

Arizona Administrative Code[†] Requires Providers to:

Report Communicable Diseases

to the Local Health Department

⚡	Anthrax	!	Hantavirus infection	O	Respiratory disease
⚡	Botulism	!	Hemolytic uremic syndrome	!	Rubella (German measles)
!	Brucellosis	💻	HIV infection and related disease in an infant	!	Rubella syndrome, congenital
!	<i>Candida auris</i>	!	Influenza-associated mortality in a child	⚡	Severe acute respiratory syndrome (SARS)
💻	Chancroid	!	Leptospirosis	⚡	Smallpox
!	Chikungunya	!	Listeriosis	!	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
!	Cholera	!	Lymphocytic choriomeningitis	💻 ¹	Syphilis
💻	Creutzfeldt-Jakob disease	⚡	Measles (rubeola)	💻	Taeniasis
⚡	Cronobacter infection in an infant	!	Melioidosis	💻	Tetanus
💻	Cysticercosis	⚡	Meningococcal invasive disease	💻	Toxic shock syndrome
!	Dengue	⚡	Middle East respiratory syndrome (MERS)	!	Trichinosis
O	Diarrhea, nausea, or vomiting	💻	Mpox	!	Tuberculosis, active disease
⚡	Diphtheria	!	Mumps	!	Tuberculosis latent infection in a child 5 years of age or younger
⚡	Emerging or exotic disease	⚡	Novel coronavirus infection	⚡	Tularemia
⚡	Encephalitis, parasitic	!	Pertussis (whooping cough)	!	Typhoid fever
!	Encephalitis, viral	⚡	Plague	!	Typhus fever
⚡	Glanders	⚡	Poliomyelitis (paralytic or non-paralytic)	!	Vaccinia-related adverse event
💻	Gonorrhea	!	Q fever	💻	Varicella (chickenpox)
!	<i>Haemophilus influenzae</i> , invasive disease	⚡	Rabies in a human	⚡	Viral hemorrhagic fever
💻	Hansen's disease (Leprosy)	!	Relapsing fever (borreliosis)	⚡	Yellow fever
				!	Zika virus infection

Key:

- ⚡ Submit a report through an electronic reporting system authorized by the Department or by telephone within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected
- ¹ Submit a report within one working day if the case or suspect case is a pregnant woman.
- ! Submit a report within one working day through an electronic reporting system or by telephone after a case or suspect case is diagnosed, treated, or detected.
- 💻 Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- O Submit a report within 24 hours after detecting an outbreak.

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

Adapted from Arizona Administrative Code R9-6-202.

Submit a report that includes:

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

- a. **Name**
- b. Residential and mailing **addresses**;
- c. **County** of residence;
- d. Whether the individual is living on a **reservation** and, if so, the name of the reservation;
- e. Whether the individual is **affiliated with a tribe** and, if so, the name of the tribe;
- f. **Telephone number** and, if available, **email address**;
- g. **Date of birth**;
- h. **Race and ethnicity**;
- i. **Sex assigned at birth**;
- j. A unique patient identifier, such as a medical record number;

The following information about **the disease**:

- a. The **name** of the disease;
- b. The **date of onset** of symptoms and
- c. The **date of diagnosis**;

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

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

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

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

Disease specific information (when applicable):

Tuberculosis:

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

Chancroid, gonorrhea, or syphilis:

- a. 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;
- b. The site of infection;
- c. For syphilis, also include
 - i. Whether the case or suspect case is pregnant;
 - ii. The stage of the disease;

Congenital syphilis in an infant:

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

- a. The name and date of birth of the individual who gave birth to the infant;
- b. The residential address, and telephone number, of the individual who gave birth to the infant;

When an HIV-related test is ordered for an infant:

For the infant and individual who gave birth to the infant:

- a. Name and date of birth
- b. Address and telephone number
- c. Date of last medical evaluation
- d. All HIV-related test information

For the individual who gave birth to the infant:

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

Report to your local health agency or through MEDSIS.

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