3207, chief medical officers of correctional facilities, health units acting as submitting entities, occupational health providers, and employers of petitioners or named public safety employees may also may incur a minimal cost and experience a minimal benefit from the new rules.

The administrator of a health care institution or correctional facility may incur a minimal cost and may experience a minimal benefit from the clarity of the reporting requirements. An administrator of a health care institution may incur a minimal-to-moderate cost from the additional reporting requirements, the new requirements to institute precaution measures for specific diseases, new isolation and exclusion requirements, and requirements to exclude a worker who cannot provide proof of immunity from providing direct care to a measles, mumps,

or rubella case. An administrator of a health care institution may receive a minimal-to-substantial benefit from the reduction of some exclusion criteria, specification of the type of precaution measures required, and decreased possibility of nosocomial infections if the requirements are followed. A health care provider, including a health care provider required to report, a health care provider who diagnoses a disease for which exclusion criteria or precaution measures were changed, a health care provider who works in a health care institution, a health care provider who orders HIV-related tests for infants who were perinatally exposed to HIV, and a health care provider who acts as a submitting entity under A.R.S. § 13-1415 may incur a minimal cost and experience a minimal benefit from the rules changes.

The Department expects an administrator of a school or child care establishment to incur a minimal cost for additional control measure and to experience a minimal benefit from the clarity of the control measures and less stringent control measures for mumps cases. The new rules may provide a minimal benefit to a school, school district, or the Department of Education from the improved content and clarity of the rules specifying the requirement for notification about a pupil of the school district who tested positive for HIV, as well as the relocation of this requirement to the HIV-specific Article where HIV-related rules are collected in one place.

Owners or operators of restaurants or other food establishments may incur a minimal-to-moderate cost and experience a minimal-to-moderate benefit from the exclusion criteria in the new rules.

The Department anticipates that the new rules will impose a minimal cost on a clinical laboratory for additional reporting and submission of isolates or specimens for additional diseases, and may provide a minimal benefit from the clarity of the reporting requirements and improved specifications regarding anonymous testing for HIV.

The Department expects an individual infected with a communicable disease and a contact of an infected individual to receive a minimal benefit from the clarification of reporting requirements and control measures for communicable diseases. The new rules may also impose a minimal-to-moderate cost on an infected individual or a contact of an infected individual due to more stringent exclusion criteria for some diseases and may provide a minimal-to-moderate benefit by making the exclusion criteria for other diseases less stringent.

Petitioners or named public safety employees or volunteers, court-ordered subjects, and victims of sexual assault may receive a significant benefit from the clarification of requirements for testing and for the decreased time for notification of test results.

The public may receive a significant benefit from the new rules. The improved clarity of the rules and educational activities by the Department about the new rules may increase awareness about communicable diseases and methods to avoid becoming infected. Changes to the reporting requirements and control measures may improve the health of individuals and their families. If

fewer individuals become infected with one of these diseases, they and their families will lose fewer days of work due to illness. These factors may provide a significant benefit to society in general.

The Department has determined that the benefits related to public health outweigh any potential costs associated with this rulemaking.

10. A description of the changes between the proposed rules, including supplemental notices, and final rules:

Minor technical and grammatical changes were made by the Department and at the suggestion of staff of the Council and Office of the Secretary of State to improve clarity.

11. A summary of the comments made regarding the rule and the agency response to them:

There were no oral comments at the Oral Proceeding, and the Department received no written comments.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Were the rules previously made as emergency rules?

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES

COMMUNICABLE DISEASES AND INFESTATIONS

ARTICLE 1. GENERAL

Section

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

Section

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

Section

~~R9-6-314.~~ R9-6-316. Coccidioidomycosis (Valley Fever)

~~R9-6-315.~~ R9-6-317. Colorado Tick Fever

~~R9-6-316.~~ R9-6-318. Conjunctivitis: Acute

~~R9-6-317.~~ R9-6-319. Creutzfeldt-Jakob Disease

~~R9-6-318.~~ R9-6-320. Cryptosporidiosis

~~R9-6-319.~~ R9-6-321. *Cyclospora* Infection

~~R9-6-320.~~ R9-6-322. Cysticercosis

~~R9-6-321.~~ R9-6-323. Dengue

~~R9-6-322.~~ R9-6-324. Diarrhea, Nausea, or Vomiting

~~R9-6-323.~~ R9-6-325. Diphtheria

~~R9-6-324.~~ R9-6-326. ~~Ehrlichiosis~~ Ehrlichioses (Ehrlichiosis and Anaplasmosis)

~~R9-6-325.~~ R9-6-327. Emerging or Exotic Disease

~~R9-6-326.~~ R9-6-328. Encephalitis: Viral or Parasitic

~~R9-6-327.~~ R9-6-329. Enterohemorrhagic *Escherichia coli*

~~R9-6-328.~~ R9-6-330. Enterotoxigenic *Escherichia coli*

~~R9-6-329.~~ R9-6-331. Giardiasis

~~R9-6-330.~~ R9-6-332. Gonorrhea

~~R9-6-331.~~ R9-6-333. *Haemophilus influenzae*: Invasive Disease

~~R9-6-332.~~ R9-6-334. Hansen's Disease (Leprosy)

~~R9-6-333.~~ R9-6-335. Hantavirus Infection

~~R9-6-334.~~ R9-6-336. Hemolytic Uremic Syndrome

~~R9-6-335.~~ R9-6-337. Hepatitis A

~~R9-6-336.~~ R9-6-338. Hepatitis B and Hepatitis D

~~R9-6-337.~~ R9-6-339. Hepatitis C

~~R9-6-338.~~ R9-6-340. Hepatitis E

~~R9-6-339.~~ R9-6-341. Human Immunodeficiency Virus (HIV) Infection and Related Disease

R9-6-342. Influenza-Associated Mortality in a Child

~~R9-6-340.~~ R9-6-343. Kawasaki Syndrome

~~R9-6-341.~~ R9-6-344. Legionellosis (Legionnaires' Disease)

~~R9-6-342.~~ R9-6-345. Leptospirosis

~~R9-6-343.~~ R9-6-346. Listeriosis

~~R9-6-344.~~ R9-6-347. Lyme Disease

~~R9-6-345.~~ R9-6-348. Lymphocytic Choriomeningitis

~~R9-6-346.~~ R9-6-349. Malaria

~~R9-6-347.~~ R9-6-350. Measles (Rubeola)

R9-6-351. Melioidosis

~~R9-6-348.~~ R9-6-352. Meningococcal Invasive Disease

~~R9-6-349.~~ R9-6-353. Mumps

R9-6-354. Norovirus

~~R9-6-350.~~ R9-6-355. Pediculosis (Lice Infestation)

~~R9-6-351.~~ R9-6-356. Pertussis (Whooping Cough)

~~R9-6-352.~~ R9-6-357. Plague

~~R9-6-353.~~ R9-6-358. Poliomyelitis

~~R9-6-354.~~ R9-6-359. Psittacosis (Ornithosis)

~~R9-6-355.~~ R9-6-360. Q Fever

~~R9-6-356.~~ R9-6-361. Rabies in a Human

~~R9-6-357.~~ R9-6-362. Relapsing Fever (Borreliosis)

~~R9-6-358.~~ R9-6-363. Reye Syndrome

~~R9-6-359.~~ R9-6-364. Rocky Mountain Spotted Fever

~~R9-6-360.~~ R9-6-365. Rubella (German Measles)

~~R9-6-361.~~ R9-6-366. Rubella Syndrome, Congenital

~~R9-6-362.~~ R9-6-367. Salmonellosis

~~R9-6-363.~~ R9-6-368. Scabies

~~R9-6-364.~~ R9-6-369. Severe Acute Respiratory Syndrome

~~R9-6-365.~~ R9-6-370. Shigellosis

~~R9-6-366.~~ R9-6-371. Smallpox

~~R9-6-367.~~ R9-6-372. Streptococcal Group A Infection

R9-6-373. Streptococcal Group B Infection in an Infant Younger Than 90 Days of Age

R9-6-374. *Streptococcus pneumoniae* Infection

~~R9-6-368.~~ R9-6-375. Syphilis

~~R9-6-369.~~ R9-6-376. Taeniasis

~~R9-6-370.~~ R9-6-377. Tetanus

~~R9-6-371.~~ R9-6-378. Toxic Shock Syndrome

~~R9-6-379. Vancomycin-Resistant Enterococcus spp.~~ Repealed

~~R9-6-372.~~ R9-6-379. ~~Repealed~~ Trichinosis

~~R9-6-373.~~ R9-6-380. Tuberculosis

~~R9-6-374.~~ R9-6-381. Tularemia

~~R9-6-375.~~ R9-6-382. Typhoid Fever

~~R9-6-376.~~ R9-6-383. Typhus Fever

~~R9-6-377.~~ R9-6-384. Unexplained Death with a History of Fever

~~R9-6-378.~~ R9-6-385. Vaccinia-Related Adverse Event

~~R9-6-380.~~ R9-6-386. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*

~~R9-6-381.~~ R9-6-387. Vancomycin-Resistant *Staphylococcus epidermidis*

~~R9-6-382.~~ R9-6-388. Varicella (Chickenpox)

~~R9-6-383.~~ R9-6-389. *Vibrio* Infection

~~R9-6-384.~~ R9-6-390. Viral Hemorrhagic Fever

~~R9-6-385.~~ R9-6-391. West Nile ~~Virus Fever or West Nile Encephalitis~~ Virus-Related Syndromes

~~R9-6-386.~~ R9-6-392. Yellow Fever

~~R9-6-387.~~ R9-6-393. Yersiniosis (Enteropathogenic *Yersinia)*

Exhibit III-A. ~~Campylobacter Investigation Form~~ Repealed

Exhibit III-B. ~~Cryptosporidiosis Investigation Form~~ Repealed

Exhibit III-C. ~~Suspected Viral Gastroenteritis Outbreak Form~~ Repealed

Exhibit III-D. ~~Arboviral Case Investigation Form~~ Repealed

Exhibit III-E. ~~*E. coli* O157:H7 Investigation Form~~ Repealed

Exhibit III-F. ~~Giardiasis Investigation Form~~ Repealed

Exhibit III-G. ~~Hepatitis A Case Report~~ Repealed

Exhibit III-H. ~~Acute Hepatitis B and D Case Report~~ Repealed

Exhibit III-I. ~~Perinatal Hepatitis B Case Management Report~~ Repealed

Exhibit III-J. ~~Listeriosis Investigation Form~~ Repealed

Exhibit III-K. ~~Lyme Disease Report Form~~ Repealed

Exhibit III-L. ~~Salmonellosis Investigation Form~~ Repealed

Exhibit III-M. ~~Shigellosis Investigation Form~~ Repealed

Exhibit III-N. ~~RVCT Addendum Form for TB Reporting~~ Repealed

ARTICLE 8. ASSAULTS ON ~~OFFICERS, FIREFIGHTERS, OR EMERGENCY MEDICAL TECHNICIANS~~ PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS

Section

R9-6-801. Definitions

R9-6-802. Notice of Test Results~~; Subject Incarcerated or Detained~~

R9-6-803. ~~Notice of Test Results; Subject Not Incarcerated or Detained~~ Repealed

ARTICLE 9. ~~RECODIFIED~~ HEALTH PROFESSIONAL EXPOSURES

Section

R9-6-901. ~~Recodified~~ Definitions

R9-6-902. ~~Recodified~~ Notice of Test Results

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION

Section

ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION

Section

ARTICLE 1. GENERAL

R9-6-101. Definitions

No change

1. "Active tuberculosis" means the same as in A.R.S. § 36-711.

~~1.~~2. No change

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.

~~2.~~5. No change

~~3. "Airborne infection isolation" means, in addition to use of Standard precautions, placement of a case in a private room or a cohort room with negative air-pressure ventilation and use of respiratory protection when in the room.~~

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.

~~4.~~7. No change

8. "Arizona State Laboratory" means the part of the Department authorized by 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.

~~5.~~10. No change

~~6.~~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.

~~7.~~12. No change

~~8.~~13. No change

a. With a ~~clinical syndrome of a~~ communicable disease whose condition is documented:

i. No change

ii. No change

iii. No change

b. No change

c. No change

d. No change

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.

~~9.~~16. No change

~~10.~~17. No change

a. No change

b. No change

c. No change

d. No change

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.

~~11.~~19. No change

~~12.~~20. No change

~~13.~~21. No change

a. No change

b. No change

c. No change

22. "Confirmatory test" means a laboratory analysis, such as a Western blot 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.

~~14.~~23. No change

~~15.~~24. No change

a. No change

b. No change

c. No change

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.

~~16.~~26. No change

~~17.~~27. No change

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.

~~18.~~31. No change

a. No change

b. No change

c. No change

d. No change

32. "Entity" has the same meaning as "person" in A.R.S. § 1-215.

~~19.~~33. No change

~~20.~~34. No change

~~21.~~35. No change

~~22.~~36. No change

a. A paid or volunteer ~~full-~~ full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or

~~b. A paid or volunteer full- or part-time worker who prepares or serves food or who otherwise touches food in a group setting other than a food establishment.~~

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.

~~23.~~37. No change

~~24.~~38. No change

~~25.~~39. No change

~~26.~~40. No change

~~27.~~41. "Health care provider" means ~~a physician, physician assistant, registered nurse practitioner, or dentist~~ 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.

~~28.~~43. No change

~~29.~~44. No change

~~30. "Individual with infectious active tuberculosis" means a pulmonary or laryngeal tuberculosis case who has not:~~

~~a. Had three successive sputum smears, collected at least eight hours apart, at least one of which was taken first thing in the morning, test negative for acid-fast bacilli;~~

~~b. Begun anti-tuberculosis treatment; and~~

~~c. Experienced improvement in clinical signs and symptoms of active tuberculosis.~~

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.

~~31.~~48. No change

~~32.~~49. No change

a. No change

b. No change

~~33.~~50. No change

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.

~~34.~~52. No change

~~35.~~53. No change

54. "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.

55. "Multi-drug resistant tuberculosis" means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.

56. "Officer in charge" means the individual in the senior leadership position in a correctional facility or that individual's designee.

~~36.~~57. No change

~~37.~~58. No change

59. "Petition" means a formal written application to a court requesting judicial action on a matter.

~~38.~~60. No change

~~39.~~61. No change

a. No change

b. No change

c. No change

d. No change

~~40.~~62. No change

63. "Pupil" means a student attending a school.

~~41.~~64. No change

~~42.~~65. No change

~~43. "Respiratory protection" means a fit-tested device, designed to protect the wearer against inhalation of a hazardous atmosphere, that is at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.~~

66. "Risk factor" means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.

~~44.~~67. No change

a. No change

b. No change

c. No change

d. No change

e. No change

f. No change

g. No change

68. "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.

69. "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.

~~45.~~70. No change

a. No change

b. No change

c. No change

71. "Significant exposure" means the same as in A.R.S. § 32-3207.

~~46.~~72. No change

~~47.~~73. No change

74. "Submitting entity" means the same as in A.R.S. § 13-1415.

~~48.~~75. No change

a. No change

b. No change

c. No change

d. No change

~~49.~~76. "Syndrome" means a pattern of signs and symptoms characteristic of a ~~specific~~ disease.

77. "Test" means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.

78. "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.

79. "Treatment" means a procedure or method to cure, improve, or palliate an illness or a disease.

80. "Tuberculosis control officer" means the same as in A.R.S. § 36-711.

~~50.~~81. No change

~~51.~~82. No change

83. "Victim" means an individual against whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.

~~52.~~84. "Viral hemorrhagic fever" means disease characterized by fever and hemorrhaging and caused by ~~an Arenavirus, a Bunyavirus, a Filovirus, a Flavivirus, or another~~ a virus.

~~53.~~85. No change

~~54.~~86. No change

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

R9-6-201. Definitions

No change

1. No change
2. No change
3. No change
4. No change
   a. No change
   b. No change
   c. No change
   d. No change
   e. No change
   f. No change
   g. No change
   h. No change
   i. Amniotic fluid;
   ~~i.~~j. ~~Urine~~ Lymph;
   ~~j.~~k. No change
   ~~k.~~l. Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, ~~vaginal~~ 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 1 or detects an occurrence listed in Table 1.

~~5.~~6. No change

~~6.~~7. No change

~~7.~~8. No change

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

~~**A.** A health care provider who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1 shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).~~

A. A health care provider required to report shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

B. No change

C. Except as described in subsections (D) and (E), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 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. No change
    a. No change
    b. No change
    c. ~~Whether the individual resides on or off an Indian reservation and, if on, the name of the reservation~~ County of residence;
    d. If the individual is living on a reservation, the name of the reservation;
    ~~d.~~e. No change
    ~~e.~~f. No change
    ~~f.~~g. No change
    ~~g.~~ ~~If Native American, tribal affiliation, if known;~~
    h. No change
    i. No change
    j. If known, whether the individual is alive or dead;
    ~~j.~~k. ~~Occupation~~ If known, the individual's occupation;
    ~~k.~~ ~~If known, whether the individual is attending a school or a child care establishment and, if so, the name of the school or child care establishment; and~~
    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
    ~~l.~~m. No change
2. No change
    a. No change

b. No change

c. No change

d. No change

e. No change

f. No change

g. ~~The date of laboratory confirmation~~ The date of the result of each laboratory test; and

h. No change

~~3. If reporting a case or suspect case of chancroid, gonorrhea, syphilis, or genital Chlamydia infection, a description of the treatment prescribed, if any, including:~~

~~a. The name of each drug prescribed,~~

~~b. The dosage prescribed for each drug, and~~

~~c. The date of prescription for each drug; and~~

3. If reporting a case or suspect case of 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;

4. If reporting a case or suspect case of 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;

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, 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;

~~4.~~7. The name, address, and telephone number of the individual making the report; and

8. The name and 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 unexplained death with a history of fever, 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. No change
   a. No change
   b. No change
   c. Date of birth;
   ~~e.~~d. No change
   ~~d.~~e. No change
2. No change
3. No change
4. No change
5. No change
6. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; ~~and~~
7. The name, address, and telephone number of the individual making the report; and
8. The name and address of the:

a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(7); or

b. Health care institution or correctional facility, if reporting under subsection (B).

E. For each outbreak for which a report is required by subsection (A) or (B) and Table 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. No change
2. No change
3. No change
4. A description of the location and setting of the outbreak; ~~and~~
5. The name, address, and telephone number of the individual making the report; and
6. The name and address of the:

a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (E)(5); or

b. Health care institution or correctional facility, if reporting under subsection (B).

~~**F.** A health care provider who orders an HIV-related test on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV or an administrator of a health care institution in which an HIV-related test is ordered on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV shall, either personally or through a representative, report the following to the Department within five working days after receiving the results of the HIV-related test:~~

~~1. The name of the infant;~~

~~2. The name of the infant's mother;~~

~~3. The infant's date of birth;~~

~~4. The type of HIV-related test ordered;~~

~~5. The date of the HIV-related test;~~

~~6. The results of the HIV-related test; and~~

~~7. The ordering health care provider's name, address, and telephone number.~~

F. 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 (F)(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 (F)(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.

G. Except as provided in Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall, either personally or through a representative, submit a report required under this Section:

1. No change

2. No change

3. No change

Table 1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

5*,O	Amebiasis	5	Hantavirus infection	1	Rubella syndrome, congenital
☎	Anthrax	☎	Hemolytic uremic syndrome	5*,O	Salmonellosis
5	Aseptic meningitis: viral	5*,O	Hepatitis A	O	Scabies
5	Basidiobolomycosis	5	Hepatitis B and D	☎	Severe acute respiratory syndrome
☎	Botulism	5	Hepatitis C	5*,O	Shigellosis
1	Brucellosis	5*,O	Hepatitis E	☎	Smallpox
5*,O	Campylobacteriosis	5	Herpes genitalis	5	Streptococcal Group A: Invasive disease
5	Chagas disease (American trypanosomiasis)	5	HIV infection and related disease	5	Streptococcal Group B: Invasive disease in infants younger than 90 days of age
5	Chancroid	1	Influenza-associated mortality in a child	5	*Streptococcus pneumoniae* (pneumococcal invasive disease)
5	~~*Chlamydia*~~ Chlamydia infection, ~~genital~~ sexually transmitted	5	Kawasaki syndrome	5	Syphilis
1*	Cholera	5	Legionellosis (Legionnaires' disease)	5*,O	Taeniasis
5	Coccidioidomycosis (valley fever)	5	Leptospirosis	5	Tetanus
5	Colorado tick fever	☎	Listeriosis	5	Toxic shock syndrome
O	Conjunctivitis: acute	5	Lyme disease	5	Trichinosis
5	Creutzfeldt-Jakob disease	5	Lymphocytic choriomeningitis	1	Tuberculosis, active disease
5*,O	Cryptosporidiosis	5	Malaria	1	Tuberculosis latent infection in a child ~~younger than 6~~ 5 years of age or younger (positive screening test result)
5	*Cyclospora* infection	☎	Measles (rubeola)	☎	Tularemia
5	Cysticercosis	☎	Meningococcal invasive disease	☎	Typhoid fever
5	Dengue	1	Mumps	1	Typhus fever
O	Diarrhea, nausea, or vomiting	☎	Pertussis (whooping cough)	☎	Unexplained death with a history of fever
☎	Diphtheria	☎	Plague	1	Vaccinia-related adverse event
5	Ehrlichiosis and Anaplasmosis	☎	Poliomyelitis	~~5~~	~~Vancomycin-resistant *Enterococcus* spp~~.
☎	Emerging or exotic disease	5	Psittacosis (ornithosis)	☎	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
1	Encephalitis, viral or parasitic	1	Q fever	☎	Vancomycin-resistant *Staphylococcus epidermidis*
☎	Enterohemorrhagic *Escherichia coli*	☎	Rabies in a human	5	Varicella (chickenpox)
☎	Enterotoxigenic *Escherichia coli*	5	Relapsing fever (borreliosis)	5*,O	*Vibrio* infection
5*,O	Giardiasis	5	Reye syndrome	☎	Viral hemorrhagic fever
5	Gonorrhea	5	Rocky Mountain spotted fever	☎5	West Nile virus infection
5	*Haemophilus influenzae*: invasive disease	1*	Rubella (German measles)	☎	Yellow fever
5	Hansen's disease (Leprosy)			5*,O	Yersiniosis

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.

* 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.

5 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.

R9-6-204. Clinical Laboratory Director Reporting Requirements

A. ~~A~~ Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 3 shall, either personally or through a representative, submit a report and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 3 and subsection (B) or (C).

B. Except as provided in Table 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 3, a clinical laboratory director shall ~~submit a report that~~ 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;
~~1.~~3. ~~Unless the test result is from anonymous HIV testing as described in R9-6-339, the~~ The name and, if available, the address and telephone number of the subject;
~~2.~~4. ~~Unless the test result is from anonymous HIV testing as described in R9-6-339, the~~ The date of birth of the subject;
5. The gender of the subject;
~~3.~~6. No change
~~4.~~7. No change
~~5.~~8. No change
9. The date of the result of the test;
~~6.~~10. No change
~~7.~~11. No change
~~8.~~12. The ordering health care provider's name, address, and telephone number.

C. No change

1. No change
2. No change
3. The gender of the subject;
~~3.~~4. No change
~~4.~~5. No change
~~5.~~6. No change
~~6.~~7. No change
~~7.~~8. The ordering health care provider's name, address, and telephone number.

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.

E. The Department shall supply the director of each clinical laboratory with forms that may be used by the clinical laboratory when making a report required under subsection (A) or (D) and Table 3.

~~**D.**~~**F.** A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection ~~(B) or (C)~~ (B), (C), or (D).

Table 3. Clinical Laboratory Director Reporting Requirements

◑	Arboviruses	🖃,✱	*Haemophilus influenzae*, other, isolated from a normally sterile site	🖃	*Plasmodium* spp.
🕭,☎,✱	*Bacillus anthracis*	🖃	Hantavirus	🖃+	Respiratory syncytial virus
☎,✱	*Bordetella pertussis*	🖃[1]	Hepatitis A virus (anti-HAV-IgM serologies)	☎,+	Rubella virus and anti-rubella-IgM serologies
◑,✱	*Brucella* spp.	🖃[1]	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, ~~and~~ or detection of viral nucleic acid)	◑,✱	*Salmonella* spp.
◑,✱	*Burkholderia mallei* and *B. pseudomallei*	🖃[1]	Hepatitis C virus	☎	SARS-associated corona virus
🖃	*Campylobacter* spp.	🖃[1]	Hepatitis D virus	◑,✱	*Shigella* spp.
🖃	CD_4-T-lymphocyte count of fewer than 200 per microliter of whole blood or CD_4-T-lymphocyte percentage of total lymphocytes of less than 14%	🖃[1],+	Hepatitis E virus (anti-HEV-IgM serologies)	🖃,✱	*Streptococcus* Group A, isolated from a normally sterile site
🖃	*Chlamydia trachomatis*	🖃	HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	🖃	Streptococcus Group B, isolated from a normally sterile site in an infant younger than 90 days of age
🕭,☎	*Clostridium botulinum* toxin (botulism)	🖃	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	🖃,✱	*Streptococcus pneumoniae* and its drug sensitivity pattern, isolated from a normally sterile site
🖃	*Coccidioides* spp., by culture or serologies	🖃+	Influenza virus	🖃	*Treponema pallidum* (syphilis)
◑	*Coxiella burnetti*	🖃,✱	*Legionella* spp. (culture or DFA)	🖃	*Trypanosoma cruzi* (Chagas disease)
🖃	*Cryptosporidium* spp.	◑,✱	*Listeria* spp., isolated from a normally sterile site	🖃	~~Vancomycin-resistant *Enterococcus* spp.~~
◑	*Cyclospora* spp.	☎,+	Measles virus and anti-measles-IgM serologies	◑,✱	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
~~🕭~~,☎,🖃	Dengue virus	🖃[+2]	Methicillin-resistant *Staphylococcus aureus,* isolated from a normally sterile site	◑,✱	Vancomycin resistant *Staphylococcus epidermidis*
🕭,☎	Emerging or exotic disease agent	◑,+	Mumps virus and anti-mumps-IgM serologies	🕭,☎	Variola virus (smallpox)
🖃	*Entamoeba histolytica*	🖃,✱[2 3]	*Mycobacterium tuberculosis* complex and its drug sensitivity pattern	◑,✱	*Vibrio* spp.
◑	*Escherichia coli* O157:H7			🕭,☎	Viral hemorrhagic fever agent
◑,✱	*Escherichia coli*, *Shiga*-toxin producing	🖃	*Neisseria gonorrhoeae*	~~◑~~ 🖃	West Nile virus
🕭,☎,✱	*Francisella tularensis*	☎,✱	*Neisseria ~~meningitides~~ meningitidis*, isolated from a normally sterile site	◑,✱	*Yersinia* spp. (other than *Y. pestis*)
☎,✱	*Haemophilus influenzae*, type ~~B~~ b, isolated from a normally sterile site	🖃	Norovirus	🕭,☎,✱	*Yersinia pestis* (plague)

Key:

🕭 Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.

☎ Submit a report within 24 hours after obtaining a positive test result.

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

🖃 Submit a report within five working days after obtaining a positive test result or a test result specified in Table 3.

✱ Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.

\+ ~~A clinical laboratory director may report aggregate numbers of positive test results every five working days rather than submitting individual reports as required in R9-6-204(B).~~ For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.

[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.

[+2] Submit a report only when an initial positive result is obtained for an individual.

[2 3] Submit an isolate of the organism 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.

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

~~**A.** The Department shall supply each local health agency with a form to be used by a health care provider or an administrator of a health care institution or correctional facility when making a written report required under R9-6-202(A) or (B) and Table 1. The form shall contain space to provide the information required under R9-6-202(C). A local health agency shall distribute copies of the form as needed to health care providers and administrators of health care institutions and correctional facilities.~~

~~**B.** For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:~~

~~1. Within one working day after receiving a report, submit to the Department:~~

~~a. The following information about the deceased individual:~~

~~i. Name;~~

~~ii. Residential address;~~

~~iii. Date of birth;~~

~~iv. Race and ethnicity;~~

~~v. Whether the individual resided on or off a reservation and, if on, the name of the reservation;~~

~~vi. Gender;~~

~~vii. Whether the individual was pregnant and, if so, the outcome of the pregnancy; and~~

~~viii. Occupation;~~

~~b. The approximate date and time of death;~~

~~c. A description of the setting where the death occurred and of the circumstances leading up to the time of death;~~

~~d. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; and~~

~~e. The name, address, and telephone number of the individual making the report; and~~

~~2. Within 30 days after receiving the report, submit to the Department a written report of the epidemiologic investigation required under Article 3, including:~~

~~a. The name and date of birth of the deceased individual;~~

~~b. The date of any specimen collection;~~

~~c. Identification of each type of specimen collected;~~

~~d. Identification of each type of laboratory test completed;~~

e. A description of the laboratory test results, including quantitative results if available;

f. If an autopsy was completed, the autopsy results;

g. A hypothesis or conclusion as to the cause of death; and

h. Specific recommendations for preventing future deaths, if applicable.

C. Within 10 working days after completing an epidemiologic investigation of a case as required under Article 3, if Article 3 does not require a local health agency to complete a disease-specific form, a local health agency shall submit to the Department a written report of the epidemiologic investigation, including:

1. A communicable disease report containing the information described in R9-6-202(C),
2. A description of all laboratory test results contributing to the diagnosis,
3. A classification of the case according to the case definition,
4. A description of the case's outcome,
5. A description of the case's specific risk factors for the disease or a hypothesis of how the case acquired the infection that resulted in the disease, and
6. A description of how the local health agency provided or arranged for the case to receive education about the nature of the disease and how to prevent transmission or limit disease progression.

D. A local health agency shall forward to the Department each original report received by the local health agency, 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 the current status for each report, as follows:

1. Case confirmed and epidemiologic investigation not required,
2. Case confirmed and report from epidemiologic investigation attached,
3. Case under investigation, or
4. No action taken.

E. Within 30 days after completing an epidemiologic investigation of an outbreak as required under this Chapter, a local health agency shall submit to the Department a written summary of the investigation, including:

1. A description of the outbreak location;
2. The date and time that the local health agency was notified of the outbreak;
3. A description of how the local health agency verified the outbreak;
4. The number of individuals reported to be ill during the outbreak;
5. The number of individuals estimated to be at risk for illness as a result of the outbreak;

~~6. The specific case definition used;~~

~~7. A summary profile of the signs and symptoms;~~

~~8. An epidemiologic curve;~~

~~9. A copy of the laboratory evidence collected, including all laboratory test results;~~

~~10. Hypotheses of how the outbreak occurred;~~

~~11. A description of the control measures used and the dates they were implemented;~~

~~12. The conclusions drawn based upon the results of the investigation;~~

~~13. Specific recommendations for preventing future outbreaks; and~~

~~14. The name, address, and telephone number of the individual making the report.~~

~~F. A local health agency shall immediately notify the Department when the local health agency receives a report or reports indicating an outbreak or suspect outbreak. The notification shall include:~~

~~1. The location of the outbreak or suspect outbreak;~~

~~2. If known, the number of cases and suspect cases;~~

~~3. The date that the outbreak was reported or dates that cases suggestive of an outbreak were reported;~~

~~4. The setting of the outbreak or suspect outbreak;~~

~~5. The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak; and~~

~~6. 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 suspect outbreak.~~

A. The Department shall supply each local health agency with forms to be used by:

1. A health care provider required to report when making a written report required under R9-6-202(A) and Table 1;
2. An administrator of a health care institution or correctional facility when making a written report required under R9-6-202(B) and Table 1; and
3. An administrator of a school, child care establishment, or shelter when making a written report required under R9-6-203(A) and Table 2.

B. A local health agency shall distribute copies of the Department-provided forms specified in subsection (A) as needed to health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters.

C. Except as specified in Table 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 4 and Article 3, a local health agency shall submit to the Department a written or electronic report, in a format provided by the Department, 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 reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:

1. Within one working day after receiving a report of unexplained death with a history of fever, submit to the Department in a format provided by the Department:

a. The following information about the deceased individual:

i. Name;

ii. Residential address;

iii. Date of birth;

iv. Race and ethnicity;

v. County of residence;

vi. If the individual was living on a reservation at the time of the individual's death, the name of the reservation;

vii. Gender;

viii. Whether the individual was pregnant and, if so, the result of the pregnancy; and

ix. Occupation;

b. The date of onset of symptoms;

c. The approximate date and time of death;

d. A description of the setting where the death occurred and of the circumstances leading up to the time of death;

e. The name, residential address, and telephone number of a family member of the deceased individual who may be contacted;

f. The name, address, and telephone number of the individual making the report to the local health agency; and

g. The name and address of the:

i. Health care provider required to report, if:

(1) The unexplained death with a history of fever was reported to the local health agency under R9-6-202(A), and

(2) The health care provider is different from the individual specified in subsection (E)(1)(f); or

ii. Health care institution or correctional facility, if the unexplained death with a history of fever was reported to the local health agency under R9-6-202(B); and

2. Within 30 calendar days after receiving the report of unexplained death with a history of fever, submit to the Department a written or electronic report of the epidemiologic investigation required under Article 3, in a format provided by the Department, including:

a. The name and date of birth of the deceased individual;

b. The date of each specimen collection;

c. Identification of each type of specimen collected;

d. Identification of each type of laboratory test completed;

e. A description of the laboratory test results, including quantitative results if available;

f. If an autopsy was completed, the autopsy results;

g. An hypothesis or conclusion as to the cause of death; and

h. Specific recommendations for preventing future deaths, if applicable.

F. Except as specified in Table 4 and Article 3, 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 one working day after receiving the report or reports, provide to the Department 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 written or electronic report, in a format provided by the Department, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:

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 4. Local Health Agency Reporting Requirements

III	Amebiasis	III	Hantavirus infection	III	Rocky Mountain spotted fever
☎,III,✱	Anthrax	III	Hemolytic uremic syndrome	☎,III, S	Rubella (German measles)
O-III	Aseptic meningitis, viral	III	Hepatitis A	☎,III, S	Rubella syndrome, congenital
📝	Basidiobolomycosis	III	Hepatitis B and Hepatitis D	III	Salmonellosis
☎,III,S	Botulism	III	Hepatitis C	O-📝	Scabies
III,✱	Brucellosis	III	Hepatitis E	☎,III	Severe acute respiratory syndrome
III	Campylobacteriosis	None	Herpes genitalis	III	Shigellosis
III	Chagas infection and related disease (American Trypanosomiasis)	III	Human Immunodeficiency Virus (HIV) infection and related disease	☎,III	Smallpox
III	Chancroid (*Haemophilus ducreyi*)	III	Influenza-associated mortality in a child	O-III	Streptococcal Group A infection
5-day only	Chlamydia infection, sexually transmitted	📝	Kawasaki syndrome	III	Streptococcal Group B infection in an infant younger than 90 days of age
②,III	Cholera	III	Legionellosis (Legionnaires' disease)	📝	*Streptococcus pneumoniae* infection
O-III	Coccidioidomycosis (Valley Fever)	III	Leptospirosis	III,O-III	Syphilis
III	Colorado tick fever	III,✱	Listeriosis	III	Taeniasis
O-📝	Conjunctivitis: acute	III	Lyme disease	III	Tetanus
📝	Creutzfeldt-Jakob disease	III	Lymphocytic choriomeningitis	III	Toxic shock syndrome
III	Cryptosporidiosis	III	Malaria	III	Trichinosis
III	*Cyclospora* infection	☎,III,S	Measles (rubeola)	III,✱	Tuberculosis
📝	Cysticercosis	III,✱	Melioidosis	☎,III,✱	Tularemia
III	Dengue	☎,III,✱	Meningococcal invasive disease	III	Typhoid fever
O-III	Diarrhea, nausea, or vomiting	☎,III,S	Mumps	III	Typhus fever
☎,III	Diphtheria	O-III	Norovirus	②,III	Unexplained death with a history of fever
III	Ehrlichioses (Ehrlichiosis and Anaplasmosis)	5-day only	Pediculosis (lice infestation)	III	Vaccinia-related adverse event
☎,III	Emerging or exotic disease	III	Pertussis (whooping cough)	☎,III,✱	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
②,III	Encephalitis: viral or parasitic	☎,III,✱	Plague	②,III,✱	Vancomycin-resistant *Staphylococcus epidermidis*
III	Enterohemorrhagic *Escherichia coli*	☎,III,S	Poliomyelitis	📝	Varicella (chickenpox)
III	Enterotoxigenic *Escherichia coli*	III	Psittacosis (ornithosis)	III	*Vibrio* infection
O-III	Giardiasis	②,III	Q Fever	☎,III,S	Viral hemorrhagic fever
5-day only	Gonorrhea	☎,III	Rabies in a human	III	West Nile virus-related syndromes
III	*Haemophilus influenzae*: invasive disease	III	Relapsing fever (borreliosis)	②,III	Yellow fever
📝	Hansen's disease (Leprosy)	📝	Reye syndrome	②,III,✱	Yersiniosis (enteropathogenic *Yersinia)*

Unless otherwise specified, notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.

Key:

☎ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
② Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
III 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.
📝 Submit an epidemiologic investigation report within 60 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
✱ Ensure that an isolate from a case is submitted to the Arizona State Laboratory.
S Ensure that specimens from a case, as specified by the Department, are submitted to the Arizona State Laboratory.
O Submit a report after conducting an epidemiological investigation of an outbreak.

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

R9-6-301. Definitions

No change

1. No change
2. No change
3. ~~"Close contact" means an individual who has spent a sufficient amount of time with and who has been within a sufficient proximity to a case to have sustained significant exposure to an infectious agent.~~
4. ~~"Concurrent disinfection" means the application of measures to disinfect inanimate objects or surfaces after the discharge of body fluids from the body of an infected individual or after the contamination of articles with body fluids.~~
5. ~~"Contact precautions" means, in addition to Standard precautions, placement of a case in a private room or a cohort room and use of a gown and gloves when in the proximity of the case.~~
3. "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.
6.4. No change
7. ~~"Counseling and testing site" means a health facility offering clients HIV counseling and HIV-related testing that meets the standards established in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Revised Guidelines for HIV Counseling, Testing, and Referral (November 2001), published in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Pub. No. RR-19, 50 Morbidity and Mortality Weekly Report (November 9, 2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and available at http://www.cdc.gov/mmwr/ or ftp://ftp.cdc.gov/pub/Publications/mmwr/ or from Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333. This incorporation by reference contains no future editions or amendments.~~
8.5. No change
9.6. No change

~~10.~~ ~~"Droplet precautions" means, in addition to Standard precautions, placement of a case in a private room or cohort room and use of a mask when working within three feet of the case.~~

7. "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 (7)(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.

~~11.~~8. No change

~~12.~~ ~~"Identified individual" means an individual named by a case as an individual who may have been exposed through sexual contact with the case, and for whom a case provides information that enables the local health agency to locate the individual.~~

~~13.~~9. No change

~~14.~~10. No change

~~15.~~11. No change

~~16.~~12. No change

~~17.~~13. No change

~~18.~~ ~~"Pupil" means a student attending a school, as defined in A.R.S. § 15-101.~~

~~19.~~ ~~"School district personnel" means individuals who work for a "school district," as defined by A.R.S. § 15-101, whether within a classroom or other setting and whether as employees, contractors, or volunteers.~~

~~20.~~ ~~"Sexual contact" means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.~~

~~21.~~14. No change

R9-6-302. Local Health Agency Control Measures

No change

1. No change
2. No change
3. No change
4. No change
5. No change

6. No change

7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter; ~~and~~

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.

~~R9-6-388.~~ R9-6-303. Isolation and Quarantine

~~**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 shall issue a written order for isolation or quarantine and other control measures 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)(3).~~

~~1. The written order shall specify:~~

~~a. The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;~~

~~b. The identity of each individual or group of individuals subject to the order;~~

~~c. The premises at which each individual or group of individuals is to be isolated or quarantined;~~

~~d. The date and time at which isolation or quarantine and other control measure requirements begin; and~~

~~e. 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.~~

~~2. The written order 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.~~

~~3. If an order applies to a group of individuals, and it would be impractical to provide a copy to each individual, the local health agency may post the order in a conspicuous place at the premises at which the individuals are to be isolated or quarantined.~~

~~**B.** Within 10 days after issuing a written order described in subsection (A), if a local health agency determines that isolation or quarantine and other control measure requirements need to continue for more than 10 days after the date of the order, the local health agency shall file a petition for a~~

~~court order authorizing the continuation of isolation or quarantine and other control measure requirements pertaining to an individual or group of individuals. The petition shall:~~

~~1. Include the following:~~

~~a. The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;~~

~~b. The identity of each individual or group of individuals subject to isolation or quarantine and other control measure requirements;~~

~~c. The premises at which each individual or group of individuals is isolated or quarantined;~~

~~d. The date and time at which isolation or quarantine and other control measure requirements began; and~~

~~e. 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~~

~~2. Be 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.~~

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. Within 10 calendar days after issuing a written order described in subsection (A), if a local health agency determines that isolation or quarantine and 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 or quarantine and other control measure requirements pertaining to an individual or group of individuals;

2. Includes the following:

a. 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 an individual's health status;

b. The identity of each individual or group of individuals subject to isolation or quarantine and other control measure requirements;

c. The premises at which each individual or group of individuals is isolated or quarantined;

d. The date and time at which isolation or quarantine and other control measure requirements began; and

e. 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

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.

C. No change

D. No change

~~R9-6-303.~~R9-6-304. Food Establishment Control Measures

No change

~~R9-6-304.~~ R9-6-305. Amebiasis

~~**A.** Case control measures:~~

~~1. A local health agency shall exclude an amebiasis 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 treatment with an amebicide is completed and two successive fecal examinations negative for amoebae are obtained from specimens collected at least 24 hours apart.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported amebiasis case or suspect case.~~

~~**B.** Contact control measures: A local health agency shall exclude each amebiasis contact with symptoms of amebiasis from working as a food handler until two successive stool specimens negative for amoebae are obtained from specimens collected at least 24 hours apart.~~

Case control measures: A local health agency shall:

1. Exclude an amebiasis 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. Treatment with an amebicide is initiated, and
   b. Two successive stool specimens negative for amoebae are obtained from specimens collected at least 24 hours apart;
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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-305.~~ R9-6-306. Anthrax

~~**A.** Case control measures: A health agency shall conduct an epidemiologic investigation of each reported anthrax case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D); and

4. Ensure that an isolate from each anthrax case is submitted to the Arizona State Laboratory.

B. No change

~~R9-6-306.~~ R9-6-307. Aseptic Meningitis~~: Viral~~

~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of viral aseptic meningitis.~~

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of aseptic meningitis; and

2. For each outbreak of aseptic meningitis, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).

~~R9-6-307.~~ R9-6-308. Basidiobolomycosis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-308.~~ R9-6-309. Botulism

~~A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported botulism case or suspect case. For each botulism case who is an infant, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.73, "Guide to Investigation of Infant Botulism" (September 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 52.73 provided by the Department.~~

~~**B.** Environmental control measures: An individual in possession of food known to be contaminated by *Clostridium botulinum* shall boil the contaminated food for 10 minutes and then discard it. An individual in possession of utensils known to be contaminated by *Clostridium botulinum* shall boil the contaminated utensils for 10 minutes before reuse or disposal.~~

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:
   a. Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);
   b. Ensure that a specimen from each botulism case is submitted to the Arizona State Laboratory; and
   c. In consultation with the Department, determine if treatment of the botulism case is required.

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

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

~~R9-6-309.~~ R9-6-310. Brucellosis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported brucellosis case or suspect case. For each brucellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 4.153, "Brucellosis Case Surveillance Report" (November 1980), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 4.153 provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D); and
3. Ensure that an isolate from each brucellosis case is submitted to the Arizona State Laboratory.

~~R9-6-310.~~ R9-6-311. Campylobacteriosis

~~**A.** Case control measures:~~

~~1. A local health agency shall exclude a campylobacteriosis 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. One of the following occurs:~~

~~i. A culture negative for *Campylobacter* spp. is obtained from a stool specimen, or~~

~~ii. Treatment is maintained for 24 hours; and~~

~~b. Diarrhea has resolved.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case. For each campylobacteriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-A or an electronic equivalent to Exhibit III-A provided by the Department.~~

~~**B.** Contact control measures: A local health agency shall exclude each campylobacteriosis contact with diarrhea from working as a food handler until a culture negative for *Campylobacter* spp.is obtained from a stool specimen or diarrhea has resolved.~~

Case control measures: A local health agency shall:

1. Exclude a campylobacteriosis 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. A culture negative for *Campylobacter* spp. is obtained from a stool specimen, or
   b. 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 Article 2, Table 4, the information required under R9-6-206(D).

R9-6-312. 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 Article 2, Table 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.

~~R9-6-311.~~ **R9-6-313. Chancroid (*Haemophilus ducreyi*)**

A. Case control measures: A local health agency shall: ~~conduct an epidemiologic investigation of each reported chancroid case or suspect case, confirming the stage of the disease.~~

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 Article 2, Table 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 an identified individual, a local health agency shall:~~

~~1. Notify the identified individual of chancroid exposure;~~
~~2. Offer or arrange for the identified individual to receive treatment for chancroid; and~~
~~3. Counsel the identified individual about the following:~~
   ~~a. The characteristics of chancroid,~~
   ~~b. The syndrome caused by chancroid,~~
   ~~c. Measures to reduce the likelihood of transmitting chancroid to another, and~~
   ~~d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.~~

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.

~~R9-6-312.~~ R9-6-314. ~~*Chlamydia*~~ Chlamydia Infection, ~~Genital~~ Sexually Transmitted

A. Case control measures:

1. The Department shall review each ~~*Chlamydia*~~ chlamydia infection case report for completeness, accuracy, and need for follow-up.
2. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chlamydia infection case that seeks treatment from the local health agency.

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

~~R9-6-313.~~ R9-6-315. Cholera

~~**A.** Case control measures:~~

~~1. A local health agency shall exclude a cholera 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 until two successive cultures negative for *Vibrio cholerae* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported cholera case or suspect case. For each cholera case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to Form CDC 52.79 provided by the Department.~~

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

~~1. Provide follow-up for each cholera contact for five days after exposure; and~~

~~2. Exclude each cholera contact with symptoms of cholera 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 two successive cultures negative for *Vibrio cholerae* are obtained from stool specimens collected at least 24 hours apart.~~

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 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 two successive cultures negative for *Vibrio cholerae* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics;
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, 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.

~~R9-6-314.~~ R9-6-316. Coccidioidomycosis (Valley Fever)

~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis.~~

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, as specified in Article 2, Table 4, the information required under R9-6-202(E).

~~R9-6-315.~~ R9-6-317. Colorado Tick Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-316.~~ **R9-6-318. Conjunctivitis: Acute**

A. No change

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, as specified in Article 2, Table 4, the information required under R9-6-206(F).

~~R9-6-317.~~ **R9-6-319. Creutzfeldt-Jakob Disease**

~~Case control measures: A local health agency shall complete an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-318.~~ **R9-6-320. Cryptosporidiosis**

~~Case control measures:~~

~~1. A local health agency shall exclude a cryptosporidiosis case with diarrhea 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 diarrhea has resolved.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case. For each cryptosporidiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-B or an electronic equivalent to Exhibit III-B provided by the Department.~~

Case control measures: A local health agency shall:

1. Exclude a cryptosporidiosis case or suspect case with diarrhea 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 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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-319.~~ R9-6-321. *Cyclospora* Infection

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported *Cyclospora* infection case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-320.~~ R9-6-322. Cysticercosis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported cysticercosis case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-321.~~ R9-6-323. Dengue

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported dengue case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported dengue case or suspect case; and
2. For each dengue case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-322.~~ R9-6-324. Diarrhea, Nausea, or Vomiting

A. No change

~~B.~~ ~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting.~~

~~1. For each suspected foodborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.13, "Investigation of a Foodborne Outbreak" (October 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to Form CDC 52.13 provided by the Department.~~

~~2. For each suspected waterborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.12, "Waterborne Diseases Outbreak Report" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to Form CDC 52.12 provided by the Department.~~

~~3. For each outbreak of viral gastroenteritis, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-C or an electronic equivalent to Exhibit III-C provided by the Department.~~

B. 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, as specified in Article 2, Table 4, the information required under R9-6-206(F) for:
   a. Each suspected foodborne illness outbreak,
   b. Each suspected waterborne illness outbreak, and
   c. Each outbreak of viral gastroenteritis.

~~R9-6-323.~~ R9-6-325. Diphtheria

A. No change

~~1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a diphtheria case until:~~

~~a. One of the following:~~

~~i. If the case has pharyngeal diphtheria, two successive sets of cultures negative for *Cornyebacterium diphtheriae* are obtained from nose and throat specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or~~

~~ii. If the case has cutaneous diphtheria, two successive cultures negative for *Cornyebacterium diphtheriae* are obtained from skin specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or~~

~~b. Fourteen days after initiation of treatment.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported diphtheria case or suspect case. For each diphtheria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Diphtheria Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to the "CDC Diphtheria Worksheet" provided by the Department.~~

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:

i. 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; or

ii. Fourteen calendar days after initiation of treatment; and

b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until:

i. 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; or

ii. Fourteen calendar days after initiation 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 Article 2, Table 4, the information required under R9-6-206(D).

B. No change

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. ~~Quarantine each close contact of a diphtheria case~~ 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 ~~close~~ contact at least 24 hours apart;
3. No change
4. No change

~~R9-6-324.~~ R9-6-326. ~~Ehrlichiosis~~ Ehrlichioses (Ehrlichiosis and Anaplasmosis)

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported ehrlichiosis case or suspect case. For each ehrlichiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 55.1 provided by the Department.~~

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 or anaplasmosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-325.~~ R9-6-327. Emerging or Exotic Disease

~~**A.** Case control measures:~~

~~1. A local health agency, in consultation with the Department, shall isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

B. No change

~~R9-6-326.~~ R9-6-328. Encephalitis: Viral or Parasitic

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case. For each mosquito-borne viral encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.~~

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a viral or parasitic encephalitis 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 viral or parasitic encephalitis case or suspect case; and

3. For each encephalitis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-327.~~ R9-6-329. Enterohemorrhagic *Escherichia coli*

~~A.~~ ~~Case control measures:~~

~~1. A local health agency shall exclude an enterohemorrhagic *Escherichia coli* case with diarrhea 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. Two successive cultures negative for enterohemorrhagic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~

~~b. Diarrhea has resolved.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported enterohemorrhagic *Escherichia coli* case or suspect case. For each enterohemorrhagic *Escherichia coli* case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-E or an electronic equivalent to Exhibit III-E provided by the Department.~~

~~B.~~ ~~Contact control measures: A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with diarrhea from working as a food handler until diarrhea has resolved.~~

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

1. Exclude an enterohemorrhagic *Escherichia coli* case or suspect case with diarrhea 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. Two successive cultures negative for enterohemorrhagic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported enterohemorrhagic *Escherichia coli* case or suspect case; and
3. For each enterohemorrhagic *Escherichia coli* case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with diarrhea of unknown cause 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 diarrhea has resolved.

C. 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 enterohemorrhagic *Escherichia coli* case or outbreak, provide health education for the animal's owner about enterohemorrhagic *Escherichia coli* and the risks of becoming infected with enterohemorrhagic *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 an enterohemorrhagic *Escherichia coli* case or outbreak:
   a. Provide health education for the animal's owner about enterohemorrhagic *Escherichia coli* and the risks of becoming infected with enterohemorrhagic *Escherichia coli*, and
   b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about enterohemorrhagic *Escherichia coli* and methods to reduce the risk of transmission.

~~**R9-6-328.**~~ **R9-6-330. Enterotoxigenic *Escherichia coli***

~~**A.** Case control measures:~~

~~1. A local health agency shall exclude an enterotoxigenic *Escherichia coli* case with diarrhea 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. Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~
   ~~b. Diarrhea has resolved.~~
~~2. A local health agency shall conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case.~~

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

1. Exclude an enterotoxigenic *Escherichia coli* case or suspect case with diarrhea 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. Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case; and

3. For each enterotoxigenic *Escherichia coli* case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency shall exclude an enterotoxigenic *Escherichia coli* contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

~~R9-6-329.~~ R9-6-331. Giardiasis

A. Case control measures: A local health agency shall exclude a giardiasis 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 until:

1. Two successive stool specimens negative for *Giardia lamblia* are obtained from specimens collected from the case at least 24 hours apart~~,~~; or
2. No change

~~**B.** Contact control measures:~~

~~1. A local health agency shall exclude a giardiasis contact with diarrhea 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 diarrhea has resolved.~~

~~2. A local health agency shall counsel or arrange for a giardiasis contact or, if the contact is a child or incapacitated adult, the parent or guardian of the contact to be counseled about handwashing and concurrent disinfection of contaminated objects.~~

~~**C.** Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported giardiasis outbreak. For each giardiasis case involved in an outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-F or an electronic equivalent to Exhibit III-F provided by the Department.~~

B. Contact control measures: A local health agency shall exclude a giardiasis contact with diarrhea of unknown cause 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 diarrhea has resolved.

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

1. Conduct an epidemiologic investigation of each reported giardiasis outbreak;
2. For each giardiasis case involved in an outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
3. For each giardiasis outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).

~~R9-6-330.~~ R9-6-332. Gonorrhea

A. No change

1. No change
2. For the prevention of gonorrheal ophthalmia, a ~~health care provider~~ 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. No change
   b. No change
3. 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 ~~offer or arrange for treatment~~ comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

~~R9-6-331.~~ R9-6-333. *Haemophilus influenzae*: Invasive Disease

A. No change

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* ~~invasive disease~~ meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case.~~
   a. ~~For each *Haemophilus influenzae* invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
      i. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of~~

~~Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~ii. An electronic equivalent to Form CDC 52.15N provided by the Department.~~

~~b. For each *Haemophilus influenzae* type B invasive disease case younger than 5 years of age, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~i. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Expanded Case Report Form: *Haemophilus Influenzae* Type B in Children < 5 Years of Age" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~ii. An electronic equivalent to the "CDC Expanded Case Report Form: *Haemophilus Influenzae* Type B in Children < 5 Years of Age" provided by the Department.~~

2. A local health agency shall:

a. Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and

b. For each *Haemophilus influenzae* invasive disease case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change

~~R9-6-332.~~ R9-6-334. Hansen's Disease (Leprosy)

~~A.~~ ~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case. For each Hansen's disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.18, "Hansen's Disease Surveillance Form" (March 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of~~

~~Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 52.18 provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

B. Contact control measures: In consultation with the Department, a ~~A~~ local health agency shall examine ~~close~~ 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.

~~R9-6-333.~~ R9-6-335. Hantavirus Infection

~~Case control measures:~~

~~1. A local health agency shall counsel or arrange for a Hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with hantavirus.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case. For each hantavirus infection case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Hantavirus Pulmonary Syndrome Case Report Form" (November 2002) and a Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Individual Questionnaire" (January 1996), which are incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. Electronic equivalents to the "Hantavirus Pulmonary Syndrome Case Report Form" and "Individual Questionnaire" provided by the Department.~~

Case control measures: A local health agency shall:

1. Provide or arrange for a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case to receive health education about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
2. Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
3. For each hantavirus infection case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-334.~~ R9-6-336. Hemolytic Uremic Syndrome

~~**A.** Case control measures:~~

~~1. A local health agency shall exclude a hemolytic uremic syndrome 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 until:~~

~~a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~

~~b. Diarrhea has resolved.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case.~~

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

1. Exclude a hemolytic uremic syndrome 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 until:
   a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Diarrhea has resolved;
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 Article 2, Table 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.

~~R9-6-335.~~ R9-6-337. Hepatitis A

~~A.~~ ~~Case control measures:~~

~~1. A local health agency shall exclude a hepatitis A case from working as a food handler or attending a child care establishment during the first 14 days of illness or for seven days after onset of jaundice.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis A case or suspect case. For each hepatitis A case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-G or an electronic equivalent to Exhibit III-G provided by the Department.~~

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

1. 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;
2. Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
3. For each hepatitis A case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change

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 days after exposure, provide follow-up to a food handler who is a contact of a hepatitis A case during the infectious period; and~~
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. No change

~~R9-6-336.~~ R9-6-338. Hepatitis B and Hepatitis D

A. No change

1. ~~A local health agency shall 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.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis B case or suspect case.~~

~~a. For each acute hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-H or an electronic equivalent to Exhibit III-H provided by the Department.~~

~~b. For each perinatal hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-I or an electronic equivalent to Exhibit III-I provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~3.~~2. No change

~~**B.** Contact control measures: A local health agency shall refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series.~~

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.

~~R9-6-337.~~ R9-6-339. Hepatitis C

No change

~~1. A local health agency shall conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case.~~

1. A local health agency shall:

a. Conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case; and

b. For each acute hepatitis C case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

2. The Department shall provide health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection to each reported non-acute hepatitis C case or suspect case.

~~R9-6-338.~~ R9-6-340. Hepatitis E

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported hepatitis E case or suspect case. For each case of symptomatic acute viral hepatitis, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 53.1, "Viral Hepatitis Case Record for Reporting of Patients with Symptomatic Acute Viral Hepatitis" (June 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral Hepatitis, 1600 Clifton Rd., NE, Mailstop G-37, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 53.1 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and

2. For each hepatitis E case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-339.~~ R9-6-341. Human Immunodeficiency Virus (HIV) Infection and Related Disease

A. No change

~~1. A local health agency shall conduct an epidemiologic investigation of each reported HIV case, suspect case, or carrier within 30 days after receiving a report. Upon completion of an epidemiologic investigation, a local health agency shall not retain any personal identifying information about the case, suspect case, or carrier.~~

1. A local health agency shall:

a. Conduct an epidemiologic investigation of each reported HIV-infected individual or suspect case; and

b. For each HIV-infected individual, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

2. No change

~~3. A counseling and testing site supervised by the Department or by a local health agency shall offer anonymous testing. The Department or local health agency shall collect the following epidemiologic information about each individual opting for anonymous testing:~~

~~a. Age,~~

~~b. Race and ethnicity,~~

~~c. Gender,~~

~~d. County of residence, and~~

~~e. HIV-associated risk behaviors.~~

~~4. The Department shall confidentially notify an identifiable third party reported to be at risk of HIV infection under A.R.S. § 36-664(K) if all of the following conditions are met:~~

~~a. The Department receives the report of risk in a document that includes the following:~~

~~i. The name and address of the identifiable third party,~~

~~ii. The name and address of the individual placing the identifiable third party at risk,~~

~~iii. The name and address of the individual making the report, and~~

~~iv. The type of exposure placing the identifiable third party at risk;~~

~~b. The individual making the report is in possession of confidential HIV-related information; and~~

~~c. The Department determines that the information provided in the report is accurate and sufficient to warrant notification of the identifiable third party.~~

~~5. As authorized under A.R.S. § 36-136(L), a local health agency shall notify the superintendent of a school district, as defined in A.R.S. § 15-101, in a confidential document that a pupil of the school district is a case or carrier of HIV if the following criteria are met:~~

~~a. The local health agency determines by consulting with the Department that the pupil places others in the school setting at risk for HIV infection; and~~

~~b. The school district has an HIV policy that includes the following provisions:~~

~~i. That a school shall not exclude an infected pupil from attending school or school functions or from participating in school activities solely due to HIV infection;~~

~~ii. That the school district shall establish a group to determine on a case-by-case basis whether an infected pupil should be permitted to attend school by considering the risks and benefits to the pupil and to others if the pupil attends school;~~

~~iii. That the group described in subsection (A)(5)(b)(ii) shall include the superintendent of the school district, the parents or guardians of a minor pupil, the pupil if the pupil is not a minor or is emancipated, the pupil's physician, and the local health officer, and may include an administrator of a school, a school nurse, and a teacher or counselor of the pupil;~~

~~iv. That school district personnel who are informed of the pupil's HIV infection shall keep that information confidential;~~

~~v. That the school district shall provide HIV education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions; and~~

~~vi. That school district personnel who handle blood or body fluids shall comply with Elizabeth A. Bolyard et al., Guideline for Infection Control in Health Care Personnel, 1998 (1998), incorporated by reference; on file with the Department and the Office of the Secretary of State; available from National Technical Information Service, 5285 Port Royal Road,~~

3. The Department and a local health agency shall offer anonymous HIV-testing to an individual as specified in R9-6-1005.

~~**B.** Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with 29 CFR 1910.1030 (as of November 7, 2002), as required by A.R.S. § 23-403 and A.A.C. R20-5-602.~~

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(J) 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.

R9-6-342. Influenza-Associated Mortality in a Child

Case control measures: A local health agency shall:

1. Confirm that influenza was the cause of death for each reported case or suspect case of influenza-associated mortality in a child; and

2. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C).

~~R9-6-340.~~ R9-6-343. Kawasaki Syndrome

~~A local health agency shall conduct an epidemiologic investigation of each reported Kawasaki syndrome case or suspect case. For each Kawasaki syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.54, "Kawasaki Syndrome Case Reporting" (January 1991), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 55.54 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Kawasaki syndrome case or suspect case; and
2. For each Kawasaki syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-341.~~ R9-6-344. Legionellosis (Legionnaires' Disease)

~~A.~~ ~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported legionellosis case or suspect case. For each legionellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.56, "Legionellosis Case Report" (August 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 52.56 provided by the Department.~~

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

1. Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and

2. For each legionellosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change

~~R9-6-342.~~ R9-6-345. Leptospirosis

~~A local health agency shall conduct an epidemiologic investigation of each reported leptospirosis case or suspect case. For each leptospirosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.26, "Leptospirosis Case Investigation Report" (October 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 55.26 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and
2. For each leptospirosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-343.~~ R9-6-346. Listeriosis

Case control measures: A local health agency shall:

~~1. A local health agency shall conduct an epidemiologic investigation of each reported listeriosis case or suspect case. For each listeriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-J or an electronic equivalent to Exhibit III-J provided by the Department.~~

~~2. A local health agency shall counsel a listeriosis case or, if the case is a child or an incapacitated adult, the parent or guardian of the case about the risks of contracting listeriosis from cold deli meats and unpasteurized dairy products.~~

1. Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
2. For each listeriosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
3. Ensure that an isolate from each listeriosis case is submitted to the Arizona State Laboratory.

~~R9-6-344.~~ R9-6-347. Lyme Disease

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Lyme disease case or suspect case. For each Lyme disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-K or an electronic equivalent to Exhibit III-K provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-345.~~ R9-6-348. Lymphocytic Choriomeningitis

Case control measures: A local health agency shall:

1. ~~A local health agency shall conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case.~~
2. ~~A local health agency shall counsel or arrange for a lymphocytic choriomeningitis case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with lymphocytic choriomeningitis virus.~~
1. Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
2. For each lymphocytic choriomeningitis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-346.~~ R9-6-349. Malaria

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported malaria case or suspect case. For each malaria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.1, "Malaria Case Surveillance Report" (January 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 54.1 provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-347.~~ R9-6-350. Measles (Rubeola)

A. No change

1. No change

   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. No change

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. A local health agency shall conduct an epidemiologic investigation of each reported measles case or suspect case. For each measles case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

   ~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Measles Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~

   ~~b. An electronic equivalent to the "Measles Surveillance Worksheet" provided by the Department.~~

3. 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 Article 2, Table 4, the information required under R9-6-206(D); and

d. Ensure that specimens from each measles case, as required by the Department, are submitted to the Arizona State Laboratory.

B. No change

1. No change

a. No change

b. No change

2. No change

3. An administrator of a health care institution shall ensure that a ~~A~~ paid or volunteer ~~full-~~ full-time or part-time worker at a health care institution ~~shall~~ 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. No change

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. No change

R9-6-351. Melioidosis

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;

2. For each melioidosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and

3. Ensure that an isolate from each melioidosis case is submitted to the Arizona State Laboratory.

~~**R9-6-348.**~~ **R9-6-352. Meningococcal Invasive Disease**

A. No change

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 conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case. For each meningococcal invasive~~

~~disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference in R9-6-331; or~~

~~b. An electronic equivalent to Form CDC 52.15N provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D); and

d. Ensure that an isolate from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

B. No change

~~R9-6-349.~~ R9-6-353. Mumps

A. No change

~~1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a mumps case from the school or child care establishment for nine days after the onset of glandular swelling.~~

~~2. A health care provider shall use droplet precautions with a mumps case for nine days after the onset of glandular swelling.~~

~~3. A local health agency shall conduct an epidemiologic investigation of each reported mumps case or suspect case. For each mumps case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Mumps Surveillance Worksheet" (May 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial~~

~~Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to the "Mumps Surveillance Worksheet" provided by the Department.~~

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, or registered nurse practitioner.
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. 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 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 mumps case or suspect case;
   c. For each mumps case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
   d. Ensure that specimens from each mumps case, as required by the Department, are submitted to the Arizona State Laboratory.

~~**B.** Contact control measures: 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:~~

~~1. 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~~

~~2. Comply with the local health agency's recommendations for exclusion.~~

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 contacts will be:

a. Excluded from a school or child care establishment, and

b. Advised to obtain an immunization against mumps.

R9-6-354. Norovirus

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

1. Conduct an epidemiologic investigation of each reported norovirus outbreak; and

2. Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).

B. Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each water, sewage, or food preparation facility associated with a norovirus outbreak.

~~R9-6-350.~~ R9-6-355. Pediculosis (Lice Infestation)

No change

1. No change

2. No change

~~R9-6-351.~~ R9-6-356. Pertussis (Whooping Cough)

A. No change

1. No change

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. No change

2. No change

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. No change

3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate ~~use~~ 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 conduct an epidemiologic investigation of each reported pertussis case or suspect case. For each pertussis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Pertussis Surveillance Worksheet" (November 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to the "Pertussis Surveillance Worksheet" provided by the Department..~~

4. A local health agency shall:

a. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and

b. For each pertussis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change

1. No change

a. No change

b. No change

2. A local health agency shall identify ~~close~~ contacts of a pertussis case and, if indicated, shall provide or arrange for a ~~each close~~ contact to receive antibiotic prophylaxis.

~~R9-6-352.~~ R9-6-357. Plague

A. No change

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 ~~with droplet precautions~~ until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. No change
3. ~~A local health agency shall conduct an epidemiologic investigation of each reported plague case or suspect case. For each plague case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
   a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 56.37, "Plague Case Investigation Report" (May 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Vector-Borne Infectious Diseases, P.O. Box 2087 (Foothills Campus), Fort Collins, CO 80522, including no future editions or amendments; or~~
   b. ~~An electronic equivalent to Form CDC 56.37 provided by the Department.~~
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 Article 2, Table 4, the information required under R9-6-206(D); and
   d. Ensure that an isolate from each plague 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.

~~R9-6-353.~~ R9-6-358. Poliomyelitis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case. For each poliomyelitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Suspected Polio Case Worksheet" (August 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to the "Suspected Polio Case Worksheet" provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D); and
4. Ensure that specimens from each poliomyelitis case, as required by the Department, are submitted to the Arizona State Laboratory.

~~R9-6-354.~~ R9-6-359. Psittacosis (Ornithosis)

~~A.~~ ~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported psittacosis case or suspect case. For each psittacosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.2, "Psittacosis Case Surveillance Report" (March 1981), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 52.2 provided by the Department.~~

~~B.~~ ~~Environmental control measures: A local health agency shall ensure that bird populations infected with *Chlamydia psittaci* or *Chlamydophila psittaci* are treated or destroyed and that any contaminated structures are disinfected.~~

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 Article 2, Table 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.

~~R9-6-355.~~ R9-6-360. Q Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Q fever case or suspect case. For each Q fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Q Fever Case Report" (March 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 55.1 provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-356.~~ R9-6-361. Rabies in a Human

~~**A.** Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported human rabies case or suspect case.~~

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; and

3. For each human rabies case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change

~~R9-6-357.~~ R9-6-362. Relapsing Fever (Borreliosis)

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported borreliosis case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported borreliosis case or suspect case; and

2. For each borreliosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-358.~~ R9-6-363. Reye Syndrome

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Reye syndrome case or suspect case. For each Reye syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.8, "CDC Reye Syndrome Case Investigation Report" (March 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic~~

~~Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 55.8 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Reye syndrome case or suspect case; and
2. For each Reye syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-359.~~ R9-6-364. Rocky Mountain Spotted Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Rocky Mountain spotted fever case or suspect case. For each Rocky Mountain spotted fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference in R9-6-324; or~~

~~2. An electronic equivalent to Form CDC 55.1 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Rocky Mountain spotted fever case or suspect case; and
2. For each Rocky Mountain spotted fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-360.~~ R9-6-365. Rubella (German Measles)

A. No change

~~1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a rubella case from the school or child care establishment from the onset of illness through the seventh day after the rash appears.~~

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, or registered nurse practitioner.

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 for a rubella case through the seventh calendar day after the rash appears.

~~3. A local health agency shall conduct an epidemiologic investigation of each reported rubella case or suspect case. For each rubella case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Rubella Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to the "Rubella Surveillance Worksheet" provided by the Department.~~

3. 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 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 rubella case or suspect case;

c. For each rubella case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and

d. Ensure that specimens from each rubella case, as required by the Department, are submitted to the Arizona State Laboratory.

B. No change

1. An administrator of a health care institution shall ensure that a ~~A~~ paid or volunteer ~~full-~~ full-time or part-time worker at a health care institution ~~shall~~ 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. No change

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. No change

a. No change

b. No change

3. A local health agency shall provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

~~R9-6-361.~~ R9-6-366. Rubella Syndrome, Congenital

A. No change

~~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 negative virus culture is obtained.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case. For each congenital rubella syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 71.17, "Congenital Rubella Syndrome Case Report" (March 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to Form CDC 71.17 provided by the Department.~~

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 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, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and

d. Ensure that specimens from each congenital rubella syndrome case, as required by the Department, are submitted to the Arizona State Laboratory.

~~**B.** Contact control measures:~~

~~A paid or volunteer full- or part-time worker at a health care institution who is known to be pregnant shall 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 R9-6-360(B)(1).~~

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 R9-6-365(B)(1).

~~R9-6-362.~~ R9-6-367. Salmonellosis

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

~~1. A local health agency shall exclude a salmonellosis case with diarrhea 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 either of the following occurs:~~

~~a. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or~~

~~b. Diarrhea has resolved.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported salmonellosis case or suspect case. For each salmonellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.~~

1. Exclude a salmonellosis case with diarrhea 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 either of the following occurs:

a. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or

b. Diarrhea has resolved;

2. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and

3. For each salmonellosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency shall exclude a salmonellosis contact with diarrhea of unknown cause 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 either of the following occurs:

1. No change

2. No change

C. 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.

~~R9-6-363.~~ R9-6-368. Scabies

A. No change

1. No change

2. No change

3. No change

B. No change

C. No change

1. No change

2. Provide health education ~~and consultation~~ regarding prevention, control, and treatment of scabies to individuals affected by the outbreak; ~~and~~

3. When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak.; and

4. For each scabies outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).

~~R9-6-364.~~ R9-6-369. Severe Acute Respiratory Syndrome

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

~~1. A local health agency, in consultation with the Department, shall isolate a severe acute respiratory syndrome case or suspect case as necessary to prevent transmission.~~

~~2. A local health agency shall conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case.~~

1. Upon receiving a report under R9-6-202 of a severe acute respiratory 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;

2. In consultation with the Department, ensure the isolation of and the institution of both airborne precautions and contact precautions for a severe acute respiratory syndrome case or suspect case to prevent transmission;

3. Conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case; and

4. For each severe acute respiratory syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change

~~R9-6-365.~~ R9-6-370. Shigellosis

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

1. ~~A local health agency shall exclude~~ Exclude a shigellosis case with diarrhea 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 either of the following occurs:

   a. No change

   b. Treatment is maintained for 24 hours and diarrhea has resolved.;

~~2. A local health agency shall conduct an epidemiologic investigation of each reported shigellosis case or suspect case. For each shigellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-M or an electronic equivalent to Exhibit III-M provided by the Department.~~

2. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and

3. For each shigellosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea 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 cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart. If a culture is positive for *Shigella* spp., a local health agency shall reclassify a contact as a case.~~

B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea of unknown cause 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:

1. Two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart, or

2. Treatment has been maintained for 24 hours and diarrhea has resolved.

~~R9-6-366.~~ R9-6-371. Smallpox

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

~~1. A local health agency, in consultation with the Department, shall isolate a smallpox case or suspect case as necessary to prevent transmission.~~

~~2. A local health agency, in consultation with the Department, shall conduct an epidemiologic investigation of each reported smallpox case or suspect case.~~

1. 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;

2. In consultation with the Department:

   a. Ensure the isolation of and the institution of both airborne precautions and contact precautions for a smallpox case or suspect case to prevent transmission; and

   b. Conduct an epidemiologic investigation of each reported smallpox case or suspect case; and

3. For each smallpox case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

1. ~~quarantine~~ Quarantine a smallpox contact as necessary to prevent transmission; and

2. ~~shall monitor~~ Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

~~R9-6-367.~~ R9-6-372. Streptococcal Group A Infection

A. No change

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 infection.

B. No change

~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive 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 Article 2, Table 4, the information required under R9-6-206(D); and
3. For each outbreak of streptococcal group A invasive infection, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).

R9-6-373. Streptococcal Group B 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 infection for each reported case or suspect case of streptococcal group B 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, as specified in Article 2, Table 4, the information required under R9-6-206(C).

R9-6-374. *Streptococcus pneumoniae* Infection

Case control measures: A local health agency shall:

1. If a reported *Streptococcus pneumoniae* infection case or suspect case is five or more years of age:

a. Confirm the diagnosis of *Streptococcus pneumoniae* infection for each reported *Streptococcus pneumoniae* infection case or suspect case who is five or more years of age; and

b. For each *Streptococcus pneumoniae* infection case who is five or more years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C); and

2. If a reported *Streptococcus pneumoniae* infection case or suspect case is under five years of age:

a. Conduct an epidemiologic investigation for each reported *Streptococcus pneumoniae* infection case or suspect case who is under five years of age; and

b. For each *Streptococcus pneumoniae* infection case who is under five years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-368.~~ R9-6-375. Syphilis

A. No change

1. A syphilis case shall obtain serologic testing for syphilis three months, ~~and~~ six months, and one year after initiating treatment.

~~2. A local health agency shall conduct an epidemiologic investigation of each reported syphilis case or suspect case, confirming the stage of the disease.~~

2. A local health agency shall:

a. Conduct an epidemiologic investigation 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 Article 2, Table 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

d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.

3. No change

~~**B.** Contact control measures: When a syphilis case has named an identified individual, a local health agency shall:~~

~~1. Notify the identified individual of syphilis exposure;~~

~~2. Offer or arrange for the identified individual to receive serologic testing and treatment for syphilis; and~~

~~3. Counsel the identified individual about the following:~~

~~a. The characteristics of syphilis,~~

~~b. The syndromes caused by syphilis,~~

~~c. Measures to reduce the likelihood of transmitting syphilis to another, and~~

~~d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.~~

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, as specified in Article 2, Table 4, the information required under R9-6-206(F).

~~R9-6-369.~~ R9-6-376. Taeniasis

~~Case control measures: A local health agency shall exclude a taeniasis case with *Taenia solium* 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.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-370.~~ R9-6-377. Tetanus

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported tetanus case or suspect case. For each tetanus case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Tetanus Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600~~

~~Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to the "Tetanus Surveillance Worksheet" provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-371.~~ R9-6-378. Toxic Shock Syndrome

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case. For each toxic shock syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.3, "Toxic Shock Syndrome Case Report" (April 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 52.3 provided by the Department.~~

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 Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-379.~~ ~~Vancomycin-Resistant *Enterococcus* spp.~~ Repealed

~~Case control measures: 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 of vancomycin-resistant *Enterococcus* spp.~~

~~R9-6-372.~~ R9-6-379. ~~Repealed~~ Trichinosis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported trichinosis case or suspect case. For each trichinosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.7, "Trichinosis Surveillance Case Report" (February 1990), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~

~~2. An electronic equivalent to Form CDC 54.7provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
2. For each trichinosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-373.~~ R9-6-380. Tuberculosis

A. No change

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall ~~place~~ isolate and institute airborne precautions for an individual with infectious active tuberculosis or a suspect case ~~in airborne infection isolation~~ until:
   a. 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;
   b. Anti-tuberculosis treatment is initiated with multiple antibiotics; ~~and~~
   c. Clinical signs and symptoms of active tuberculosis are improved~~.~~; and
   d. For a case of multi-drug resistant active tuberculosis, a tuberculosis control officer has approved the release of the case from airborne precautions.
2. No change
3. ~~A local health agency shall exclude an individual with infectious active tuberculosis or a suspect case from working until:~~
   ~~a. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;~~
   ~~b. Anti-tuberculosis treatment is initiated; and~~
   ~~c. Clinical signs and symptoms of active tuberculosis are improved.~~

~~4. A local health agency shall conduct an epidemiologic investigation of each reported tuberculosis case or suspect case. For each tuberculosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. One of the following:~~

~~i. A 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, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of TB Elimination, 1600 Clifton Rd., NE, Mailstop E-10, Atlanta, GA 30333, including no future editions or amendments; or~~

~~ii. An electronic equivalent to Form CDC 72.9A and B provided by the Department; and~~

~~b. Exhibit III-N or an electronic equivalent to Exhibit III-N provided by the Department.~~

3. A local health agency shall:

a. 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:

i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken 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;

iii. Clinical signs and symptoms of active tuberculosis are improved; and

iv. For a case of multi-drug resistant active tuberculosis, a tuberculosis control officer has approved the release of the case from airborne precautions;

b. Conduct an epidemiologic investigation of each reported tuberculosis case or suspect case;

c. For each tuberculosis case or suspect case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);

d. Ensure that an isolate from each tuberculosis case is submitted to the Arizona State Laboratory; and

e. Comply with the requirements specified in R9-6-1202.

B. No change

~~1. Except as provided in subsection (B)(7), for each individual with infectious active tuberculosis, a local health agency shall identify contacts and provide or arrange for evaluation of each contact's tuberculosis status. A local health agency shall conduct the initial contact investigation interview within three working days after receiving a tuberculosis case report.~~

~~2. An individual who has been exposed to an individual with infectious active tuberculosis shall allow a local health agency to evaluate the individual's tuberculosis status.~~

~~3. A local health agency shall exclude a tuberculosis contact with symptoms suggestive of tuberculosis from working until the contact has been evaluated by a physician, physician assistant, or registered nurse practitioner and determined by the physician, physician assistant, or registered nurse practitioner not to be an individual with infectious active tuberculosis.~~

~~4. Except as provided in subsection (B)(5), a local health agency shall arrange for a tuberculosis contact to have an approved test for tuberculosis.~~

~~5. If a tuberculosis contact is known to have had a prior positive result on an approved test for tuberculosis, post-exposure testing is not required. A local health agency shall question the contact about symptoms of active tuberculosis and, if the contact has symptoms of active tuberculosis, provide or arrange for the contact to receive a chest x-ray.~~

~~6. If a tuberculosis contact tests negative for tuberculosis, a local health agency shall arrange for reevaluation three months after the contact's last exposure to an individual with infectious active tuberculosis.~~

~~7. For exposures to an individual with infectious active tuberculosis occurring in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, in consultation with a local health agency, shall have the primary responsibility for identifying and evaluating tuberculosis contacts.~~

~~8. A health care provider or an administrator of a health care institution or correctional facility that has identified and evaluated tuberculosis contacts shall release information gathered regarding the contacts, including personal identifying information, to a local health agency or to the Department upon request.~~

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. No change

~~R9-6-374.~~ R9-6-381. Tularemia

No change

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 ~~with droplet precautions~~ until ~~48~~ 72 hours of antibiotic therapy have been completed with favorable clinical response.

~~2. A local health agency shall conduct an epidemiologic investigation of each reported tularemia case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D); and

   d. Ensure that an isolate from each tularemia case is submitted to the Arizona State Laboratory.

~~R9-6-375.~~ R9-6-382. Typhoid Fever

~~**A.** Case control measures:~~

~~1. A local health agency shall exclude a typhoid fever 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 at least one month after the date of onset of illness and three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy. If a culture is positive for *Salmonella typhi*, a local health agency shall enforce the exclusions until three successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness. If a positive culture is obtained on a stool specimen collected at least 12 months after onset, a local health agency shall redesignate a case as a carrier.~~

~~2. A local health agency shall 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 cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.~~

~~3. A local health agency shall conduct an epidemiologic investigation of each reported typhoid fever case or suspect case. For each typhoid fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.5, "Typhoid Fever Surveillance Report" (June 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

~~b. An electronic equivalent to Form CDC 52.5 provided by the Department.~~

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

1. Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
2. For each typhoid fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);
3. Exclude a typhoid fever 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 three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy;
4. If a culture from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(3) until three successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness;

5. If a positive culture is obtained on a stool specimen collected at least 12 months after onset of illness from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and

6. 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 cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.

B. Contact control measures: A local health agency shall exclude a typhoid fever contact from working as a food handler, ~~or~~ caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least 24 hours apart. ~~If a culture is positive for *Salmonella typhi*, a local health agency shall redesignate a contact as a case~~.

~~R9-6-376.~~ R9-6-383. Typhus Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported typhus fever case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and

2. For each typhus fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-377.~~ R9-6-384. Unexplained Death with a History of Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of unexplained death with a history of fever.~~

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of unexplained death with a history of fever, 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 unexplained death with a history of fever; and

3. For each case of unexplained death with a history of fever, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(E).

~~R9-6-378.~~ R9-6-385. Vaccinia-Related Adverse Event

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event. For each vaccinia-related adverse event~~

~~case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. One of the following:~~

~~a. A Food and Drug Administration, U.S. Department of Health and Human Services, Form VAERS-1, "Vaccine Adverse Event Reporting System" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or~~

~~b. An electronic equivalent to VAERS-1 provided by the Department;~~

~~2. One of the following:~~

~~a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or~~

~~b. An electronic equivalent to "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" provided by the Department; and~~

~~3. One of the following:~~

~~a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine VAERS Report Follow-up Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100; or~~

~~b. An electronic equivalent to "Smallpox Vaccine VAERS Report Follow-up Worksheet" provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and
2. For each case of a vaccinia-related adverse event, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-380.~~ R9-6-386. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*

No change

1. No change

~~2. A local health agency, in consultation with the Department, shall isolate a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* as necessary to prevent transmission.~~

2. 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 24 hours after receiving the report and provide to the Department the information contained in the report;

b. Isolate a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* 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 Article 2, Table 4, the information required under R9-6-206(D); and

e. Ensure that an isolate from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

~~R9-6-381.~~ R9-6-387. Vancomycin-Resistant *Staphylococcus epidermidis*

~~Case control measures: 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 *Staphylococcus epidermidis*.~~

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 *Staphylococcus epidermidis*.

2. A local health agency shall:

a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*, 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 case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*;

c. For each case of vancomycin-resistant *Staphylococcus epidermidis*, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and

d. Ensure that an isolate from each case of vancomycin-resistant *Staphylococcus epidermidis* is submitted to the Arizona State Laboratory.

~~**R9-6-382.**~~ **R9-6-388. Varicella (Chickenpox)**

A. No change

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 ~~place~~ isolate and implement airborne precautions for a varicella case ~~in airborne infection isolation~~ 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 varicella infection; and
   b. For each reported case of death due to varicella infection, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~**B.** Contact control measures: 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:~~

~~1. Consult with a 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~~

~~2. Comply with the local health agency's recommendations for exclusion.~~

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.

~~R9-6-383.~~ R9-6-389. *Vibrio* Infection

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case. For each case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference in R9-6-313; or~~

~~2. An electronic equivalent to Form CDC 52.79 provided by the Department.~~

Case control measures: A local health agency shall:

1. Exclude a *Vibrio* infection 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 until either of the following occurs:

a. Two successive cultures negative for *Vibrio* spp. are obtained from stool specimens collected at least 24 hours apart, or

b. Diarrhea has resolved;

2. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and

3. For each *Vibrio* infection case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-384.~~ R9-6-390. Viral Hemorrhagic Fever

A. No change

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 conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case.~~

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 Article 2, Table 4, the information required under R9-6-206(D); and

d. Ensure that specimens from each viral hemorrhagic fever case are submitted to the Arizona State Laboratory.

B. No change

~~R9-6-385.~~ R9-6-391. West Nile ~~Virus Fever or West Nile Encephalitis~~ Virus-Related Syndromes

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported West Nile virus fever or West Nile encephalitis case or suspect case. For each West Nile encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported West Nile virus-related syndrome case or suspect case; and
2. For each case of West Nile virus-related syndrome, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-386.~~ R9-6-392. Yellow Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported yellow fever case or suspect case.~~

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 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 yellow fever case or suspect case; and
3. For each yellow fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~R9-6-387.~~ R9-6-393. Yersiniosis (Enteropathogenic *Yersinia*)

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported yersiniosis case or suspect case. For each yersiniosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.~~

Case control measures: A local health agency shall:

1. Exclude a yersiniosis 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 until either of the following occurs:
   a. Two successive cultures negative for enteropathogenic *Yersinia* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
   b. Diarrhea has resolved;
2. 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;
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 Article 2, Table 4, the information required under R9-6-206(D); and
5. Ensure that an isolate from each yersiniosis case is submitted to the Arizona State Laboratory.

Exhibit III-A. ~~Campylobacter Investigation Form~~ Repealed

EXHIBIT III-A

Patient Name: _____ County: _____

Campylobacter Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

>3 loose stools	□Yes	□No	Fever	□Yes	□No
# days (>3 loose stools) _____			highest temperature _____ date _____		
# episodes in 24 hours _____			Chills	□Yes	□No
Blood in stools	□Yes	□No	Headache	□Yes	□No
Abdominal cramps	□Yes	□No	Muscle aches	□Yes	□No
Nausea	□Yes	□No	Fatigue	□Yes	□No
Vomiting	□Yes	□No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time_____ a.m. p.m.
4. Were you hospitalized? □ Yes □ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation

6. Work at or attend child care? □ Yes □ No
7. Food handler (work or volunteer)? □ Yes □ No
   Household member is a food handler? □ Yes □ No
8. Provide patient care? □ Yes □ No

Food Habits

9. Are you a vegetarian? □ Yes □ No
   Type _____

Medical History

10. Have existing chronic medical problem(s) or any medical condition(s)? □Yes □No
    Describe _____
    _____

Within the last month:

11. Antibiotics □Yes □No

Name	dosage, # of days
_____	_____
_____	_____
_____	_____

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? □Yes □ No

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:

13. Contact with :

Farm animals	□ Yes	□No
Petting zoo animal	□ Yes	□No
Pets	□ Yes	□No

What kind of animal(s) _____
When?_____Where?_____
Were any ill? □ Yes □No

14. Any travel? □ Yes □No
    Where?
    _____
    From? __/__/__ to __/__/__
    Airline?_____Flight No. _____
    Foods eaten on:
    outbound flight _____
    return flight _____

15. Contact to someone with diarrhea?
    □ Yes □ No
    Name & relationship? _____
    When? _____

16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? □ Yes □ No
    When? __/__/__ Where?
    _____
    When? __/__/__ Where?
    _____

17. Get your face wet in the ocean, a lake, pool or river? □ Yes □ No
    Where?_____

Patient Name: _____ County: _____

ADHS Campylobacter Investigation Form Page two

Food History

During the 7 days prior to your illness (give the day and date to orient the patient):

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant, list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

19. Fresh (not pasteurized) eggs? □Yes □No
Runny yolk? □Yes □No
Where? _____

20. Poultry (chicken, turkey, etc)? □Yes □No
Brand/Where bought? _____

21. Raw (unpasteurized) milk or dairy product? □ Yes □ No
Brand/Where bought? _____

22. Untreated or raw water? □ Yes □ No
Where? _____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: _____ Date: _____

Send or Fax to:
ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-B. ~~Cryptosporidiosis Investigation Form~~ Repealed

EXHIBIT III-B

Arizona Department of Health Services State ID:
Fax completed form to:
Infectious Disease Epidemiology Section
(602) 364-3199
CRYPTOSPORIDIOSIS INVESTIGATION FORM

Patient's Name _____ _____
Last **First**

Length of symptoms: ____ days

RISK INFORMATION

In the last 12 days before onset of symptoms, has the patient...

□Y □N □Unk Attended or worked in a day care
Location: _____

□Y □N □Unk Contact to a cyptosporidiosis case

□Y □N □Unk Contact to farm animals

□Y □N □Unk Drank unpasteurized milk/dairy products

□Y □N □Unk Drank unpasteurized fruit cider/juice

□Y □N □Unk Drank unpotable water: Source: _____

□Y □N □Unk Swimming, wading, or other recreational water contact
Location: _____ Date: ____/____/____

□Y □N □Unk Food handler;
Location: _____

□Y □N □Unk Immunosuppressed;

2. Are there other symptomatic contacts?

□Y □N □Unk in the Household: Number ____

□Y □N □Unk in the Day care; Number ____

□Y □N □Unk at Work Number ____

symptomatic contacts:	O & P taken
1. _____	□Y □N □Unk
2. _____	□Y □N □Unk
3. _____	□Y □N □Unk
4. _____	□Y □N □Unk
5. _____	□Y □N □Unk
6. _____	□Y □N □Unk

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-C. ~~Suspected Viral Gastroenteritis Outbreak Form~~ Repealed

EXHIBIT III-C

[For State Use Only]
ID _____
EFORS _____

SUSPECTED VIRAL GASTROENTERITIS OUTBREAK FORM

Infectious Disease Epidemiology Section
Arizona Department of Health Services
150 N 18th Ave, Suite 140
Phoenix, AZ 85007-3237

Telephone (602) 364-3676
Facsimile (602) 364-3199

General Information Date ___/___/___ (mm dd yy)

Primary contact person for epidemiologic investigation _____

Address _____ Telephone _____

_____ Facsimile _____

_____ Email _____

Outbreak Information

Date of first case ___/___/___ (mm dd yy) Date health department notified ___/___/___ (mm dd yy)

Date of last case ___/___/___ (mm dd yy) Outbreak ongoing? Yes No

Location(s) of outbreak City _____ County _____

City _____ County _____

Institution or event (if applicable) _____ Date of event ___/___/___ (mm dd yy)
[e.g., nursing home, restaurant, bus tour, wedding, catered meal]

Institution or event contact person _____ Telephone _____

Illness Characteristics

Number of persons ill _____ Duration of illness (mean/median/range) _____

Number of persons susceptible _____ Incubation of illness (mean/median/range) _____

Predominant symptoms (frequencies if available)

_____

_____

_____

Number of persons who sought medical care _____ Number of persons admitted to a hospital _____
(e.g., emergency room, doctor's office, medical clinic)

Suspected source(s) of exposure _____
e.g., water, specific food(s), ice, person, object]

Specimen Collection

Contact person for specimen collection and handling _____

Telephone _____ Facsimile _____

Number of **stool** specimens collected _____ Number of **vomitus** specimens collected _____

Tested for bacteria? Yes No Results (if known) _____

Tested for ova and parasites? Yes No Results (if known) _____

Stool and vomitus specimens collected from ill persons should be stored in watertight containers (e.g., urine specimen cups) and refrigerated (not frozen), and shipped on ice, accompanied by CDC form 50.34.

Date specimens shipped to CDC ___/___/___ (mm/dd/yy) Specimen type _____

Date specimens shipped to CDC ___/___/___ (mm/dd/yy) Specimen type _____

Date specimens shipped to CDC ___/___/___ (mm/dd/yy) Specimen type _____

Comments:

THANK YOU

Revised 8/03

RECOMMENDATIONS REGARDING SPECIMEN COLLECTION FOR DIAGNOSIS OF NLVs*

Clinical Specimens

Stool

Timing. Specimen collection for viral testing should begin on day 1 of the epidemiologic investigation. Any delays to await testing results for bacterial or parasitic agents could preclude establishing a viral diagnosis. Ideally, specimens should be obtained during the acute phase of illness (i.e., within 48--72 hours after onset) while the stools are still liquid or semisolid because the level of viral excretion is greatest then. With the development of sensitive molecular assays, the ability to detect viruses in specimens collected later in the illness has been improved. In specific cases, specimens might be collected later during the illness (i.e., 7--10 days after onset), if the testing is necessary for either determining the etiology of the outbreak or for epidemiologic purposes (e.g., a specimen obtained from an ill foodhandler who might be the source of infection). If specimens are collected late in the illness, the utility of viral diagnosis and interpretation of the results should be discussed with laboratory personnel before tests are conducted.

Number and Quantity. Ideally, specimens from ≥10 ill persons should be obtained during the acute phase of illness. Bulk samples (i.e., 10--50 ml of stool placed in a stool cup or urine container) are preferred, as are acute diarrhea specimens that are loose enough to assume the shape of their containers. Serial specimens from persons with acute, frequent, high-volume diarrhea are useful as reference material for the development of assays. The smaller the specimen and the more formed the stool, the lower the diagnostic yield. Rectal swabs are of limited or no value because they contain insufficient quantity of nucleic acid for amplification.

Storage and Transport. Because freezing can destroy the characteristic viral morphology that permits a diagnosis by EM, specimens should be kept refrigerated at 4 C. At this temperature, specimens can be stored without compromising diagnostic yield for 2--3 weeks, during which time testing for other pathogens can be completed. If the specimens have to be transported to a laboratory for testing, they should be bagged and sealed and kept on ice or frozen refrigerant packs in an insulated, waterproof container. If facilities for testing specimens within 2--3 weeks are not available, specimens can be frozen for antigen or PCR testing.

Vomitus

Vomiting is the predominant symptom among children, and specimens of vomitus can be collected to supplement the diagnostic yield from stool specimens during an investigation. Recommendations for collection, storage, and shipment of vomitus specimens are the same as those for stool specimens.

Serum

Timing. If feasible, acute- and convalescent-phase serum specimens should be obtained to test for a diagnostic ≥4-fold rise in IgG titer to NLVs. Acute-phase specimens should be obtained during the first 5 days of symptoms, and the convalescent-phase specimen should be collected from the third to sixth week after resolution of symptoms.

Number and Quantity. Ideally, 10 pairs of specimens from ill persons (i.e., the same persons submitting stool specimens) and 10 pairs from well persons (controls) should be obtained. Adults should provide 5--7 ml of blood, and children should provide 3--4 ml.

Storage. Specimens should be collected in tubes containing no anticoagulant, and the sera should be spun off and frozen. If a centrifuge is not available, a clot should be allowed to form, and the serum should be decanted and frozen. If this step cannot be accomplished, the whole blood should be refrigerated but not frozen.

Environmental Specimens

NLVs cannot be detected routinely in water, food, or environmental specimens. Nevertheless, during recent outbreaks (*33-36*), NLVs have been detected successfully in vehicles epidemiologically implicated as the source of infection. If a food or water item is strongly suspected as the source of an outbreak, then a sample should be obtained as early as possible and stored at 4 C. If the epidemiologic investigation confirms the link, a laboratory with the capacity to test these specimens should be contacted for further testing. If drinking water is suspected, special filtration (*45*) of large volumes (i.e., 5--100 liters) of water can concentrate virus to facilitate its detection.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-D. ~~Arboviral Case Investigation Form~~ Repealed

EXHIBIT III-D

Arboviral Case Investigation Form

County/IHS ID number:

State ID Number

Patient's name (Last) (First) (Middle Initial)

Diagnosis at presentation:

- ☐ Uncomplicated Fever
- ☐ Meningitis
- ☐ Encephalitis
- ☐ Asymptomatic
- ☐ Viremic Blood Donor
- ☐ Other:_____

Patient hospitalized?

- ☐ Yes, Admit date: ___/___/____
- ☐ No

Is patient breast feeding a child?

- ☐ Yes
- ☐ No

Is patient a breastfed child?

- ☐ Yes
- ☐ No

Past medical history:

- ☐ Cancer
- ☐ Diabetes: type: _____
- ☐ Viral Hepatitis
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Immunosuppressive Condition
- ☐ Pulmonary Disease
- ☐ Mosquito-borne illness: Dengue, Yellow fever, Japanese encephalitis, WNV, SLE, flavivirus

Symptoms (Check all that apply – circle primary symptom):

- ☐ Headache
- ☐ Fever (> 38°C or 100°F)

Max. temp. :_____

- ☐ Neck pain/stiffness
- ☐ Arthralgia or Myalgia
- ☐ Photophobia
- ☐ Rash
- ☐ Seizure
- ☐ Lymphadenopathy
- ☐ Tremors
- ☐ Extreme fatigue
- ☐ Nausea/vomiting/diarrhea
- ☐ Shortness of breath
- ☐ Flaccid paralysis
- ☐ Spastic paralysis
- ☐ Profound muscle weakness
- ☐ Altered mental status
- ☐ Unconsciousness
- ☐ Other – *specify*: _____

Risk factor assessment:

Within 14 days of onset of symptoms did the patient...

1) have known mosquito exposure? ☐ Yes ☐ No

Date: ___/___/____ Location:_____

Date: ___/___/____ Location:_____

2) travel outside county of residence? ☐ Yes ☐ No

Dates From:___/___/____ To: ___/___/____

Location: _____

Dates From:___/___/____ To: ___/___/____

Location: _____

3) travel outside Arizona? ☐ Yes ☐ No

Dates From:___/___/____ To: ___/___/____

Location: _____

Dates From:___/___/____ To: ___/___/____

Location: _____

4) travel outside US ? ☐ Yes ☐ No

Dates From:___/___/____ To: ___/___/____

Location: _____

Dates From:___/___/____ To: ___/___/____

Location: _____

5) donate blood? ☐ Yes ☐ No

Date: ___/___/____

6) donate an organ or tissue? ☐ Yes ☐ No

Date: ___/___/____

In the 30 days prior to onset of symptoms:

7) did the patient receive blood or blood product? ☐ Yes ☐ No

8) did the patient receive an organ or tissue transplant? ☐ Yes ☐ No

Vaccination history:

- ☐ Yellow fever Date: ___/___/____
- ☐ Japanese encephalitis Date: ___/___/____
- ☐ Tick-borne encephalitis Date: ___/___/____

Contact or person providing patient information, if other than patient:

Name:_____ Telephone:_____ Relationship:_____

Please FAX above information as soon as completed to: ADHS VBZD Section – 602-364-3199 or 602-364-3198

Acquired:

in utero?	☐ Yes	☐ No
in a laboratory?	☐ Yes	☐ No
occupationally (non lab)?	☐ Yes	☐ No

Length of Illness: _____ days Date of discharge, if hospitalized: ___/___/____

Outcome:

- ☐ Died Date: ___/___/____
- ☐ Full Recovery
- ☐ Recovery with sequelae (describe):_____

Treatment (check all that apply):

- ☐ Immunoglobulin
- ☐ Antiviral
- ☐ Interferon
- ☐ Supportive care only
- ☐ None

Case Classification:

- ☐ Confirmed case
- ☐ Probable case
- ☐ Suspect
- ☐ Ruled out/ Non case

Case acquisition:

- ☐ Out of county
- ☐ Out of state
- ☐ Out of US
- ☐ Unknown

Investigator: _____ Date initiated ___/___/____ Date completed: ___/___/____

ADHS ARBOCTF 4/2004

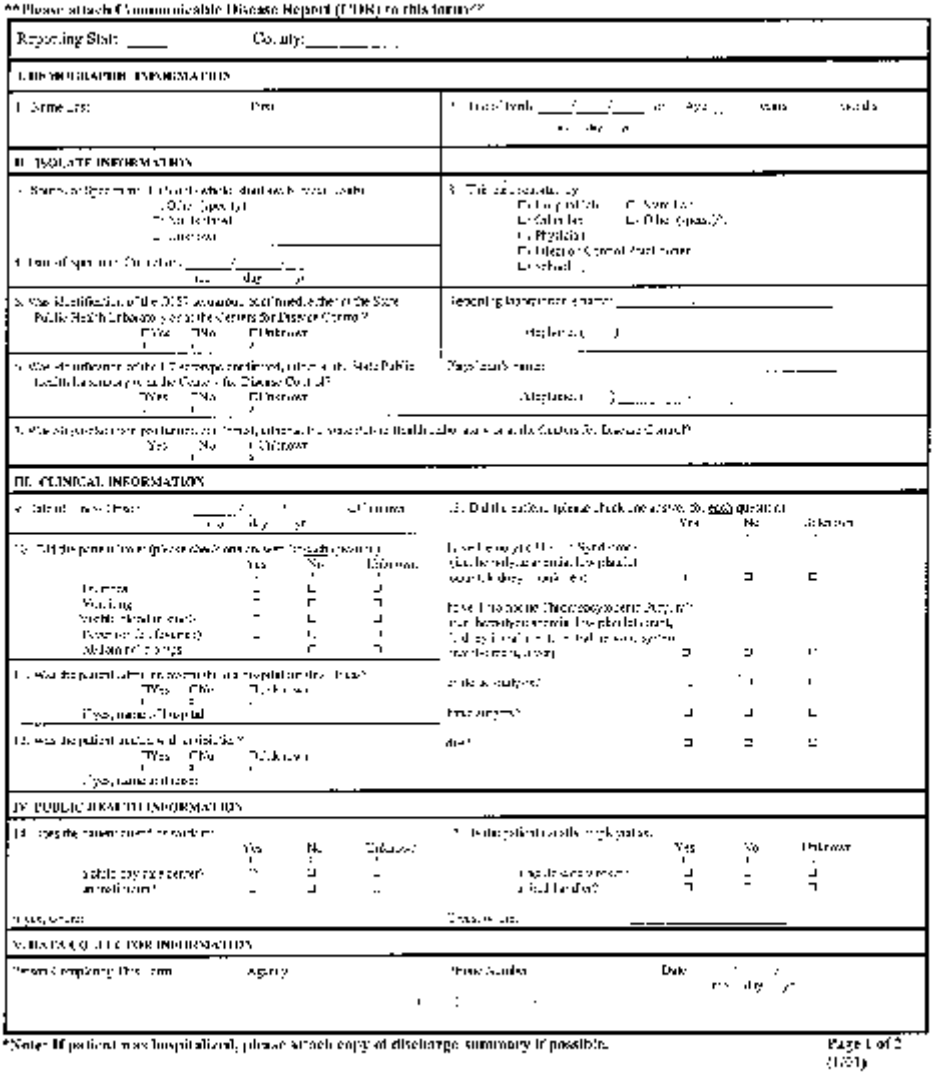
Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-E. ~~*E. coli* O157:H7 Investigation Form~~ Repealed

EXHIBIT III-E

E. coli O157:H7 Investigation Form
Arizona Department of Health Services



Page 1 of 2
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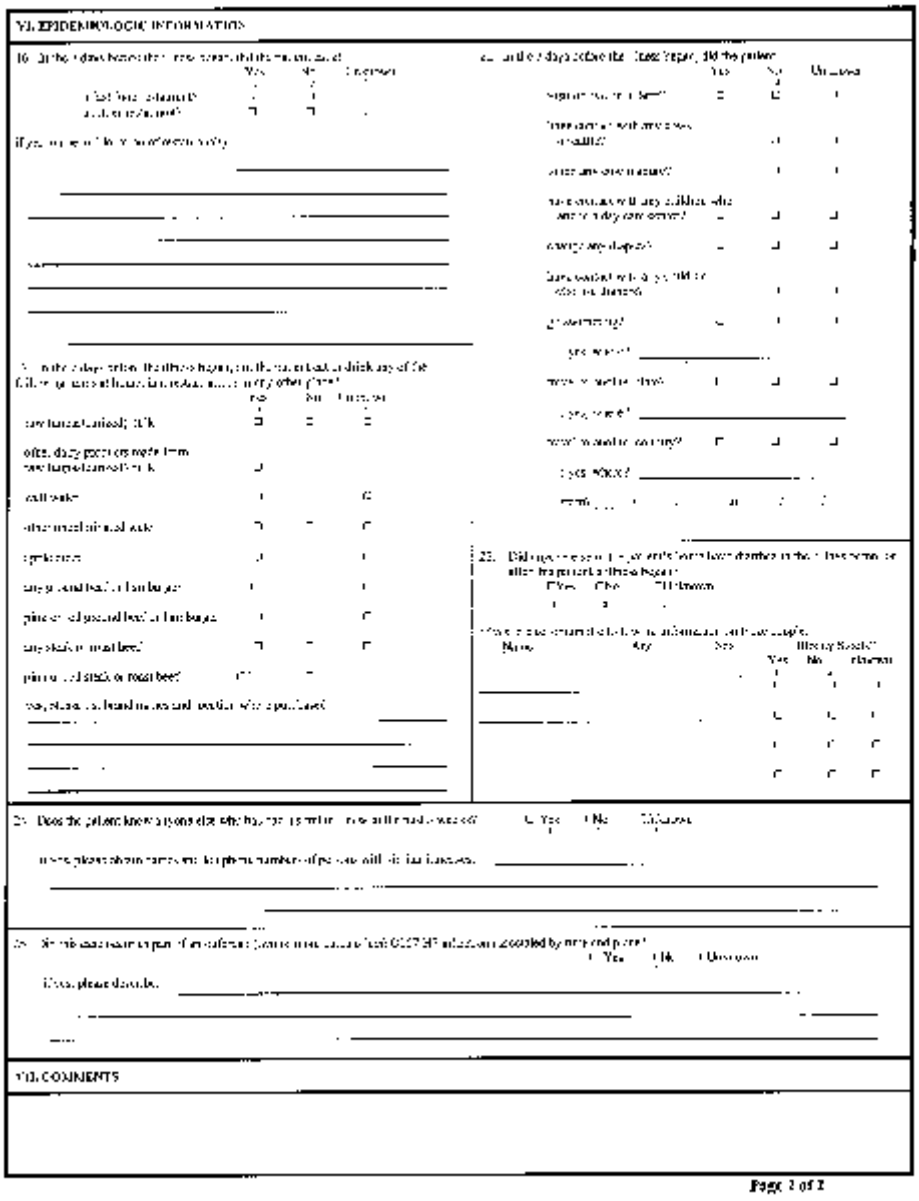


VI. EPIDEMIOLOGIC INFORMATION

Page 2 of 2

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-F. ~~Giardiasis Investigation Form~~ Repealed

EXHIBIT III-F

Patient Name: _____ County: _____

Giardiasis Investigation Form
Arizona Department of Health Services

Symptomatology
1. Which of the following symptoms did you have?

>3 loose stools	□Yes	□No	Fever	□Yes	□No
# days (>3 loose stools) _____			highest temperature _____ date _____		
# episodes in 24 hours _____			Chills	□Yes	□No
Blood in stools	□Yes	□No	Headache	□Yes	□No
Pale/Greasy	□Yes	□No	Backache	□Yes	□No
Abdominal cramps	□Yes	□No	Muscle aches	□Yes	□No
Nausea	□Yes	□No	Fatigue	□Yes	□No
Vomiting	□Yes	□No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time _____ a.m. p.m.
4. Were you hospitalized? □ Yes □ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation
6. Work at or attend child care? □ Yes □ No
7. Food handler (work or volunteer)? □ Yes □ No
   Household member is a food handler? □ Yes □ No
8. Provide patient care? □ Yes □ No

Food Habits
9. Are you a vegetarian? □ Yes □ No
Type _____

Medical History
10. Have existing chronic medical problem(s) or any medical condition(s)? □Yes □No
Describe _____

Within the last month:
11. Antibiotics □Yes □No

Name	dosage, # of days
_____	_____
_____	_____

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? □Yes □ No

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:
13. Contact with :

Farm animals	□ Yes	□No
Petting zoo animal	□ Yes	□No
Pets (including hedgehogs)	□ Yes	□No

What kind of animal(s) _____
When?_____Where? _____
If the pet is a dog was it exposed to untreated water? □ Yes □ No
Were any pets ill with diarhea? □ Yes □ No

14. Any travel? □ Yes □No
Where?
_____
From? __/__/__ to __/__/__
Airline?_____ Flight No. _____
Foods eaten on:
Outbound Flight_____
Return Flight_____

15. Contact to someone with diarrhea? □ Yes □No
Name & relationship? _____
When? _____

16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? □ Yes □No
When? __/__/__ Where? _____
When?__/__/__ Where? _____

17. Get your face wet in the a lake, river, pool or spa? □ Yes □No
Where?_____

Patient Name: _____ County: _____

ADHS Giardiasis Investigation Form Page two

Food History

During the 7 days prior to your illness (give the day and date to orient the patient):

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant, list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

19. Raw sprouts (alfalfa, clover)? □Yes □No
Brand/Where bought? _____

20. Raw (unpasteurized) milk or dairy product? □ Yes □No
Brand/Where bought? _____

21. Untreated or raw water? □ Yes □No
Where? _____

22. Use water from a well? □ Yes □ No

23. Is your water filtered? □ Yes □ No

24. Who supplies your water?_____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: _____ Date:_____

Send or Fax to: ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-G. ~~Hepatitis A Case Report~~ Repealed

EXHIBIT III-G **Arizona Department of Health Services** **State ID** _____
Bureau of Epidemiology and Disease Control

HEPATITIS A CASE REPORT

The following questions should be asked for every case of Hepatitis A

Last: _____ First _____ Middle _____
Street Address: _____
City: _____ Phone: ( ) - Zip Code: _____
SSN # (optional) _____-_____-_____
State: _____ County: _____ Date Reported to Health Department ____/____ / _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):
- ☐ Amer Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other Race, specify _____

ETHNICITY:
- ☐ Hispanic .....
- ☐ Non-hispanic ..
- ☐ ... Other/Unknown

SEX: ☐ Male ☐ Female ☐ Unk

PLACE OF BIRTH: ☐ USA ☐ Other: _____

DATE OF BIRTH: ____/____/_____
AGE _____ (years) (00 = <1yr, 99 = Unk)

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply)
- ☐ Symptoms of acute hepatitis
- ☐ Screening of asymptomatic patient with reported risk factors
- ☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)
- ☐ Follow-up testing for previous marker of viral hepatitis
- ☐ Other: specify: _____
- ☐ Prenatal screening
- ☐ Blood / organ donor screening
- ☐ Evaluation of elevated liver enzymes
- ☐ Unknown

CLINICAL DATA:

Diagnosis Date: ____/____ / _____

Is patient symptomatic? ☐ Yes ☐ No ☐ Unk
If yes, onset date: ____/____ / _____

Did the patient have
Jaundice: ☐ Yes ☐ No ☐ Unk
Diarrhea: ☐ Yes ☐ No ☐ Unk

Hospitalized for Hepatitis? ☐ Yes ☐ No ☐ Unk

Died the patient die from Hepatitis?
☐ Yes ☐ No ☐ Unk
Date of death: ____/____ / _____

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk	Date
Total antibody to Hepatitis A (total anti-HAV)	☐	☐	☐	_____
IgM antibody to Hepatitis A virus (IgM anti-HAV)	☐	☐	☐	_____
Hepatitis B surface antigen (HBsAg)	☐	☐	☐	_____
IgM antibody to hepatitis B core antigen (IgM anti HBc)	☐	☐	☐	_____
Antibody to hepatitis E virus (anti-HEV)	☐	☐	☐	_____

VACCINATION HISTORY

Has the patient ever received the **hepatitis A vaccine**? Yes☐ No☐ Unk☐
If yes, how many doses? ☐1 ☐2
In what year was the last dose received? _____

Has the patient ever received **immune globulin**? Yes☐ No☐ Unk☐
If yes, when was the last dose received? ____/____/_____

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

ALT (SGPT) Result _____ Upper limit normal _____
Date of ALT Result _____

AST (SGOT) Result _____ Upper limit normal _____
Date of AST Result _____

If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an **epidemiologic link** between this patient and a laboratory-confirmed hepatitis A case?
☐ Yes ☐ No ☐ Unk

1 of 3

Arizona Department of Health Services **State ID** _____
Bureau of Epidemiology and Disease Control

PATIENT HISTORY-ACUTE HEPATITIS A

Patient history: Contacts

	Yes	No	Unk
In the **2-6 weeks** before symptom onset			
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	☐	☐	☐
If yes, was the contact (check one)			
household member (non-sexual)?	☐	☐	☐
sexual partner?	☐	☐	☐
child cared for by this patient?	☐	☐	☐
babysitter of this patient?	☐	☐	☐
playmate?	☐	☐	☐
other _____			
Was the patient			
a child or employee in a day care center, nursery, or preschool?	☐	☐	☐
a household contact of a child or employee in a day care center, nursery or preschool?	☐	☐	☐
If yes for either of these, was there an identified hepatitis A case in the childcare facility?	☐	☐	☐

Patient history: Travel

	Yes	No	Unk
In the **2- 6 weeks** before symptom onset			
Did the patient travel **outside** of the U.S.A. or Canada?	☐	☐	☐
If yes, where? 1) _____ 2) _____			
(Country) 3) _____			
In the **3 months** before symptom onset			
Did anyone in the patient's household travel outside of the U.S.A. or Canada?	☐	☐	☐
If yes, where? 1) _____ 2) _____			
(Country) 3) _____			

Patient history: Food/Water

	Yes	No	Unk
Is the patient suspected of being part of a common-source outbreak?			
If yes, was the outbreak			
Foodborne - associated with an infected food handler?	☐	☐	☐
Foodborne - NOT associated with an infected food handler?	☐	☐	☐
Specify food item _____			
Waterborne	☐	☐	☐
Source not identified	☐	☐	☐
Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?	☐	☐	☐

Patient history: Sexual partners/Drug use (if appropriate)

Please ask both of the following questions regardless of the patient's gender.	0	1	2-5	>5	Unk	N/A
In the **2- 6 weeks** before symptom onset how many						
Male sex partners did the patient have?	☐	☐	☐	☐	☐	☐
Female sex partners did the patient have?	☐	☐	☐	☐	☐	☐
Unprotected sex?	Yes☐		No☐		Unk☐	

	Yes	No	Unk	N/A
In the **2- 6 weeks** before symptom onset				
Did the patient inject drugs not prescribed by a doctor?	☐	☐	☐	☐
Did the patient use street drugs but not inject?	☐	☐	☐	☐

Arizona Department of Health Services **State ID** _____
Bureau of Epidemiology and Disease Control

SUPPLEMENTARY INFORMATION

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's Name _____ Home phone _____ Employed by _____ Work phone _____
Report physician's name, address, and phone # _____

_____

If patient was hospitalized for hepatitis, give name of hospital _____

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES

IF APPLICABLE:
1. Name, address and phone # of child care center _____
2. Name and address of school, grade, classroom attended _____
3. Name, address and phone # of restaurant where food handler worked _____

_____
4. Food history of patient for the 2-6 weeks prior to onset:
   a. name and location of restaurants _____
   b. name and location of food stores _____
   c. name and location of bakery _____
   d. group meals attended (e.g., reception, church, meeting, etc) _____
   e. location raw shellfish purchased _____
5. Name, address, and phone # of known hepatitis A contacts _____
   _____ Relationship _____
6.

CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A

Name	Date of Birth	Relationship to Case	IG	Vaccine

7. If transfused, **NOTIFY BLOOD CENTER!** Name of Blood Center _____
   a. number of units of whole blood, packed RBC or frozen RBC received _____
   b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc) _____
8. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center _____
   _____ Date _____
9. Name, address, and phone # of dialysis center _____
10. Name, address, and phone # of dentist or oral surgeon _____
11. If other surgery performed, name, address, and phone # of location _____

_____
12. Name, address, and phone of acupuncturist or tattoo parlor _____
13. Is patient currently pregnant? _____ If yes, give obstetrician's name, address and phone # _____

_____
   a. estimated date and location of delivery _____

COMMENTS _____
_____
_____

INVESTIGATOR'S NAME AND TITLE _____
DATE OF INTERVIEW _____

3 of 3

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-H. ~~Acute Hepatitis B and D Case Report~~ Repealed

EXHIBIT III-H

Arizona Department of Health Services
Bureau of Epidemiology and Disease Control

State ID ___________

ACUTE HEPATITIS B and D CASE REPORT

DEMOGRAPHIC INFORMATION

RACE (check all that apply):

SEX: ☐ Male ☐ Female

PLACE OF BIRTH: ☐ USA ☐ Other

DATE OF BIRTH: ___/___/___

AGE:

ETHNICITY: ☐ Hispanic ☐ Not Hispanic ☐ Other/Unknown

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING (Check all that apply):

CLINICAL DATA:

Diagnosis Date: ___/___/___

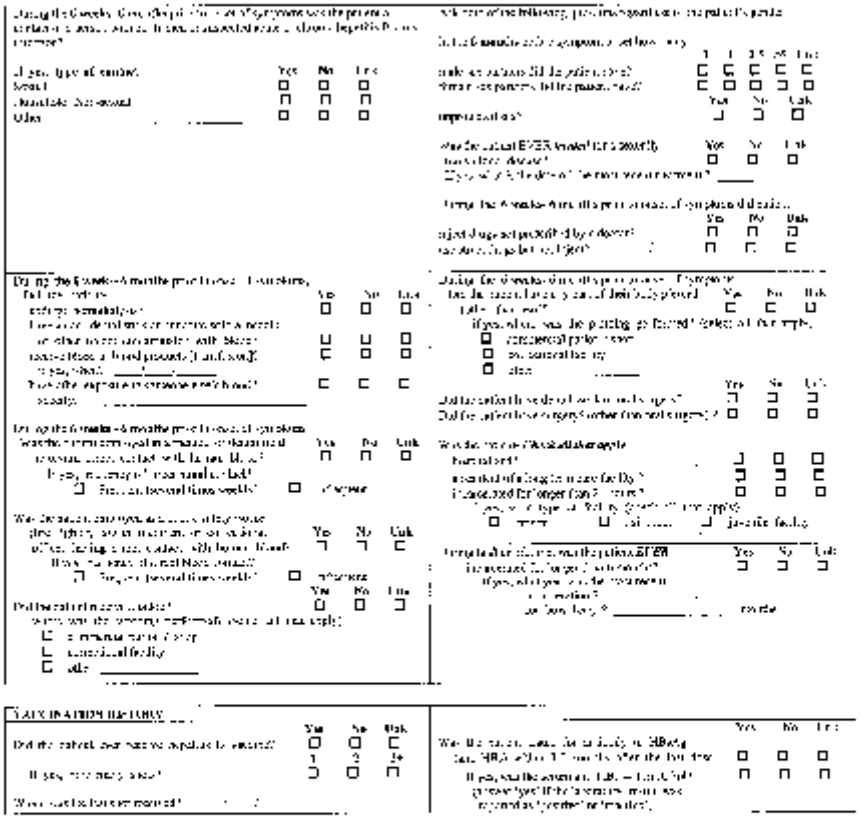
LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

Arizona Department of Health Services
Bureau of Epidemiology and Disease Control

State ID

PATIENT HISTORY--ACUTE HEPATITIS B and D



Arizona Department of Health Services
Bureau of Epidemiology and Disease Control

State ID ____________

SUPPLEMENTARY INFORMATION

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's Name ______ Home Phone ____________ [illegible] ______ Work phone ____

[illegible] ____________________

[illegible] ____________________

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES

IF APPLICABLE:
1. [illegible] ____________________
2. [illegible] ____________________
3. [illegible] ____________ Relationship ____________

CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS B

Name	Date of Birth	Relationship to Case	HBIG	Vaccine

5. If transfused, NOTIFY BLOOD CENTER: [illegible] ____________
   a. [illegible] ____________
   b. [illegible] ____________
6. IF DONOR, [illegible] ____________ Date ________
7. [illegible] ____________
8. [illegible] ____________
9. [illegible] ____________
10. [illegible] ____________
11. [illegible] ____________
   a. [illegible] ____________

COMMENTS ____________________

INVESTIGATOR'S NAME AND TITLE ____________________

DATE OF INTERVIEW ____

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-I. ~~Perinatal Hepatitis B Case Management Report~~ Repealed

EXHIBIT III-I

ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Public Health Services
Arizona Immunization Program Office
Perinatal Hepatitis B Program
(602) 364-3630

CONFIDENTIAL

Case Identification #: _____ (ADHS use only)

Date Initiated: _____

Perinatal Hepatitis B Case Management Report

Client Name: _____ (First) _____ (MI) _____ (Last) Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Street address (if different from mailing address): _____

Phone: (_____) _____-_____ County: _____

Mother's language: _____ Country of birth: _____

Refugee program: _____ Yes _____ No

Race/Ethnicity: American Indian/Alaskan Native _____ White _____ Black _____

Hispanic Group _____ Asian/Pacific Island Group _____ Other _____ Unknown _____

Name of facility/provider filing report: _____

Date of HBsAg test #1: _____ Results: ____ Pos ____ Neg _____ Lab

Date of HBsAg test #2: _____ Results: ____ Pos ____ Neg _____ Lab

Diagnosed: _____ Acute _____ Carrier _____ Unknown

Obstetrical care provider: _____ Provider's phone #: _____

Planned delivery hospital: _____ EDC: _____

When complete please mail or fax to:
Arizona Department of Health Services
Perinatal Hepatitis B Program
150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007-3233
Fax Number - (602) 364-3274

Infant Information

Name: _____ _____ _____ Birthdate: _____
(First) (MI) (Last)

Sex: _____ Male _____ Female Actual delivery hospital: _____

Guardian name (if different than parent): _____ Relationship: _____

Pediatrician/ well child provider: _____ Phone #: _____
(Report within 15 days of birth)

Infant Immunization Record

HBIG given: _____ Hep B #2 given: _____
(Date) (Date)

Hep B #1 given: _____ Hep B #3 given: _____
(Date) (Date)

Post-vaccination Follow-up Serology

HBsAg test date: _____ Results: _____ Pos _____ Neg

Anti-HBs test date: _____ Results: _____ Pos _____ Neg

Additional doses of Hep B needed: _____ If yes, dates received: _____

Comments/notes:

Household/sexual contacts:
(Use *Household Contacts Form* to list contacts)

Date Identified: _____

Comments/Notes:

Case worker/PHN signature: _____ Date: _____

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-J. ~~Listeriosis Investigation Form~~ Repealed

EXHIBIT III-J

Listeriosis Investigation Form

Arizona Department of Health Services State ID:____________

Please attach Communicable Disease Report (CDR) to this form

County: ___ Interviewer:________________ Interview Date: / /

I. Patient Information

Name: Last First Date of Birth: ______/ /

II. Isolate Information

Source of Specimen: ☐ Blood ☐ Tissue ☐ CSF ☐ Other ☐ Vaginal Specify: ________

Type of Infection: ☐ Bacteremia ☐ Meningitis ☐ Neonatal Sepsis ☐ Other ☐ Encephalitis Specify:___

Date of first positive culture: ___/ / Lab test type: ☐ Culture ☐ Other (specify): ____________________

III. Clinical Information

Date of symptom onset: ____/____/______

Health Care Provider Information:
Provider Name: ______________________
Provider Address:
Provider Phone: (____) ____________
Chart #: Report #: ________

Was the case hospitalized? ☐ Yes ☐ No ☐ Unk.
Hospital: ______________________
Admit Date: ____/____/__
Total days hospitalized:

Outcome: (check all that apply) ☐ Died ☐ Survived ☐ Miscarriage ☐ Stillbirth ☐ Unknown

Was the case diagnosed while pregnant or within 2 weeks of delivery or miscarriage? ☐ Yes ☐ No ☐ Unknown
If yes, please indicate the outcome of the pregnancy:

☐ Normal Date of delivery ____/___/

☐ Stillbirth Date of stillbirth / /

☐ Miscarriage Date of miscarriage / /

☐ On-going Expected delivery date: ____/____/_______

☐ Other (please specify) ______________________________

Was the case a newborn? ☐ Yes ☐ No ☐ Unknown

If yes: Was the mother tested for listeriosis? ☐ Yes ☐ No ☐ Unknown
Date of mother's positive test result (if applicable) ____/____/______ ☐ Unknown
Mother's Name: Last Name First Name

IV. Exposure History

Did the case (or mother of a newborn case) consume any of the following foods in the 3 weeks prior to symptom onset? *(If asymptomatic use the date of specimen collection (or the delivery date, if a newborn case) as the date of onset.)*

Hot Dogs ☐ Yes ☐ No ☐ Unknown Specify types/brands:
Pre-packaged or sliced deli meats ☐ Yes ☐ No ☐ Unknown Specify types/brands:
Soft/Mexican cheese ☐ Yes ☐ No ☐ Unknown Specify types/brands: ____________
Unpasteurized milk or products made from unpasteurized milk ☐ Yes ☐ No ☐ Unknown Specify types/brands:
Any other high risk foods? ☐ Yes ☐ No ☐ Unknown
If yes, please specify: ____________________

G:\Group\Epi\Forms\Listeria.doc Page 1 of

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-K. ~~Lyme Disease Report Form~~ Repealed

EXHIBIT III-K

Lyme Disease Case Report Form

• Complete Communicable Disease Report form and this two-page form for each case.

Case's name: _____ **Date of Birth:**___/___/_____

Symptoms and Signs of Current Episode (Please mark each question):

DERMATOLOGIC manifestation and date of onset ___/___/_____:

☐yes ☐no ☐unknown Erythema migrans (physician diagnosed EM at least 5cm. in diameter)?

RHEUMATOLOGIC manifestation and date of onset ___/___/_____:

☐yes ☐no ☐unknown Arthritis characterized by brief attacks of joint swelling?

NEUROLOGIC manifestation(s) and first date of onset ___/___/_____:

☐yes ☐no ☐unknown Bell's palsy or other cranial neuritis?

☐yes ☐no ☐unknown Radiculoneuropathy?

☐yes ☐no ☐unknown Lymphocytic meningitis?

☐yes ☐no ☐unknown Encephalitis/Encephalomyelitis?

☐yes ☐no ☐unknown CSF tested for antibodies to *B. burgdorferi*?

☐yes ☐no ☐unknown Antibody to *B. burgdorferi* higher in CSF than serum?

CARDIOLOGIC manifestation and date of onset ___/___/_____:

☐yes ☐no ☐unknown 2nd or 3rd degree atrioventricular block?

Hospitalization:

☐yes ☐no ☐unknown Was the patient hospitalized?

If yes, where (hospital name and city): _____

Treatment:

Antibiotic(s) used:_____ Duration: _____

Exposure Information

☐yes ☐no ☐unknown History of tick bite in month prior to illness?

If Yes, date: ___/___/_____ and location: _____

☐yes ☐no ☐unknown Was the tick found? If yes, date ___/___/_____

Tick identification (Genus and species): _____

If No, please ask the following questions

☐yes ☐no ☐unknown Was there potential exposure to a tick endemic area?

If Yes, date: ___/___/_____ and location: _____

☐yes ☐no ☐unknown History of travel out-of-state or country in month preceding onset?

If Yes, date: ___/___/_____ and location: _____

Lyme Disease Case Report Form
page two

Laboratory Information

Specimen Type	Date Collected	Specific Test Type	Test Results/Values	Laboratory name/ telephone number
☐blood ☐CSF ☐other: _____				
☐blood ☐CSF ☐other: _____				
☐blood ☐CSF ☐other: _____				
☐blood ☐CSF ☐other: _____				State Laboratory confirmation

Form completed by: _____ Date: ____/____/_____

Fax or send completed form to:

Vector Borne and Zoonotic Disease Section
150 N. 18th Avenue, Suite 140
Phoenix, AZ 85007
FAX: (602) 364-3198

ADHS Lyme Disease Case Report Form 06/2004

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-L. ~~Salmonellosis Investigation Form~~ Repealed

EXHIBIT III-L

Patient Name: _____ County: _____

Salmonellosis Investigation Form
Arizona Department of Health Services

Symptomatology
1. Which of the following symptoms did you have?

>3 loose stools	□Yes	□No	Fever	□Yes	□No
# days (>3 loose stools) _____			highest temperature _____ date _____		
# episodes in 24 hours _____			Chills	□Yes	□No
Blood in stools	□Yes	□No	Headache	□Yes	□No
Constipation	□Yes	□No	Backache	□Yes	□No
Abdominal cramps	□Yes	□No	Muscle aches	□Yes	□No
Nausea	□Yes	□No	Fatigue	□Yes	□No
Vomiting	□Yes	□No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time_____ a.m. p.m.
4. Were you hospitalized? □ Yes □ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation
6. Work at or attend child care? □ Yes □ No
7. Food handler (work or volunteer)? □ Yes □ No
8. Household member is a food handler? □ Yes □ No
9. Provide patient care? □ Yes □ No

Food Habits
10. Are you a vegetarian? □ Yes □ No
Type _____

Medical History
11. Have existing chronic medical problem(s) or any medical condition(s)? □Yes □No
Describe_____
_____

Within the last month:
12. Antibiotics □Yes □No
Name dosage, # of days
_____ _____
_____ _____
_____ _____
13. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? □Yes □ No

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:
14. Contact with :

Reptiles (turtles, iguanas, snakes)	□ Yes	□No
Amphibians (frogs, salamanders)	□ Yes	□No
Farm animals	□ Yes	□No
Petting zoo animal	□ Yes	□No
Pets (including hedgehogs)	□ Yes	□No

What kind of animal(s) _____
When?_____Where? _____

15. Any travel? □ Yes □No
Where?
_____
From? __/__/__ to __/__/__
Airline?_____ Flight No._____
Foods eaten on:
outbound flight
_____
return flight
_____

16. Contact to someone with diarrhea?
□ Yes □No
Name & relationship? _____
When? _____

17. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? □ Yes □No
When? __/__/__ Where? _____
When?__/__/__ Where? _____

18. Get your face wet in the ocean, a lake, river, pool or spa? □ Yes □No
Where?_____

Patient Name: _____ County: _____

ADHS Salmonella Investigation Form Page two

Food History

During the 7 days prior to your illness (give the day and date to orient the patient):

19. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

20. Fresh (not pasteurized) eggs? ☐Yes ☐No
Runny yolk? ☐Yes ☐No
Where? _____

21. Poultry (chicken, turkey, etc)? ☐Yes ☐No
Brand/Where bought? _____

22. Raw sprouts (alfalfa, clover)? ☐Yes ☐No
Brand/Where bought? _____

23. Beverage containing unpasteurized/fresh juice? ☐Yes ☐No
Brand/Where bought? _____

24. Raw (unpasteurized) milk or dairy product? ☐ Yes ☐ No
Brand/Where bought? _____

25. Untreated or raw water? ☐ Yes ☐ No
Where? _____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: _____ Date:_____

Send or Fax to: ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-M. ~~Shigellosis Investigation Form~~ Repealed

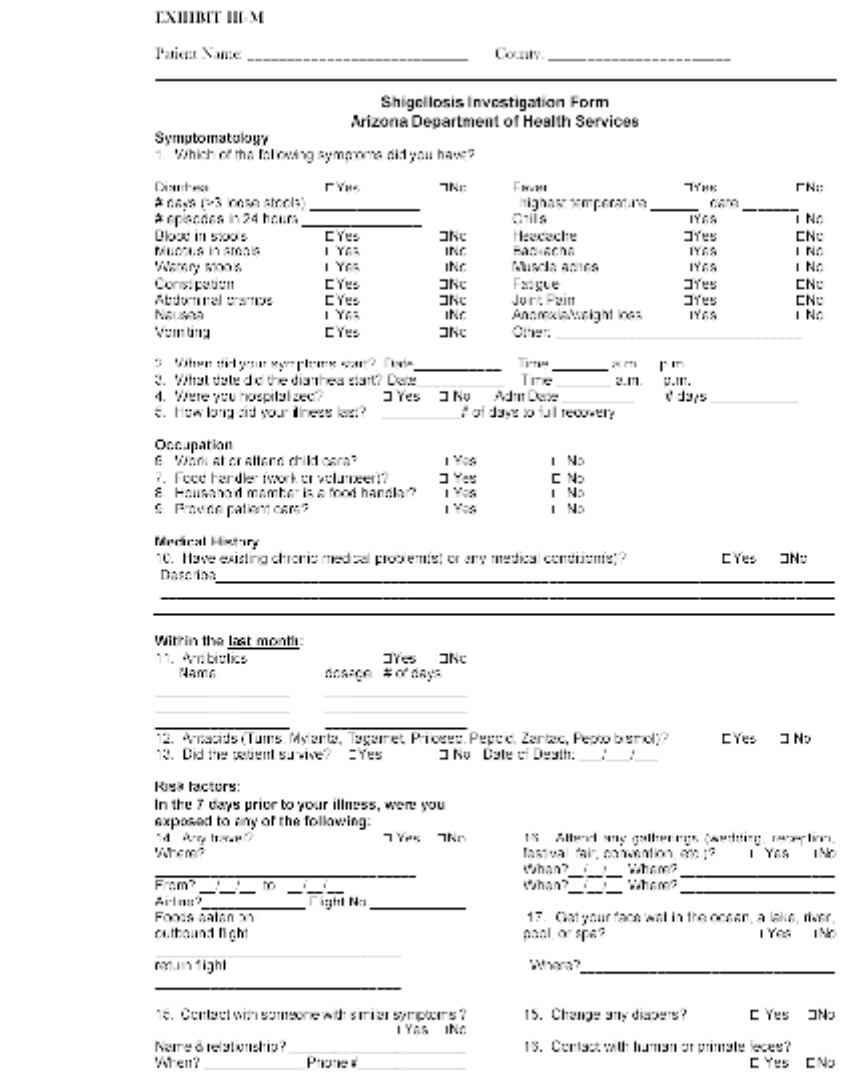


EXHIBIT III-M

Patient Name: _____ County: _____

Shigellosis Investigation Form
Arizona Department of Health Services

Symptomatology
1. Which of the following symptoms did you have?

Diarrhea	☐Yes	☐No	Fever	☐Yes	☐No
# days (>3 loose stools) _____			Highest temperature _____ ☐F ☐C		
# episodes in 24 hours _____			Chills	☐Yes	☐No
Blood in stools	☐Yes	☐No	Headache	☐Yes	☐No
Mucus in stools	☐Yes	☐No	Backache	☐Yes	☐No
Watery stools	☐Yes	☐No	Muscle aches	☐Yes	☐No
Constipation	☐Yes	☐No	Fatigue	☐Yes	☐No
Abdominal cramps	☐Yes	☐No	Joint Pain	☐Yes	☐No
Nausea	☐Yes	☐No	Anorexia/weight loss	☐Yes	☐No
Vomiting	☐Yes	☐No	Other: _____		

2. When did your symptoms start? Date_____ Time _____ a.m. p.m.
3. What date did the diarrhea start? Date_____ Time _____ a.m. p.m.
4. Were you hospitalized? ☐ Yes ☐ No Adm Date _____ # days _____
5. How long did your illness last? _____# of days to full recovery

Occupation
6. Work at or attend child care? ☐ Yes ☐ No
7. Food handler (work or volunteer)? ☐ Yes ☐ No
8. Household member is a food handle? ☐ Yes ☐ No
9. Provide patient care? ☐ Yes ☐ No

Medical History
10. Have existing chronic medical problem(s) or any medical condition(s)? ☐Yes ☐No
Describe_____

Within the last month:
11. Antibiotics ☐Yes ☐No

Name	dosage	# of days

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? ☐Yes ☐ No
13. Did the patient survive? ☐Yes ☐ No Date of Death: ___/___/____

Risk factors:
In the 7 days prior to your illness, were you exposed to any of the following:

14. Any travel? ☐ Yes ☐No
Where?
_____
From?__/__/__ to __/__/__
Airline?_____ Flight No _____
Foods eaten on outbound flight
_____
return flight
_____

16. Contact with someone with similar symptoms? ☐ Yes ☐No
Name & relationship? _____
When? _____ Phone # _____

18. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? ☐ Yes ☐No
When?__/__/__ Where? _____
When?__/__/__ Where? _____

17. Get your face wet in the ocean, a lake, river, pool, or spa? ☐ Yes ☐No
Where?_____

15. Change any diapers? ☐ Yes ☐No

19. Contact with human or primate feces? ☐ Yes ☐No

Patient Name: County:

ADHS Shige la Investigation Form Page two

Food History

During the 7 days prior to your illness (give the day and date to orient the patient):

19. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (If restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

19. What type of water did you drink?
☐ Public ☐ Well ☐ Bottled ☐ Other

20. Raw or untreated water? ☐ Yes ☐ No
Where? _____

21. Raw (unpasteurized) milk or dairy products?
☐ Yes ☐ No
Brand/Where bought? _____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again we appreciate your assistance.

Interviewer: _____ Date: _____

Send or Fax to: ADHS Infectious Disease Epidemiology
150 North 18th Ave. Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3676
(602) 364-3199 Fax

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit III-N. ~~RVCT Addendum Form for TB Reporting~~ Repealed

EXHIBIT III-N

Arizona Department of Health Services
RVCT Addendum Form for TB Reporting

Pt Name_____ County_____	2. Name of Case Manager:
5. Alien number for Class B and INS detainees: A_____-_____-_____	6. Is the county providing housing or funds for housing assistance? YES NO UNKNOWN
7. Name of tribe if Native American:	8. Name of Indian Health Service site where counted:
The following four questions pertain to persons diagnosed with TB while residing in a correctional facility:	
9. Name of correctional facility:	10. Date most recently admitted to prison system: __/__/__
11. Prisoner number state or federal prisoners (BOP):	12. Is inmate an INS detainee? YES NO UNKNOWN
13. Is this patient on directly-observed therapy (DOT)? YES NO UNKNOWN	14. If not on DOT, please select one of the following reasons: A. Patient refused B. Site of disease is extrapulmonary C. Inadequate staff to provide DOT for this pt. D. Medication given by family member E. Other _____
15. Is this patient diabetic? YES NO UNKNOWN	16. Is the patient a student? A. Not a student B. Primary (grade K – 6) C. Middle (grade 7 - 8) D. High School E. College / University F. Unknown
17. Has the patient ever received treatment for latent tuberculosis infection (LTBI)? A. No B. Complete C. Partial D. Unknown	18. Year of treatment for latent tuberculosis infection: _ _ _ _
19. Name of source case (if known) and relationship to patient:	
Is the physician who performed diagnostic TB evaluation (choose one) 20. acting as a public health physician name_____ 21. a private medical provider name_____	Is the physician providing current TB treatment and monitoring (choose one) 22. acting as a public health physician name_____ 23. a private medical provider name_____
24. Stop reason other than "completed" A. deportation B. voluntarily moved to foreign country C. other_____	25. Extended treatment (>1 year) rationale: A. Lost during treatment while on DOT B. Clinical indication _____ C. Cannot tolerate first line drugs D. Physician preference E. Patient non-compliant on self-administered meds F. Other
26. Binational status due to (circle one only): A. Diagnostic / clinical / treatment information exchange with Mexico B. Contacts only (this case has contacts living in Mexico or this case was a contact to a Mexico case) C. Both A and B D. Binational case ONLY due to laboratory / radiolog ic testing E. Not a binational case F. Unknown	

Revised 11/04/2003

Historical Note
New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

ARTICLE 8. ASSAULTS ON ~~OFFICERS, FIREFIGHTERS, OR EMERGENCY MEDICAL TECHNICIANS~~ PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS

R9-6-801. Definitions

No change

~~1. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.~~

~~2. "Agent" means a virus or bacterium that causes a disease or syndrome in a human.~~

~~3. "Average window period" means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.~~

~~4. "Chief medical officer" means the senior health care provider or that individual's designee who is also a health care provider.~~

~~5. "Emergency medical technician" means one of the following who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court:~~

~~a. A "basic emergency medical technician," defined in A.R.S. § 36-2201;~~

~~b. An "emergency paramedic," defined in A.R.S. § 36-2201; or~~

~~c. An "intermediate emergency medical technician," defined in A.R.S. § 36-2201.~~

~~6. "Employer" means an individual in the senior leadership position with the agency or entity for which the officer, firefighter, or emergency medical technician works or that individual's designee.~~

~~7. "Entity" has the same meaning as "person" in A.R.S. § 1-215.~~

~~8. "Facility" means an institution in which a subject is incarcerated or detained.~~

~~9. "Firefighter" means an individual who is a member of a state, federal, tribal, city, county, district, or private fire department and who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.~~

~~10. "Health care provider" means:~~

~~a. An individual licensed as a doctor of:~~

~~i. Allopathic medicine under A.R.S. Title 32, Chapter 13;~~

~~ii. Naturopathic medicine under A.R.S. Title 32, Chapter 15;~~

~~iii. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or~~

~~iv. Homeopathic medicine under A.R.S. Title 32, Chapter 29;~~

~~b. A physician assistant, as defined in A.R.S. § 32-2501;~~

~~c. A registered nurse, as defined in A.R.S. § 32-1601; or~~

~~d. A registered nurse practitioner, as defined in A.R.S. § 32-1601.~~

11. ~~"Laboratory report" means a document, produced by a laboratory that conducts a test or tests on a subject's blood, that shows the outcome of each test and includes personal identifying information about the subject.~~

12. ~~"Medical examiner" means an individual:~~

    a. ~~Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-591, or~~

    b. ~~Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner~~.

13. ~~"Occupational health care provider" means a health care provider who provides medical services for work-related health conditions for an agency or entity for which an officer, firefighter, or emergency medical technician works.~~

14. ~~"Officer" means a law enforcement officer, probation officer, surveillance officer, correctional service officer, detention officer, or private prison security officer who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.~~

15. ~~"Officer in charge" means the individual in the senior leadership position or that individual's designee.~~

16. ~~"Personal notice" means informing an individual by speaking directly to the individual while physically present with the individual.~~

17. ~~"Petition" means a formal written application to a court requesting judicial action on a matter.~~

18. ~~"Subject" means an individual:~~

    a. ~~Whom a court orders, under A.R.S. § 13-1210, to provide samples of blood for testing; or~~

    b. ~~From whom, under A.R.S. § 13-1210, a medical examiner draws samples of blood for testing.~~

19. ~~"Telephonic notice" means informing an individual by speaking directly to the individual on the telephone, but does not include a message left on a recording device or with another individual.~~

20. ~~"Test results" means information about the outcome of a laboratory analysis and does not include personal identifying information about the subject.~~

21. ~~"Written notice" means a document that:~~

    a. ~~Describes each test result;~~

    b. ~~Identifies a subject only by court docket number; and~~

~~c. Is provided to an individual:~~

~~i. In person,~~

~~ii. By delivery service,~~

~~iii. By facsimile transmission,~~

~~iv. By electronic mail, or~~

~~v. By mail.~~

~~22. "Work" means to labor with or without compensation.~~

1. "Employer" means an individual in the senior leadership position with an agency or entity for which a named public safety employee or volunteer works or that individual's designee.
2. "Named public safety employee or volunteer" means the public safety employee or volunteer who is listed as the assaulted individual in a petition filed under A.R.S. § 13-1210 and granted by a court.
3. "Occupational health provider" means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a named public safety employee or volunteer works.
4. "Public safety employee or volunteer" means the same as in A.R.S. § 13-1210.

R9-6-802. Notice of Test Results~~; Subject Incarcerated or Detained~~

~~**A.** Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject's blood, the health care provider shall provide:~~

~~1. A copy of the laboratory report to the chief medical officer of the facility in person, by delivery service, by facsimile transmission, or by mail; and~~

~~2. Written notice to the occupational health care provider.~~

~~**B.** Within 30 days after the date of receipt of a laboratory report, the chief medical officer of the facility shall provide:~~

~~1. Personal notice, telephonic notice, or written notice to the subject;~~

~~2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and~~

~~3. Personal notice, telephonic notice, or written notice to the officer in charge of the facility.~~

~~**C.** Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.~~

A. Within ten working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 13-1210, the ordering health care provider shall:

1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
    a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
    b. Notify the occupational health provider in writing of the results of the test; and
2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
    a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
    b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
    c. Notify the occupational health provider in writing of the results of the test.

B. Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:

1. Notify the court-ordered subject as specified in subsection (D);
2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
3. Notify the officer in charge of the correctional facility as specified in subsection (E).

C. Within five working days after an occupational health provider receives written notice of test results as required in subsection (A), the occupational health provider shall notify:

1. The named public safety employee or volunteer as specified in subsection (D); and
2. The employer as specified in subsection (E).

~~**D.** An individual who provides notice to a subject, officer, firefighter, or emergency medical technician as required under subsection (B) or (C) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:~~

D. An individual who provides notice to a court-ordered subject or named public safety employee or volunteer as required under subsection (A), (B), or (C) shall describe the test results and provide

or arrange for the court-ordered subject or named public safety employee or volunteer to receive the following information about each agent for which the court-ordered subject was tested:

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. The confidential nature of the court-ordered subject's test results.

~~E.~~ ~~An individual who provides notice to the employer or the officer in charge of the facility as required under subsection (B) or (C) shall describe the test results and provide or arrange for the employer or the officer in charge of the facility to receive the following information about each agent for which the subject's test results indicate the presence of infection:~~

E. An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to an employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:

1. No change
2. No change
3. No change
4. No change
5. The confidential nature of the court-ordered subject's test results.

~~F.~~ ~~An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the chief medical officer of the facility or the subject.~~

F. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.

G. An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.

H. A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health

care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.

I. A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:

1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
2. The court-ordered subject does not contact the ordering health care provider.

~~H.~~**J.** A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

R9-6-803. ~~Notice of Test Results; Subject Not Incarcerated or Detained~~ Repealed

~~**A.** Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject's blood, the health care provider shall provide:~~

~~1. Unless the subject is deceased, personal notice, telephonic notice, or written notice to the subject;~~
~~2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and~~
~~3. Written notice to the occupational health care provider.~~

~~**B.** Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.~~

~~**C.** An individual who provides notice to a subject, officer, firefighter, or emergency medical technician as required under subsection (A) or (B) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:~~

~~1. A description of the disease or syndrome caused by the agent, including its symptoms;~~
~~2. A description of how the agent is transmitted to others;~~
~~3. The average window period for the agent;~~
~~4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;~~
~~5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;~~

~~6. That it is necessary to notify others of the possibility of exposure to the agent by the individual receiving notice;~~

~~7. The availability of assistance from local health agencies or other resources; and~~

~~8. The confidential nature of the subject's test results.~~

~~**D.** An individual who provides notice to the employer as required under subsection (B) shall describe the test results and provide or arrange for the employer to receive the following information about each agent for which the subject's test results indicate the presence of infection:~~

~~1. A description of the disease or syndrome caused by the agent, including its symptoms;~~

~~2. A description of how the agent is transmitted to others;~~

~~3. Measures to reduce the likelihood of transmitting the agent to others;~~

~~4. The availability of assistance from local health agencies or other resources; and~~

~~5. The confidential nature of the subject's test results.~~

~~**E.** An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the subject.~~

~~**F.** An individual who provides notice under this Section shall protect the confidentiality of the subject's personal identifying information and test results.~~

~~**G.** A health care provider who orders a test on a subject's blood may, at the time the subject is seen by the health care provider, present the subject with a telephone number and instruct the subject to contact the health care provider after a stated period of time for telephonic notice of the test results. Providing a telephone number and instructions as allowed by this subsection does not satisfy the health care provider's obligation to notify under subsection (A) if the subject does not contact the health care provider and receive telephonic notice.~~

~~**H.** A health care provider who orders a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.~~

ARTICLE 9. ~~RECODIFIED~~ HEALTH PROFESSIONAL EXPOSURES

R9-6-901. ~~Recodified~~ Definitions

In this Article, unless otherwise specified:

1. "Employer" means an individual in the senior leadership position with the agency or entity for which a health professional works or that individual's designee.
2. "Health professional" means the same as in A.R.S. § 32-3201.
3. "Occupational health provider" means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a health professional works.

4. "Petitioner" means a health professional who petitions a court, under A.R.S. § 32-3207, to order testing of an individual.

R9-6-902. ~~Recodified~~ Notice of Test Results

A. Within ten working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 32-3207, the ordering health care provider shall:

1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
   a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
   b. Notify the petitioner's occupational health provider in writing of the results of the test; and
2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
   a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
   b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
   c. Notify the petitioner's occupational health provider in writing of the results of the test.

B. Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:

1. Notify the court-ordered subject as specified in subsection (D);
2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
3. Notify the officer in charge of the correctional facility as specified in subsection (E).

C. Within five working days after the petitioner's occupational health provider receives written notice of test results as required in subsection (A), the petitioner's occupational health provider shall notify the petitioner, as specified in subsection (D), and the petitioner's employer , as specified in subsection (E).

D. An individual who provides notice to a court-ordered subject or petitioner as required under subsection (A), (B) or (C) shall describe the test results and provide or arrange for the court-

ordered subject or petitioner to receive the following information about each agent for which the court-ordered subject was tested:

1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. The average window period for the agent;
4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
7. The availability of assistance from local health agencies or other resources; and
8. The confidential nature of the court-ordered subject's test results.

E. An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to the petitioner's employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:

1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. Measures to reduce the likelihood of transmitting the agent to others;
4. The availability of assistance from local health agencies or other resources; and
5. The confidential nature of the court-ordered subject's test results.

F. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.

G. An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.

H. A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-

ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.

I. A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:

1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
2. The court-ordered subject does not contact the ordering health care provider.

J. A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION

R9-6-1001. Definitions

No change

~~1. "Health professional" has the same meaning as "health care provider" in A.R.S. § 36-661.~~

~~2. "Hospital" means a health care institution licensed by the Department as a general hospital, a rural general hospital, or a special hospital under 9 A.A.C. 10.~~

1. "Governing board" means a group of individuals, elected as specified in A.R.S. Title 15, Chapter 4, Article 2, to carry out the duties and functions specified in A.R.S. Title 15, Chapter 3, Article 3.

~~3.~~2. No change

3. "Physician" means an individual licensed as a doctor of:
   a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
   b. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
   c. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
4. "School district" means the same as in A.R.S. § 15-101.
5. "Superintendent of a school district" means an individual appointed by the governing board of a school district to oversee the operation of schools within the school district.
6. "Works" means materials, such as cotton balls or a spoon, required when preparing or using a drug that requires injection.

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 R9-6-341.

~~R9-6-1002.~~R9-6-1003. Consent for HIV-related Testing

~~**A.** An individual ordering an HIV-related test shall obtain consent for the test, unless the test has been ordered by a court under A.R.S. §§ 8-341, or 13-1210, 13-1415 or falls under A.R.S. § 36-663(D).~~

~~1. If the test is ordered in a hospital, the individual ordering the test shall obtain written informed consent as specified in subsection (B).~~

~~2. If the test is ordered outside a hospital by a physician, a registered nurse practitioner, or a physician's assistant, the individual ordering the test shall obtain either written informed consent as specified in subsection (B) or oral informed consent.~~

~~3. If the test is ordered outside a hospital by a health professional licensed under A.R.S. Title 32, but not listed in subsection (A)(2), who is authorized to provide HIV-related tests within the health professional's scope of practice, the individual ordering the test shall obtain written informed consent as specified in subsection (B).~~

~~4. If the HIV-related test is performed anonymously, the individual ordering the test shall obtain oral consent and shall not make a record containing personal identifying information about the subject.~~

~~**B.** An individual obtaining written, informed consent for an HIV-related test shall use the form shown in Exhibit A (English) or Exhibit B (Spanish).~~

~~1. Except as described in subsection (A)(4), an individual using the consent form may add the following information in the Identifying Information section of the form:~~

~~a. The subject's name and identifying number,~~

~~b. Facility identifying information,~~

~~c. Facility processing codes,~~

~~d. The subject's race and ethnicity,~~

~~e. The subject's address, and~~

~~f. The subject's date of birth and sex.~~

~~2. This form may be reproduced to accommodate a multiple copy or carbonless form.~~

A. An individual ordering an HIV-related test shall:

1. Obtain written informed consent for the HIV-related test as specified in subsection (B):
   a. If the HIV-related test is ordered in a hospital, or
   b. If the HIV-related test is ordered by a health care provider not listed in subsection (A)(2)(b);
2. Obtain either written informed consent as specified in subsection (B) or oral informed consent if the HIV-related test is:

a. Not ordered in a hospital; and

b. Ordered by a physician, registered nurse practitioner, or physician assistant;

3. Obtain oral consent and make a record that contains only the information about the subject authorized in A.R.S. § 36-663(A) if the HIV-related test is performed through anonymous HIV-related testing as specified in R9-6-1004; and

4. Not request consent from the subject if the HIV-related test:

a. Was ordered by a court under A.R.S. §§ 8-341, 13-1210, 13-1415, or 32-3207; or

b. Falls under A.R.S. § 36-663(D).

B. When an individual obtains written informed consent from a subject for an HIV-related test, the individual shall:

1. If the HIV-related test is performed as part of an application for insurance, use the form prescribed by A.R.S. § 20-448.01; and

2. If the HIV-related test is performed for any other purpose:

a. Use the form shown in Exhibit A or an equivalent of the form translated into a language understood by the subject,

b. Complete the information on the form specified in subsection (B)(2)(a), and

c. Obtain the dated signature of the subject.

~~EXHIBIT A. CONSENT FOR HIV-RELATED TESTING~~ Repealed

~~Consent for HIV-related Testing~~

~~Information on HIV~~

~~The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion) or sexual fluids (semen and vaginal secretions) and sometimes through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth.~~

~~HIV-related Testing~~

~~There are several laboratory tests for HIV. The most common is the antibody test, which is a blood test that detects antibodies produced by the body in response to infection with HIV.~~

~~A positive antibody test consists of a repeatedly reactive (the same specimen testing positive twice) enzyme immunoassay (EIA) and a reactive Western blot or other confirmatory test. A positive antibody test means that an individual is infected with HIV; however, this does not always mean that the individual has AIDS. Research indicates that early and regular medical care is important to the health of an individual with HIV. Certain treatments are now available to treat HIV-associated illnesses.~~

~~A negative antibody test indicates that no detectable antibodies are present in the blood. An individual may not have antibodies because the individual is not infected with HIV or because detectable antibodies have not yet been made in response to infection. The production of these antibodies could take 3 months or longer. Therefore, in certain cases, an individual may be infected with HIV and yet test negative. Individuals with a history of HIV risk behaviors within the past 3 to 6 months should consider retesting.~~

~~Like any test, HIV-related testing is not accurate 100% of the time and may occasionally produce both false positive and false negative results.~~

~~Means to Reduce Risk for Contracting or Spreading HIV~~

~~Risk of contracting or spreading HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods of decreasing the risk of contracting or spreading HIV include abstaining from sexual intercourse, using methods that limit exposure to body fluids during intercourse (such as the proper use of condoms), not engaging in injecting drug use, not sharing needles, or using bleach and water to clean needles and syringes. The use of certain medications by an HIV-infected woman during pregnancy may reduce the chances of HIV transmission from mother to child.~~

~~Disclosure of Test Results~~

~~I understand that if the HIV test results are positive, the physician or facility representative conducting the test will make reasonable efforts to notify me of the results at the address or phone number I have provided, and will provide or arrange for counseling as required by Arizona state laws and regulations regarding (1) HIV, (2) AIDS, and (3) appropriate precautions to reduce the likelihood of transmission of the virus to others. I agree to assume all risks that may result if I cannot be contacted.~~

~~I understand that Arizona law and regulations require that if my test results are positive, they will be submitted to local and state health departments. Information received by these health departments may only be released: (1) if there is written authorization from the individual being tested, (2) for statistical purposes without individual identifying information, or (3) as otherwise required or allowed by law.~~

~~Identifying Information~~

~~I also understand that the physician or facility may report to the Arizona Department of Health Services identifiable 3rd parties such as a spouse or sex partner who may be at risk of contracting the virus if I do not release this information. Finally, I understand that the test results may be placed in a medical record kept by the facility or person administering the test and that persons involved in providing or paying for my health care may have access to that information.~~

~~Additional Sources of Information on HIV~~

~~Additional information regarding testing for HIV is available through your county health department and, in the Phoenix metropolitan area, (602) 234-2752, the Tucson metropolitan area, (520) 791-7676, or outside the Phoenix area, 1-800-334-1540. National Hotline: English, 1-800-342-2437; Spanish, 1-800-344-7432; TTY/TDD, 1-800-243-7012.~~

~~Consent~~

~~I have been given the opportunity to ask questions regarding this information and have had my questions answered to my satisfaction. I understand that this test can be performed anonymously at a public health agency. I also understand that I may withdraw my consent at any time before a blood sample is taken in order to conduct a test, and that I may be asked to put my decision to withdraw my consent in writing if I have signed this consent. I also understand that this is a voluntary test and that I have a right to refuse to be tested.~~

~~My signature below indicates that I have received and understand the information I have been given and voluntarily consent to and request HIV-related testing.~~

_____

~~Patient/Subject Name (Printed)~~

_____

~~Patient/Subject or Legal Representative Signature~~

_____

~~Date~~

_____

~~Witness~~

~~NOTICE~~

~~The Arizona Department of Health Services does not discriminate on the basis of disability in the administration of its programs and services as prescribed by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. If you need this publication in an alternative format, please contact the ADHS Office of HIV/STD Services at (602) 230-5819 or 1-800-367-8939 (state TDD/TTY Relay).~~

EXHIBIT A. HIV-RELATED TEST INFORMATION AND CONSENT FORM

Subject Information

Subject ID Number:

Address:

Phone:

Race/ethnicity:

Date of birth:

Gender:

Information on HIV

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion) or sexual fluids (semen and vaginal secretions) and through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth.
The immune system is the body's defense system, which fights off infection and other diseases. HIV attacks and destroys the disease-fighting cells of the immune system, leaving the body with a weakened defense against infections and cancer. If you have HIV in your body and do not receive treatment, HIV will damage your immune system and HIV infection can progress to AIDS.

HIV-Related Testing

The purpose of the test you are requesting is to see if you are infected with HIV. The test may look for the HIV virus, parts of the HIV virus, or your body's reaction to the HIV virus.
The test being offered to you is a _____

_____.
(enter information about the type of HIV-test being offered to the subject)

Meaning of a Positive Result

If you are given a screening test for HIV, you may receive a preliminary positive result, and will need an additional test to confirm whether you are infected with HIV. A positive test result on the confirmatory test means that you are infected with HIV, but not that you have AIDS.

Meaning of a Negative Result

A negative test result indicates that HIV, parts of the HIV virus, or your body's reaction to the HIV virus were not found in your body at the time of the test. In some cases, you may be infected with HIV and yet still test negative. You can have a negative test result either because you are not infected with HIV or because not enough time has passed since you were infected for the signs of an HIV infection to be found in your body. If you have had unprotected sex, used drugs that require an injection, or shared needles, syringes, or works within the past 1 to 3 months and your test result is negative, you should consider getting retested at a later time.

Test Accuracy

HIV-related testing occasionally produces both false positive and false negative results.

Treatment for HIV

If you test positive for HIV, early and regular medical care is important to your health. Medications are now available to help keep you healthy. Treatment can help you at all stages of HIV disease, but cannot cure your HIV infection. HIV treatment is most effective when tailored to your individual needs.

Ways to Reduce Risk for Contracting or Spreading HIV

Risk of infection or transmission of HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods to decrease your risk of infection or transmission of HIV include not having sex, limiting contact with body fluids during sex (such as by properly using condoms), not using drugs that require an injection, and not sharing needles, syringes, or works. If you are pregnant, certain medicines can reduce your chances of transmitting HIV to your unborn child.

Notification and Disclosure of a Test Result

If you test positive for HIV, we will try to notify you of the result using the information you provide on this form. State law requires that a positive test result be reported to a public health agency and allows the Arizona Department of Health Services to contact and notify someone who is at risk of contracting HIV from you. Your test result may also be released to persons involved in providing or paying for your health care.
Otherwise, unless you consent to its release, information on your test result may only be released as permitted under state or federal law.

Additional Sources of Information on HIV

Additional information regarding HIV-related testing is available through the local health department and the National AIDS Hotline.
English: 1-800-342-AIDS (2437)
Spanish: 1-800-344-7432
TTY/TDD: 1-800-243-7012

Consent

My checkmarks and signature below indicate that:

- ❑ I have been given the opportunity to ask questions regarding the information on this form, have had my questions answered to my satisfaction, and understand this information;
- ❑ I understand that HIV-related testing can be performed anonymously through a public health agency;
- ❑ I understand that I may withdraw my consent in writing at any time before a specimen is taken to conduct a test;
- ❑ I understand that this is a voluntary test and that I have a right to refuse to be tested;
- ❑ I understand that if I do not provide correct and current information on this form about how I can be contacted, I may not receive my test results because someone will be unable to notify me; and
- ❑ I voluntarily consent to and request HIV-related testing.

_____
Subject Name (Printed)

_____
Subject or Legal Representative Signature

_____
Date

_____
Witness

_____
Facility Name

EXHIBIT B. CONSENTIMIENTO PARA LA PRUEBA DE VIH

Consentimiento Para la Prueba de VIH

Información sobre el VIH

El virus de Inmunodeficiencia Humana (VIH) es el virus que causa el Sindrome de Inmunodeficiencia Adquirida (SIDA). VIH se transmite a través del contacto con sangre (incluyendo la transfusión) o fluídos sexuales (semen y secreciones vaginales) y en algunas ocaciones a través de la leche materna. VIH puede ser transmitido de la madre al bebé durante el embarazo o al momento del parto.

La prueba del VIH

Existen pruebas de laboratorio para saber si una persona está infectada con el VIH. La más común es la prueba de anticuerpos. Esta es un exámen de sangre que detecta los anticuerpos producidos por el cuerpo al reaccionar contra la infección por VIH.

Un examen de anticuerpos positivo consiste de una prueba por inmunoanálisis enzimático (EIA) (realizada dos veces en cada espécimen) y una prueba reactiva por Western Blot u otras pruebas confirmatorías. El resultado positivo a la prueba de anticuerpos quiere decir que el individuo está infectado con el VIH; sin embargo, esto no siempre quiere decir que el individuo tenga el SIDA. Investigaciones médicas señalan que atención médica temprana y contínua es importante para la salud de una persona con el VIH. Hoy en día se dispone de tratamientos para retardar las enfermedades asociadas con el SIDA.

Un exámen de anticuerpos negativo indica que no se han detectado anticuerpos en la sangre. Un individuo puede no tener anticuerpos por que el individuo no está infectado(a) o porque aún no se han producido suficientes anticuerpos contra la infección. Estos anticuerpos pueden tardar tres meses o más para ser producidos. De tal manera, en ciertos casos, un individuo puede estar infectado con el VIH y su prueba resultar negativa. Los individuos que han tenido comportamiento de alto riesgo en los últimos tres a seis meses deberían pensar en repetir la prueba.

Como cualquier prueba, la prueba del VIH no es 100% segura y en alguna ocasión puede producir resultados falsos ya sea positivos o negativos.

Maneras de reducir el riesgo de infección o transmisión del VIH

El riesgo de contraer o transmitir el VIH se puede reducir al evitar contacto con la sangre y fluídos sexuales (semen y secreciones vaginales). Algunos métodos para disminuir el riesgo de infección o transmisión del VIH incluyen: abstinecia sexual, usar métodos que limitan el contacto de fluídos corporales durante la relaciones sexuales (como el uso correcto de condones), no usar drogas intravenosas, no compartir agujas, y usar "cloro" (blanqueador) y agua para limpiar las jeringas y las agujas. En mujeres infectadas con VIH, el uso de ciertos medicamentos durante el embarazo, puede reducir el riesgo del transmissión del VIH de madre a hijo.

El resultado de la prueba

Entiendo que si el resultado de la prueba del VIH es positivo, el doctor o el representante de la institución que hizo el exámen va a hacer esfuerzos suficientes para notificarme del resultado a la dirección (domicilio) o al teléfono que he proporcionado y que me dará información, cumpliendo con los requisitos de la ley estatal de Arizona, sobre (1) el VIH, (2) el SIDA, y (3) las precauciones necesarias para reducir la posibilidad de transmisión del virus a otras personas. Estoy de acuerdo en asumir todos los riesgos que resultarán de no poder contactarme.

Entiendo que la ley estatal de Arizona exige que si el resultado de mi prueba es positivo, éste se reportará a los departamentos de salud local y estatal. La información que estos departamentos reciben solamente puede ser revelada a otras personas: (1) si hay una autorización por escrito de la persona que se ha hecho la prueba, (2) por razones de estudios estadísticos sin revelar la identidad del individuo, o (3) por cualquier otra razón que la ley permita.

Identifying Information/Datos de Identidad

También entiendo que el doctor o la institución puede reportar al Departamento de Salud del Estado de Arizona, la identidad de terceras personas como: los esposos(as) o los compañeros(as) sexuales que pueden estar en riesgo de contraer con el virus si decido no darles esta información. Por último, entiendo que el resultado de la prueba puede guardarse con el resto de mi información médica en la agencia o por la persona que hizo el examen; y que las personas encargadas de proveer o pagar por el cuidado de mi salud pueden tener acceso a esta información.

Otras fuentes de información sobre el VIH

Información adicional sobre el examen del VIH está disponible a través del departamento de salud de su condado. En el área metropolitana de Phoenix llame al (602) 234-2752, en el área metropolitana de Tucson (520) 791-7676 , y en el resto de Arizona 1-800-334-1540. Líneas telefónicas a nivel nacional son: en inglés 1-800-342-2437; en español 1-800-344-7432. (TTY/TDD) Transmisión de voz 1-800-243-7012.

Consentimiento

Se me ha dado la oportunidad de hacer preguntas respecto a esta información y me han sido contestadas satisfactoriamente. Entiendo que este exámen se puede hacer de forma anónima en una agencia de salud pública. También entiendo que puedo retirar mi consentimiento en cualquier momento antes de que me saquen la sangre para hacer la prueba y que me pueden pedir que ponga por escrito mi decisión de retirar mi consentimiento si ya habiá firmado este permiso. Entiendo también que este exámen es voluntario y que tengo el derecho a negarme a que se me haga la prueba.

Mi firma indica que he recibido y he entendido la información que se me ha proporcionado y que voluntariamente autorizo y solicito la prueba del VIH.

_____

Nombre del paciente (letra imprenta)

_____

Firma del paciente o de su representante legal

_____

Fecha

_____

Testigo

AVISO

El Departamento de Salud del Estado de Arizona no diserimina basado en los impedimentos de las personas en la administración de los progamas y sevicios ordenado por la ley de 1990: Americanos con Impedimentos, Título II y la Sección 504 de la ley de Rehabilitación de 1973. Si usted necesita esta publicación por otros medios de comunicación, favor ponerse en cantacto con el Departamento de Salud del Estado de Arizona, Oficina de Servicios de VIH/ETS al 1-800-842-4681 (transmisión de voz estatal) or 1-800-367-8939 (transmisión TDD/TYY estatal).

~~R9-6-1003.~~R9-6-1004. Court-ordered HIV-related Testing

~~A. An individual who tests a specimen of blood or another body fluid to detect HIV antibody under court order issued under A.R.S. §§ 8-341 or 13-1415 shall use a test licensed by the United States Food and Drug Administration for use in HIV screening. If a specimen is reactive two or more times according to the test manufacturer's recommendations, the individual shall retest the specimen using a licensed supplemental or confirmatory assay or as recommended by the original test manufacturer's package insert.~~

A. A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in A.A.C. Title 9, Chapter 6, Article 8.

B. A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in A.A.C. Title 9, Chapter 6, Article 9.

C. When a court orders a test under A.R.S. §§ 8-341 or 13-1415 to detect HIV infection, the prosecuting attorney who petitioned the court for the order shall provide to the Department:

1. A copy of the court order, including an identifying number associated with the court order;
2. The name and address of the victim; and
3. The name and telephone number of the prosecuting attorney or the prosecuting attorney's designee.

D. A person who tests a specimen of blood or another body fluid from a subject to detect HIV infection as authorized by a court order issued under A.R.S. §§ 8-341 or 13-1415 shall:

1. Use a screening test; and
2. If the test results from a screening test on the specimen indicate a positive result, retest the specimen using a confirmatory test.

~~B.~~E. ~~The individual~~ A person who performs a test described in subsection (D) shall report ~~each test result~~ the test results for each subject ~~directly to the Department~~ to the submitting entity within five working days after obtaining the test results.

F. A submitting entity that receives the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. §§ 8-341 or 13-1415 shall:

1. Notify the Department within five working days after receiving the results of the test to detect HIV infection;
2. Provide to the Department:
   a. A written copy of the court order,

b. A written copy of the results of the test to detect HIV infection, and

c. The name and telephone number of the submitting entity or submitting entity's designee; and

3. Either:

a. Comply with the requirements in:

i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and

ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or

b. Provide to the Department or the local health agency in whose designated service area the subject is living:

i. The name and address of the subject;

ii. A written copy of the results of the test to detect HIV infection, if not provided as specified in subsection (F)(2)(b); and

iii. Notice that the submitting entity did not provide notification as specified in subsection (F)(3)(a).

G. If the Department or a local health agency is notified by a submitting entity as specified in subsection (F)(3)(b), the Department or local health agency shall comply with the requirements in:

1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and

2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.

H. When the Department receives a written copy of the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. §§ 8-341 or 13-1415, the Department shall either:

1. Provide to the victim:

a. A description of the results of the test to detect HIV-infection;

b. The information specified in R9-6-802(D); and

c. A written copy of the test results; or

2. Provide to the local health agency in whose designated service area the victim is living:

a. The name and address of the victim,

b. A written copy of the results of the test to detect HIV infection, and

c. Notice that the Department did not provide notification as specified in subsection (H)(1).

I. If a local health agency is notified by the Department as specified in subsection (H)(2), the local health agency shall:

1. Provide to the victim:
   a. A description of the results of the test to detect HIV infection;
   b. The information specified in R9-6-802(D); and
   c. A written copy of the test results; or
2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect HIV infection.

R9-6-1005. Anonymous HIV Testing

A. A local health agency and the Department shall offer anonymous HIV testing to individuals.

B. If an individual requests anonymous HIV testing, the Department or a local health agency shall:

1. Provide to the individual requesting anonymous HIV testing health education about HIV, the meaning of HIV test results, and the risk factors for becoming infected with HIV or transmitting HIV to other individuals;
2. Record in a format provided by the Department information about the individual's risk factors for becoming infected with or transmitting HIV and submit the information to the Department;
3. Collect a specimen of blood from the individual;
4. Record the following information on a form provided by the Department:
   a. The individual's date of birth,
   b. The individual's race and ethnicity,
   c. The individual's gender,
   d. The date and time the blood specimen was collected, and
   e. The name, address, and telephone number of the person collecting the blood specimen; and
5. Before the individual leaves the building occupied by the Department or local health agency:
   a. Test the individual's specimen of blood using a screening test for HIV;
   b. Provide the results of the screening test to the individual;
   c. Record the test results on the form specified in subsection (B)(4); and

d. If the test results from the screening test on the specimen of blood indicate that the individual may be HIV-infected, submit the specimen of blood to the Arizona State Laboratory for confirmatory testing by:

i. Assigning to the blood specimen an identification number corresponding to the pre-printed number on the form specified in subsection (B)(4);

ii. Giving the individual requesting anonymous HIV testing the identification number assigned to the blood specimen and information about how to obtain the results of the confirmatory test; and

iii. Sending the blood specimen and the form specified in subsection (B)(4) to the Arizona State Laboratory for confirmatory testing.

R9-6-1006. Notification

A. The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection, as required under A.R.S. § 36-664(J), if all of the following conditions are met:

1. The Department receives the report of risk for HIV infection in a document that includes the following:
   a. The name and address of the individual reported to be at risk for HIV infection or enough other identifying information about the individual to enable the individual to be recognized and located,
   b. The name and address of the HIV-infected individual placing the individual named under subsection (A)(1)(a) at risk for HIV infection,
   c. The name and address of the individual making the report, and
   d. The type of exposure placing the individual named under subsection (A)(1)(a) at risk for HIV infection;
2. The individual making the report is in possession of confidential HIV-related information; and
3. The Department determines that the information provided in the report is accurate and contains sufficient detail to:
   a. Indicate that the exposure described as required in subsection (A)(1)(d) constitutes a significant exposure for the individual reported to be at risk for HIV infection, and
   b. Enable the individual reported to be at risk for HIV infection to be recognized and located.

B. As authorized under A.R.S. § 36-136(L), the Department shall notify the superintendent of a school district in a confidential document that a pupil of the school district tested positive for HIV if the Department determines that:

1. The pupil places others in the school setting at risk for HIV infection; and
2. The school district has an HIV policy that includes the following provisions:
   a. That a school shall not exclude a pupil who tested positive for HIV from attending school or school functions or from participating in school activities solely due to HIV infection;
   b. That school district personnel who are informed that a pupil tested positive for HIV shall keep the information confidential; and
   c. That the school district shall provide HIV-education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions.

ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION

R9-6-1101. Definitions

In this Article, unless otherwise specified:

1. "Primary syphilis" means the initial stage of syphilis infection characterized by the appearance of one or more open sores in the genital area, anus, or mouth of an infected individual.
2. "Secondary syphilis" means the stage of syphilis infection occurring after primary syphilis and characterized by a rash that does not itch, fever, swollen lymph glands, and fatigue in an infected individual.
3. "Sexually transmitted diseases" means the same as in A.R.S. § 13-1415.
4. "STD" means a sexually transmitted disease or other disease that may be transmitted through sexual contact.

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 in R9-6-375 that the subject obtain serologic testing for syphilis three months, six months, and one year after initiating treatment for syphilis.

R9-6-1103. Local Health Agency Requirements

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

1. Comply with the requirements in:

a. R9-6-313(A)(1) and (2) for each chancroid case reported to the local health agency, and

b. R9-6-375(A)(2)(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.

R9-6-1104. Court-ordered STD-related Testing

A. A health care provider who receives the results of a test, ordered by the health care provider to detect an STD and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in A.A.C. Title 9, Chapter 6, Article 8.

B. A health care provider who receives the results of a test, ordered by the health care provider to detect an STD and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in A.A.C. Title 9, Chapter 6, Article 9.

C. When a court orders a test under A.R.S. § 13-1415 to detect a sexually-transmitted disease, the prosecuting attorney who petitioned the court for the order shall provide to the Department:

1. A copy of the court order, including an identifying number associated with the court order;

2. The name and address of the victim; and

3. The name and telephone number of the prosecuting attorney or the prosecuting attorney's designee.

D. A person who tests a specimen of blood or another body fluid from a subject to detect a sexually-transmitted disease as authorized by a court order issued under A.R.S. §13-1415 shall:

1. Be a certified laboratory, as defined in A.R.S. § 36-451;

2. Use a test approved by the U.S. Food and Drug Administration for use in STD-related testing; and

3. Report the test results for each subject to the submitting entity within five working days after obtaining the test results.

E. A submitting entity that receives the results of a test to detect a sexually-transmitted disease that was performed as a result of a court order issued under A.R.S. § 13-1415 shall:

1. Notify the Department within five working days after receiving the results of the test to detect a sexually-transmitted disease;

2. Provide to the Department:

a. A written copy of the court order,

b. A written copy of the results of the test to detect a sexually-transmitted disease, and

c. The name and telephone number of the submitting entity or submitting entity's designee; and

3. Either:

a. Comply with the requirements in:

i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and

ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or

b. Provide to the Department or the local health agency in whose designated service area the subject is living:

i. The name and address of the subject;

ii. A written copy of the results of the test to detect a sexually-transmitted disease, if not provided as specified in subsection (E)(2)(b); and

iii. Notice that the submitting entity did not provide notification as specified in subsection (E)(3)(a).

F. If the Department or a local health agency is notified by a submitting entity as specified in subsection (E)(3)(b), the Department or local health agency shall comply with the requirements in:

1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and

2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.

G. When the Department receives the results of a test to detect a sexually-transmitted disease that was performed for a subject as a result of a court order issued under A.R.S. § 13-1415, the Department shall:

1. Provide to the victim:

a. A description of the results of the test to detect the sexually-transmitted disease,

b. The information specified in R9-6-802(D), and

c. A written copy of the test results for the sexually-transmitted disease; or

2. Provide to the local health agency in whose designated service area the victim is living:

a. The name and address of the victim,

b. A written copy of the results of the test to detect the sexually-transmitted disease, and

c. Notice that the Department did not provide notification as specified in subsection (G)(1).

H. If a local health agency is notified by the Department as specified in subsection (G)(2), the local health agency shall:

1. Provide to the victim:

a. A description of the results of the test to detect the sexually-transmitted disease;

b. The information specified in R9-6-802(D); and

c. A written copy of the test results for the sexually-transmitted disease; or

2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect the sexually-transmitted disease.