



Within the stated calendar quarter, this Title contains all rules made, amended, repealed, renumbered, and recodified; or rules that have expired or were terminated due to an agency being eliminated under sunset law. These rules were either certified by the Governor's Regulatory Review Council or the Attorney General's Office; or exempt from the rulemaking process, and filed with the Office of the Secretary of State. Refer to the historical notes for more information. Please note that some rules you are about to remove may still be in effect after the publication date of this Supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

TITLE 09. Health Services

Chapter 06. Department of Health Services - Communicable Diseases and Infestations

Sections, Parts, Exhibits, Tables or Appendices modified
R9-6-101, R9-6-201 through R9-6-207, R9-6-301 through R9-6-398, R9-6-1002,
R9-6-1102, R9-6-1103, R9-6-1202

REMOVE Supp. 13-3
Pages: 1 - 78

REPLACE with Supp. 17-3
Pages: 1 - 85

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PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the Administrative Code. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION
September 30, 2017

RULES

A.R.S. § 41-1001(17) states: “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The Arizona Administrative Code is where the official rules of the state of Arizona are published. The Code is the official codification of rules that govern state agencies, boards, and commissions. Virtually everything in your life is affected in some way by rules published in the Arizona Administrative Code, from the quality of air you breathe to the licensing of your dentist. This chapter is one of more than 230 in the Code compiled in 21 Titles.

ADMINISTRATIVE CODE SUPPLEMENTS

Rules filed by an agency to be published in the Administrative Code are updated quarterly. Supplement release dates are printed on the footers of each chapter:

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2017 is cited as Supp. 17-1.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the Arizona Administrative Register for recent updates to rule Sections.

ARTICLES AND SECTIONS

Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering system separated into subsections.

HISTORICAL NOTES AND EFFECTIVE DATES

Historical notes inform the user when the last time a Section was updated in the Administrative Code. Be aware, since the Office publishes each quarter by entire chapters, not all Sections are updated by an agency in a supplement release. Many times just one Section or a few Sections may be updated in the entire chapter.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in the introduction of a chapter can be found at the Secretary of State’s website, www.azsos.gov/services/legislative-filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the Arizona Administrative Register online at www.azsos.gov/rules, click on the Administrative Register link.

In the Administrative Code the Office includes editor’s notes at the beginning of a chapter indicating that certain rulemaking Sections were made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

If you are researching rules and come across rescinded chapters on a different paper color, this is because the agency filed a Notice of Exempt Rulemaking. At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Public Services managing rules editor, Rhonda Paschal, assisted with the editing of this chapter.

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

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Article 2, consisting of Sections R9-6-201 through R9-6-203, renumbered to Article 5, Sections R9-6-501 through R9-6-503 effective October 19, 1993 (Supp. 93-4).

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Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, renumbered to Article 7, Sections R9-6-701 through R9-6-706 and Tables 1 and 2 effective October 19, 1993 (Supp. 93-4).

Article 5, consisting of Sections R9-6-501 through R9-6-506

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and Tables 1 and 2, adopted effective January 20, 1992 (Supp. 92-1).

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Article 8, consisting of Sections R9-6-801 through R9-6-808, renumbered to Article 4, Sections R9-6-401 through R9-6-408 (Supp. 93-4).

Article 8 consisting of Sections R9-6-801 through R9-6-808 adopted as permanent rules effective May 22, 1989.

Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Article 8 consisting of Sections R9-6-801 through R9-6-809 readopted as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8 consisting of Sections R9-6-801 through R9-6-809 adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

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Article 9, consisting of Sections R9-6-901 through R9-6-903 and Exhibits A and B, made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

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Article 13, consisting of new Section R9-6-1301 made by exempt rulemaking at 15 A.A.R. 1793, effective October 5, 2009 (Supp. 09-4).

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ARTICLE 1. GENERAL**R9-6-101. Definitions**

In this Chapter, unless otherwise specified:

1. "Active tuberculosis" means the same as in A.R.S. § 36-711.
2. "Administrator" means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
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.
5. "AIDS" means Acquired Immunodeficiency Syndrome.
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.
7. "Approved test for tuberculosis" means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
8. "Arizona State Laboratory" means the part of the Department authorized by A.R.S. 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.
10. "Barrier" means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
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.
12. "Carrier" means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. "Case" means an individual:
 - a. With a communicable disease whose condition is documented:
 - i. By laboratory results that support the presence of the agent that causes the disease;
 - ii. By a health care provider's diagnosis based on clinical observation; or
 - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;
 - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - c. Who has experienced a vaccinia-related adverse event.
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.
16. "Child" means an individual younger than 18 years of age.
17. "Child care establishment" means:
 - a. A "child care facility," as defined in A.R.S. § 36-881;
 - b. A "child care group home," as defined in A.R.S. § 36-897;
 - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
 - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
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.
19. "Cohort room" means a room housing only individuals infected with the same agent and no other agent.
20. "Communicable disease" means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
21. "Communicable period" means the time during which an agent may be transmitted directly or indirectly:
 - a. From an infected individual to another individual;
 - b. From an infected animal, arthropod, or vehicle to an individual; or
 - c. From an infected individual to an animal.
22. "Confirmatory test" means a laboratory 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.
23. "Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
24. "Correctional facility" means any place used for the confinement or control of an individual:
 - a. Charged with or convicted of an offense,
 - b. Held for extradition, or
 - c. Pursuant to a court order for law enforcement purposes.

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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.
26. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
27. "Department" means the Arizona Department of Health Services.
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.
31. "Emerging or exotic disease" means:
 - a. A new disease resulting from change in an existing organism;
 - b. A known disease not usually found in the geographic area or population in which it is found;
 - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
 - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
32. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
33. "Epidemiologic investigation" means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
34. "Fever" means a temperature of 100.4° F or higher.
35. "Food establishment" has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.
36. "Food handler" means:
 - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
 - 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.
37. "Foodborne" means that food serves as a mode of transmission of an infectious agent.
38. "Guardian" means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
39. "HBsAg" means hepatitis B surface antigen.
40. "Health care institution" has the same meaning as in A.R.S. § 36-401.
41. "Health care provider" means 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.
43. "HIV" means Human Immunodeficiency Virus.
44. "HIV-related test" has the same meaning as in A.R.S. § 36-661.
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.
48. "Infant" means a child younger than 12 months of age.
49. "Isolate" means:
 - a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
 - b. A pure strain of an agent obtained from a specimen.
50. "Isolation" means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.
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.
52. "Local health agency" means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
53. "Local health officer" means an individual who has daily control and supervision of a local health agency or the individual's designee.
54. "Medical evaluation" means an assessment of an individual's health by a physician, physician assistant, or registered nurse practitioner.
55. "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.
56. "Multi-drug resistant tuberculosis" means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
57. "Officer in charge" means the individual in the senior leadership position in a correctional facility or that individual's designee.
58. "Outbreak" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
59. "Parent" means a biological or adoptive mother or father.
60. "Person" has the same meaning as in A.R.S. § 1-215.
61. "Petition" means a formal written application to a court requesting judicial action on a matter.
62. "Pharmacy" has the same meaning as in A.R.S. § 32-1901.
63. "Physician" means an individual licensed as a doctor of:
 - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
 - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
 - c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
 - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
64. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
65. "Pupil" means a student attending a school.
66. "Quarantine" means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communi-

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- cable period, to prevent transmission of the disease if infection occurs.
67. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
68. "Respiratory disease" means a communicable disease with acute onset of fever and symptoms such as cough, sore throat, or shortness of breath.
69. "Risk factor" means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
70. "School" means:
- An "accommodation school," as defined in A.R.S. § 15-101;
 - A "charter school," as defined in A.R.S. § 15-101;
 - A "private school," as defined in A.R.S. § 15-101;
 - A "school," as defined in A.R.S. § 15-101;
 - A college or university;
 - An institution that offers a "private vocational program," as defined in A.R.S. § 32-3001; or
 - An institution that grants a "degree," as defined in A.R.S. § 32-3001, for completion of an educational program of study.
71. "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.
72. "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, cunnilingus, or other deliberate interaction with another individual's genital area for a non-medical or non-hygienic reason.
73. "Shelter" means:
- A facility or home that provides "shelter care," as defined in A.R.S. § 8-201;
 - A "homeless shelter," as defined in A.R.S. § 16-121; or
 - A "shelter for victims of domestic violence," as defined in A.R.S. § 36-3001.
74. "Significant exposure" means the same as in A.R.S. § 32-3207.
75. "Standard precautions" means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
76. "Subject" means an individual whose blood or other body fluid has been tested or is to be tested.
77. "Submitting entity" means the same as in A.R.S. § 13-1415.
78. "Suspect case" means an individual whose medical history, signs, or symptoms indicate that the individual:
- May have or is developing a communicable disease;
 - May have experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - May have experienced a vaccinia-related adverse event.
79. "Syndrome" means a pattern of signs and symptoms characteristic of a disease.
80. "Test" means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
81. "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.
82. "Treatment" means a procedure or method to cure, improve, or palliate an illness or a disease.
83. "Tuberculosis control officer" means the same as in A.R.S. § 36-711.
84. "Vaccine" means a preparation of a weakened or killed agent, a portion of the agent's structure, or a synthetic substitute for a portion of the agent's structure that, upon administration into the body of an individual or animal, stimulates a response in the body to produce or increase immunity to a particular disease.
85. "Vaccinia-related adverse event" means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
86. "Victim" means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
87. "Viral hemorrhagic fever" means disease characterized by fever and hemorrhaging and caused by a virus.
88. "Waterborne" means that water serves as a mode of transmission of an infectious agent.
89. "Working day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1).
 Amended effective September 14, 1990 (Supp. 90-3).
 Amended effective October 19, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 15 A.A.R. 215, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-102. Release of Information

A person shall release information, including protected health information as defined in 45 CFR 160.103, to the Department or a local health agency upon request if the information is:

- Requested by the Department or the local health agency for the purpose of:
 - Detecting, preventing, or controlling a communicable disease; or
 - Preventing injury or disability that may result from a communicable disease; and
- In the possession of the person.

Historical Note

Adopted effective May 2, 1991 (Supp. 91-2). Former Section R9-6-102 renumbered to R9-6-105, new Section R9-6-102 renumbered from R9-6-106 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-102 renumbered to R9-6-201; new R9-6-102 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 4522, effective December 2, 2008 (Supp. 08-4).

R9-6-103. Disclosure of Communicable Disease-Related Information to a Good Samaritan

- A. In this Section, unless otherwise specified, the following definitions apply:
- "Affidavit" means a voluntary declaration or statement of facts that is made in writing and under oath or affirmation.

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2. "Assisted person" means the individual with whom a Good Samaritan alleges interaction constituting a significant exposure risk.
 3. "Available" means in the possession of or accessible by the Designated Officer who is reviewing a disclosure request.
 4. "Communicable disease-related information" has the same meaning as in A.R.S. § 36-661.
 5. "Designated Officer" means an individual appointed by the Director or a local health officer to:
 - a. Review a disclosure request from a Good Samaritan;
 - b. Determine whether disclosure of communicable disease-related information is required under A.R.S. § 36-664(E) and this Section; and
 - c. Respond to the Good Samaritan.
 6. "Director" has the same meaning as in A.R.S. § 36-101.
 7. "Disclosure request" means the information submitted by a Good Samaritan according to A.R.S. § 36-664(E) and subsection (C) or (D).
 8. "Emergency care or assistance" means actions performed by an individual on or for another individual, which are necessary to prevent death or impairment of the health of the other individual.
 9. "Emergency department" has the same meaning as in A.A.C. R9-11-101.
 10. "Good Samaritan" has the same meaning as in A.R.S. § 36-661.
 11. "In writing" means:
 - a. An original document,
 - b. A photocopy,
 - c. A facsimile, or
 - d. An e-mail.
 12. "Medical consultation" means discussion between a Good Samaritan and:
 - a. A physician or a registered nurse practitioner working in an emergency department or urgent care unit;
 - b. An occupational health provider as defined in A.A.C. R9-6-801; or
 - c. Any other health care provider knowledgeable in determining circumstances when post-exposure prophylaxis is necessary.
 13. "Mucous membrane" means a thin, pliable layer of tissue that lines passageways and cavities in the human body that lead to the outside, such as the mouth, gastrointestinal tract, nose, vagina, and urethra.
 14. "Notarized" means signed and dated by a notary.
 15. "Notary" means any individual authorized to perform the acts specified under A.R.S. § 41-313.
 16. "Post-exposure prophylaxis" means treatment provided to an individual who may have been exposed to a communicable disease, which is intended to prevent infection of the individual.
 17. "Significant exposure risk" has the same meaning as in A.R.S. § 36-661.
 18. "Under oath or affirmation" means a sworn or affirmed statement made by a Good Samaritan to a notary under the penalty of perjury.
 19. "Urgent care unit" has the same meaning as in A.A.C. R9-11-201.
- B.** A significant exposure risk may occur when a Good Samaritan's interaction with an individual results in:
1. A transfer of blood or body fluids from the individual onto the mucous membranes or into breaks in the skin of the Good Samaritan; or
 2. A sharing of airspace between the Good Samaritan and the individual.
- C.** If a Good Samaritan makes a disclosure request to the Department or a local health agency 72 hours or less after an alleged significant exposure risk, the disclosure request shall include:
1. The Good Samaritan's name;
 2. The Good Samaritan's mailing address or e-mail address;
 3. The telephone number at which the Good Samaritan may be reached during a working day;
 4. A description of the accident, fire, or other life-threatening emergency, in which the Good Samaritan rendered emergency care or assistance;
 5. A description of the:
 - a. Emergency care or assistance rendered by the Good Samaritan at the accident, fire, or other life-threatening emergency; and
 - b. Circumstances that the Good Samaritan believes constitute a significant exposure risk;
 6. If known, the name of the assisted person;
 7. If known, the date of birth of the assisted person; and
 8. Any additional information that may identify the assisted person.
- D.** If a Good Samaritan makes a disclosure request to the Department or a local health agency more than 72 hours after an alleged significant exposure risk, the disclosure request shall include:
1. A statement in writing that the Good Samaritan is requesting communicable disease-related information for an assisted person as allowed under A.R.S. § 36-664(E);
 2. Documentation concerning the accident, fire, or other life-threatening emergency in which the Good Samaritan rendered emergency care or assistance; and
 3. A notarized affidavit that contains:
 - a. The information specified in subsections (C)(1) through (8);
 - b. A statement that the Good Samaritan understands that the Good Samaritan may seek medical consultation to determine whether post-exposure prophylaxis for a communicable disease is needed;
 - c. A statement that the Good Samaritan certifies that the declarations contained within the affidavit are truthful to the best of the Good Samaritan's knowledge; and
 - d. The Good Samaritan's signature.
- E.** Within two working days after the Department or a local health agency receives a disclosure request from a Good Samaritan, the Designated Officer shall:
1. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan and communicable disease-related information is available for the assisted person:
 - a. Attempt to contact the Good Samaritan by telephone and provide the Good Samaritan with the communicable disease-related information:
 - i. For the assisted person;
 - ii. Pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person; and
 - iii. Without revealing the assisted person's name;
 - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that disclosure of communicable disease-related information for one communicable disease does not rule out the possibility that the Good Samaritan was exposed to other communicable diseases about which information is not available to the Designated Officer;

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- c. Attempt to contact the Good Samaritan by telephone and provide to the Good Samaritan information concerning the agent causing the communicable disease for which the Designated Officer is disclosing communicable disease-related information, including:
- A description of the disease or syndrome caused by the agent, including its symptoms;
 - A description of how the agent is transmitted to others;
 - The average window period for the agent;
 - An explanation that exposure to an individual with a communicable disease does not mean that infection has occurred or will occur;
 - 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;
 - That it is necessary to notify others that they may be or may have been exposed to the agent through interaction with the Good Samaritan; and
 - The availability of assistance from the Department, local health agencies, or other resources; and
- d. Send to the Good Samaritan in writing:
- The information specified in subsection (E)(1)(a);
 - The notification specified in subsection (E)(1)(b);
 - The information specified in subsection (E)(1)(c); and
 - A statement that the confidentiality of the disclosed communicable disease-related information is protected by A.R.S. §§ 36-664(G) and 36-666(A)(2);
2. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan, but the Designated Officer is unable to provide communicable disease-related information for the assisted person:
- Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that either:
 - Communicable disease-related information, pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person, is not available to the Designated Officer; or
 - The Designated Officer is unable to identify the assisted person from the information provided in the Good Samaritan's disclosure request, as specified in subsection (C) or (D);
 - Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that:
 - The Good Samaritan's interaction with the assisted person may pose a significant exposure risk to the Good Samaritan; and
 - The Good Samaritan may seek medical consultation on the need for post-exposure prophylaxis; and
 - Send to the Good Samaritan in writing the notifications specified in subsections (E)(2)(a) and (b); and
3. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) does not indicate a significant exposure risk to the Good Samaritan:
- Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that the Designated Officer will not disclose any available communicable disease-related information for the assisted person; and
 - Send to the Good Samaritan in writing:
 - The notification specified in subsection (E)(3)(a);
 - A statement that the Designated Officer's decision not to disclose communicable disease-related information to the Good Samaritan is based on A.R.S. § 36-664(E) and this Section;
 - The Designated Officer's reasons for not disclosing communicable disease-related information to the Good Samaritan; and
 - A statement that the Good Samaritan has the right to obtain a hearing as specified in A.R.S. § 41-1092.03(B).

Historical Note

Renumbered from R9-6-107 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section renumbered to R9-6-301 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). New Section made by final rulemaking at 14 A.A.R. 4641, effective January 31, 2009 (Supp. 08-4).

R9-6-104. Repealed**Historical Note**

Renumbered from R9-6-108 and amended effective October 19, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-105. Renumbered**Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-105 renumbered to R9-6-107, new Section R9-6-105 renumbered from R9-6-102 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Section renumbered to R9-6-501 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-106. Renumbered**Historical Note**

Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-106 renumbered to R9-6-102, new Section R9-6-106 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-601 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Exhibit I-A. Repealed**Historical Note**

New Exhibit I-A made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit I-A repealed by final rulemaking at 15 A.A.R. 215, effective March 7, 2009 (Supp. 09-1).

R9-6-107. Repealed

Historical Note

Adopted effective September 14, 1990 (Supp. 90-3). Former Section R9-6-107 renumbered to R9-6-103, new Section R9-6-107 renumbered from R9-6-105 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-108. Renumbered**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and Paragraph (9) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-104 effective October 19, 1993 (Supp. 93-4).

R9-6-109. Reserved**R9-6-110. Reserved****R9-6-111. Repealed****Historical Note**

Corrected Departmental reference in subsection (C) (Supp. 76-5). Amended effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

R9-6-112. Renumbered**Historical Note**

Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1).

R9-6-113. Repealed**Historical Note**

Former Section R9-6-113 repealed, new Section R9-6-113 adopted effective June 4, 1980 (Supp. 80-3). Amended paragraph 4, effective January 31, 1983 (Supp. 83-1). Repealed effective January 28, 1987 (Supp. 87-1).

R9-6-114. Repealed**Historical Note**

Corrected Departmental reference in subsections (B) and (C) (Supp. 76-5). Former Section R9-6-114 repealed, new Section R9-6-114 adopted effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING**R9-6-201. Definitions**

In this Article, unless otherwise specified:

1. "Clinical laboratory" has the same meaning as in A.R.S. § 36-451.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.
3. "Epidemiologic curve" means a graphic display of the number of cases over time.

4. "Normally sterile site" means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
 - a. The lower respiratory tract;
 - b. Blood;
 - c. Bone marrow;
 - d. Cerebrospinal fluid;
 - e. Pleural fluid;
 - f. Peritoneal fluid;
 - g. Synovial fluid;
 - h. Pericardial fluid;
 - i. Amniotic fluid;
 - j. Lymph;
 - k. A closed abscess; or
 - l. Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, 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 2.1 or detects an occurrence listed in Table 2.1.
6. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
7. "Point of contact" means an individual through whom the Department or a local health agency can obtain information upon request.
8. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

Historical Note

Former Section R9-6-211 renumbered and amended and subsection (C) renumbered from R9-6-212 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-201 renumbered to R9-6-501, new Section R9-6-201 renumbered from R9-6-601, repealed, and a new Section R9-6-201 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-201 repealed; new R9-6-201 renumbered from R9-6-102 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

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 required to report shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- B. An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 2.1 is diagnosed, treated, or detected or an occurrence listed in Table 2.1 is detected shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- C. Except as described in subsection (D), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 2.1, a health care provider required to report or an administrator of a health care

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institution or correctional facility shall submit a report that includes:

1. The following information about the case or suspect case:
 - a. Name;
 - b. Residential and mailing addresses;
 - c. County of residence;
 - d. Whether the individual is living on a reservation and, if so, the name of the reservation;
 - e. Whether the individual is a member of a tribe and, if so, the name of the tribe;
 - f. Telephone number and, if available, email address;
 - g. Date of birth;
 - h. Race and ethnicity;
 - i. Gender;
 - j. If known, whether the individual is pregnant;
 - k. If known, whether the individual is alive or dead;
 - l. If known, the individual's occupation;
 - m. If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, the name and address of the school, child care establishment, health care institution, or food establishment; and
 - n. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, telephone number, and, if available, email address of the child's parent or guardian, if known;
 2. The following information about the disease:
 - a. The name of the disease;
 - b. The date of onset of symptoms;
 - c. The date of diagnosis;
 - d. The date of specimen collection;
 - e. Each type of specimen collected;
 - f. Each type of laboratory test completed;
 - g. The date of the result of each laboratory test; and
 - h. A description of the laboratory test results, including quantitative values if available;
 3. If reporting a case or suspect case of 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; and
 - c. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
 4. If reporting a case or suspect case of chancroid, gonorrhea, or *Chlamydia trachomatis* 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, telephone number, and, if available, email address of the infant's mother;
 - c. The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and
 - d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:
 - i. Whether the infant's mother received treatment for syphilis,
 - ii. The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and
 - iii. The name and phone number of the health care provider required to report who treated the infant's mother for syphilis;
 7. The name, address, telephone number, and, if available, email address of the individual making the report; and
 8. The name, address, telephone number, and, if available, email 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 outbreak for which a report is required by subsection (A) or (B) and Table 2.1, 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. A description of the signs and symptoms;
 2. If possible, a diagnosis and identification of suspected sources;
 3. The number of known cases and suspect cases;
 4. A description of the location and setting of the outbreak;
 5. The name, address, telephone number, and, if available, email address of the individual making the report; and
 6. The name, address, telephone number, and, if available, email address of the:
 - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(5); or
 - b. Health care institution or correctional facility, if reporting under subsection (B).
- E.** 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 (E)(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;

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- 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 (E)(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.

Historical Note

Renumbered from R9-6-213 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-202 renumbered to R9-6-502, new Section R9-6-202 renumbered from R9-6-602 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 4467, effective December 1, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 1. Repealed**Historical Note**

New Table 1 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 1 amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 1 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

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Table 2.1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

☒*,O	Amebiasis	☎	Glanders	O	Respiratory disease in a health care institution or correctional facility
☒	Anaplasmosis	☒	Gonorrhea	☎*	Rubella (German measles)
☎	Anthrax	☎	<i>Haemophilus influenzae</i> , invasive disease	☎	Rubella syndrome, congenital
☒	Arboviral infection	☒	Hansen’s disease (Leprosy)	☎*,O	Salmonellosis
☒	Babesiosis	☎	Hantavirus infection	O	Scabies
☒	Basidiobolomycosis	☎	Hemolytic uremic syndrome	☎*,O	Shigellosis
☎	Botulism	☎*,O	Hepatitis A	☎	Smallpox
☎	Brucellosis	☒	Hepatitis B and Hepatitis D	☎	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☒*,O	Campylobacteriosis	☒	Hepatitis C	☒	Streptococcal group A infection, invasive disease
☒	Chagas infection and related disease (American trypanosomiasis)	☒*,O	Hepatitis E	☒	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☒	Chancroid	☒	HIV infection and related disease	☒	<i>Streptococcus pneumoniae</i> infection (pneumococcal invasive disease)
☎	Chikungunya	☎	Influenza-associated mortality in a child	☒ ¹	Syphilis
☒	<i>Chlamydia trachomatis</i> infection	☎	Legionellosis (Legionnaires’ disease)	☒*,O	Taeniasis
☎*	Cholera	☎	Leptospirosis	☒	Tetanus
☒	Coccidioidomycosis (Valley Fever)	☎	Listeriosis	☒	Toxic shock syndrome
☒	Colorado tick fever	☒	Lyme disease	☎	Trichinosis
O	Conjunctivitis, acute	☎	Lymphocytic choriomeningitis	☎	Tuberculosis, active disease
☒	Creutzfeldt-Jakob disease	☒	Malaria	☎	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
☎*,O	Cryptosporidiosis	☎	Measles (rubeola)	☎	Tularemia
☎	<i>Cyclospora</i> infection	☎	Melioidosis	☎	Typhoid fever
☒	Cysticercosis	☎	Meningococcal invasive disease	☎	Typhus fever
☎	Dengue	☎	Mumps	☎	Vaccinia-related adverse event
O	Diarrhea, nausea, or vomiting	☎	Novel coronavirus infection (e.g., SARS or MERS)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☎	Diphtheria	☎	Pertussis (whooping cough)	☒	Varicella (chickenpox)
☒	Ehrlichiosis	☎	Plague	☎*,O	<i>Vibrio</i> infection
☎	Emerging or exotic disease	☎	Poliomyelitis (paralytic or non-paralytic)	☎	Viral hemorrhagic fever
☎	Encephalitis, parasitic	☒	Psittacosis (ornithosis)	☒	West Nile virus infection
☎	Encephalitis, viral	☎	Q fever	☎	Yellow fever
☎	<i>Escherichia coli</i> , Shiga toxin-producing	☎	Rabies in a human	☎*,O	Yersiniosis (enteropathogenic <i>Yersinia</i>)
☒*,O	Giardiasis	☎	Relapsing fever (borreliosis)	☎	Zika virus infection

Key:

- ☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected, or an occurrence is detected.
- * Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected, instead of reporting within the general reporting deadline, if the case or suspect case is a food handler or works in a child care establishment or a health care institution.
- ¹ Submit a report within one working day if the case or suspect case is a pregnant woman.
- ☎ Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- ☒ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- O Submit a report within 24 hours after detecting an outbreak.

Historical Note

New Table 2.1 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

- A. An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.2 and as specified in subsection (B).
- B. For each individual with a disease, infestation, or symptoms of a communicable disease or infestation listed in Table 2.2, or an outbreak of the communicable disease or infestation, an administrator of a school, child care establishment, or shelter shall submit a report that includes:
 1. The name and address of the school, child care establishment, or shelter;
 2. The number of individuals with the disease, infestation, or symptoms;
 3. The date and time that the disease or infestation was detected or that the symptoms began;
 4. The number of rooms, grades, or classes affected and the name of each;
 5. The following information about each individual with the disease, infestation, or symptoms:
 - a. Name;
 - b. Date of birth or age;

- c. If the individual is a child, name and contact information for the individual’s parent or guardian;
- d. Residential address and telephone number; and
- e. Whether the individual is a staff member, a student, a child in care, or a resident;
- 6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
- 7. The name, address, telephone number, and, if available, email address of the individual making the report.

Historical Note

Renumbered from R9-6-214 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-203 renumbered to R9-6-503, new Section R9-6-202 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-203 renumbered to R9-6-206; new R9-6-203 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 2. Renumbered

Historical Note

New Table 2 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 2, renumbered to Table 2.2 by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 2.2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

<input checked="" type="checkbox"/> Campylobacteriosis	<input checked="" type="checkbox"/> Mumps
<input type="checkbox"/> Conjunctivitis, acute	<input checked="" type="checkbox"/> Pertussis (whooping cough)
<input checked="" type="checkbox"/> Cryptosporidiosis	<input checked="" type="checkbox"/> Rubella (German measles)
<input type="checkbox"/> Diarrhea, nausea, or vomiting	<input checked="" type="checkbox"/> Salmonellosis
<input checked="" type="checkbox"/> <i>Escherichia coli</i> , Shiga toxin-producing	<input type="checkbox"/> Scabies
<input checked="" type="checkbox"/> <i>Haemophilus influenzae</i> , invasive disease	<input checked="" type="checkbox"/> Shigellosis
<input checked="" type="checkbox"/> Hepatitis A	<input type="checkbox"/> Streptococcal group A infection
<input checked="" type="checkbox"/> Measles	<input checked="" type="checkbox"/> Varicella (chickenpox)
<input checked="" type="checkbox"/> Meningococcal invasive disease	

Key:

- Submit a report within 24 hours after detecting a case or suspect case.
- Submit a report within five working days after detecting a case or suspect case.
- Submit a report within 24 hours after detecting an outbreak.

Historical Note

New Table 2.2 renumbered from Table 2 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-204. Clinical Laboratory Director Reporting Requirements

- A. Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 2.3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 2.3 shall, either personally or through a representative, submit a report, in a Department-provided format, and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 2.3 and subsection (B) or (C).
- B. For each specimen for which an immediate report is required by subsection (A) and Table 2.3, a clinical laboratory director shall 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;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject;

- 5. The gender of the subject;
- 6. The laboratory identification number;
- 7. The specimen type;
- 8. The date of collection of the specimen;
- 9. The type of test ordered on the specimen; and
- 10. The ordering health care provider’s name, address, telephone number, and, if available, email address.
- C. Except as provided in Table 2.3 and as specified in subsection (D), for each test result for a subject for which a report is required by subsection (A) and Table 2.3, a clinical laboratory director shall 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;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject;
 5. The gender of the subject;
 6. The laboratory identification number;

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- 7. The specimen type;
 - 8. The date of collection of the specimen;
 - 9. The date of the result of the test;
 - 10. The type of test completed on the specimen;
 - 11. The test result, including quantitative values and reference ranges, if applicable; and
 - 12. The ordering health care provider's name, address, telephone number, and, if available, email address.
- 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.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-204 renumbered to R9-6-302; new R9-6-204 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 3. Repealed

Historical Note

New Table 3 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 3 amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 3 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 2.3. Clinical Laboratory Director Reporting Requirements

☒	<i>Anaplasma</i> spp.	🔔, ①, *	<i>Francisella tularensis</i>	☒	<i>Plasmodium</i> spp.
①, * ⁴	Arboviruses	①, * ^{4,5}	<i>Haemophilus influenzae</i> , from a normally sterile site	①, *	Rabies virus from a human
☒	<i>Babesia</i> spp.	①	Hantavirus	①, * ⁴	Rabies virus from an animal
🔔, 📞, *	<i>Bacillus anthracis</i>	① ¹	Hepatitis A virus (anti-HAV-IgM serologies, detection of viral nucleic acid, or genetic sequencing)	☒	Respiratory syncytial virus
①, * ⁴	<i>Bordetella pertussis</i>	☒ ¹	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, detection of viral nucleic acid, or genetic sequencing)	①, * ⁴	<i>Rickettsia</i> spp. – any test result
①, *	<i>Brucella</i> spp.	☒ ¹	Hepatitis C virus	① ¹ , *	Rubella virus and anti-rubella-IgM serologies
①, *	<i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	☒ ¹	Hepatitis D virus	①, *	<i>Salmonella</i> spp.
☒, * ⁴	<i>Campylobacter</i> spp.	☒ ¹ , * ⁴	Hepatitis E virus	①, * ⁴	<i>Shigella</i> spp.
☒, * ⁴	Carbapenem-resistant Enterobacteriaceae (CRE)	☒	HIV—any test result (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing), except from a negative screening test	☒, * ⁴	<i>Streptococcus</i> group A, from a normally sterile site
☒	CD ₄ -T-lymphocyte count	☒	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing)	☒	<i>Streptococcus</i> group B, from a normally sterile site in an infant younger than 90 days of age
①, * ⁴	Chikungunya virus	☒, * ⁴	Influenza virus	☒, * ⁴	<i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, from a normally sterile site
☒	<i>Chlamydia trachomatis</i>	①, +	<i>Legionella</i> spp. (excluding single serological results)	☒ ¹	<i>Treponema pallidum</i> (syphilis) or rapid plasma reagin
☒	<i>Chlamydia psittaci</i> / <i>Chlamydia psittaci</i>	①	<i>Leptospira</i> spp.	☒	<i>Trypanosoma cruzi</i> (Chagas disease)
🔔, 📞	<i>Clostridium botulinum</i> toxin (botulism)	①	<i>Lymphocytic choriomeningitis</i> virus	①, *	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☒, * ⁴	<i>Coccidioides</i> spp.	①, *	<i>Listeria</i> spp., from a normally sterile site	🔔, 📞, *	Variola virus (smallpox)

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①	<i>Coxiella burnetti</i>	☎ ^{1,*}	Measles virus and anti-measles-IgM serologies	①,*	<i>Vibrio</i> spp.
①	<i>Cryptosporidium</i> spp.	☎ ²	Methicillin-resistant <i>Staphylococcus aureus</i> , from a normally sterile site	📞,☎, *	Viral hemorrhagic fever agent
①	<i>Cyclospora</i> spp.	① ^{1,*}	Mumps virus and anti-mumps-IgM serologies	☎	West Nile virus
①,* ⁴	Dengue virus	①,* ³	<i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	☎,*	Yellow fever virus
☎	<i>Ehrlichia</i> spp.	☎,* ⁴	<i>Neisseria gonorrhoeae</i> and, if performed, the drug sensitivity pattern	📞,☎, *	<i>Yersinia pestis</i> (plague)
📞,☎	Emerging or exotic disease agent	☎,*	<i>Neisseria meningitidis</i> , from a normally sterile site	①,*	<i>Yersinia</i> spp. (other than <i>Y. pestis</i>)
☎	<i>Entamoeba histolytica</i>	①	Norovirus	①,*	Zika virus
①,*	<i>Escherichia coli</i> , <i>Shiga</i> toxin-producing	☎	Novel coronavirus infection (e.g., SARS or MERS)		

Key:

- 📞 Submit a report immediately after receiving one specimen for detection of the agent. Report the receipt of subsequent specimens within five working days after receipt.
- ☎ Submit a report within 24 hours after obtaining a positive test result.
- ① 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 2.3.
- * Submit an isolate of the organism for each positive culture, if available, or a specimen for each positive test result to the Arizona State Laboratory within one working day.
- + Submit an isolate of the organism for each positive culture to the Arizona State Laboratory within one working day.

When appearing after one of the symbols above, the following modify the requirement:

- 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 or as a reflex test.
- ² Submit a report only when an initial positive result is obtained for an individual.
- ³ Submit an isolate or specimen of the organism, as applicable, 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.
- ⁴ Submit an isolate or specimen, as applicable, only by request.
- ⁵ Submit an isolate of the organism, if available, or a specimen when a positive result is obtained for an individual < 5 years of age.

Historical Note

Table 2.3 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy

- A. A pharmacist who fills an individual’s initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual’s initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report, in a Department-provided format, that complies with subsection (C) to the Department within five working days after the prescription is filled.
- B. A combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
 1. Isoniazid,
 2. Streptomycin,
 3. Any rifamycin,
 4. Pyrazinamide, or
 5. Ethambutol.
- C. A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) that includes:
 1. The following information about the individual for whom the drugs are prescribed:
 - a. Name,
 - b. Address,
 - c. Telephone number, and
 - d. Date of birth; and
 2. The following information about the prescription:

- a. The name of the drugs prescribed,
- b. The date of prescription, and
- c. The name and telephone number of the prescribing health care provider.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

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

- A. The Department shall notify each local health agency of the format to be used by:
 1. A health care provider required to report when making a report required under R9-6-202(A) and Table 2.1;
 2. An administrator of a health care institution or correctional facility when making a report required under R9-6-202(B) and Table 2.1; and
 3. An administrator of a school, child care establishment, or shelter when making a report required under R9-6-203(A) and Table 2.2.
- B. A local health agency shall inform health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters of the format to use when making a report, as specified in subsection (A).

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- C. Except as specified in Table 2.4 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 2.4 and Article 3, a local health agency shall submit to the Department a report, in a Department-provided format, 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 instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:
1. Within 24 hours after receiving the report or reports, provide to the Department, in a Department-provided format, 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 report, in a Department-provided format, 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.

Historical Note

Section renumbered from R9-6-203 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 4. Repealed**Historical Note**

New Table 4 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 4

repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 2.4. Local Health Agency Reporting Requirements

☒, →	Amebiasis	☒	Gonorrhea	①, →, *	Rubella (German measles)
☒, →	Anaplasmosis	①, →	<i>Haemophilus influenzae</i> , invasive disease	☒, →, *	Rubella syndrome, congenital
☒, →, *	Anthrax	☒, →	Hansen’s disease (Leprosy)	①, →	Salmonellosis
☒, →	Arboviral infection	①, →	Hantavirus infection	①, →	Shigellosis
☒, →	Babesiosis	①, →	Hemolytic uremic syndrome	☒, →, *	Smallpox
☒, →	Basidiobolomycosis	①, →	Hepatitis A	①, →	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☒, →, *	Botulism	☒, →	Hepatitis B and Hepatitis D	☒	Streptococcal group A infection, invasive disease
☒, →, *	Brucellosis	☒, →	Hepatitis E	☒	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☒, →	Campylobacteriosis	☒, →	HIV infection and related disease	☒	<i>Streptococcus pneumoniae</i> infection, (pneumococcal invasive disease)
☒, →	Chagas infection and related disease (American Trypanosomiasis)	①, →	Influenza-associated mortality in a child	☒, →	Syphilis
☒, →	Chancroid (<i>Haemophilus ducreyi</i>)	①, →	Legionellosis (Legionnaires’ disease)	☒, →	Taeniasis
☒, →	Chikungunya	①, →	Leptospirosis	☒, →	Tetanus
☒	<i>Chlamydia trachomatis</i> infection	①, →, *	Listeriosis	☒, →	Toxic shock syndrome
①, →	Cholera	☒, →	Lyme disease	①, →	Trichinosis
☒	Coccidioidomycosis (Valley Fever)	①, →	Lymphocytic choriomeningitis	①, →, *	Tuberculosis, active disease
☒, →	Colorado tick fever	☒, →	Malaria	①, →	Tuberculosis latent infection in a child five years of age or younger (positive screening test result)
☒, →	Creutzfeldt-Jakob disease	☒, →, *	Measles (rubeola)		Tularemia
☒, →	Cryptosporidiosis	①, →, *	Melioidosis	☒, →, *	Typhoid fever
☒, →	<i>Cyclospora</i> infection	☒, →, *	Meningococcal invasive disease	①, →	Typhus fever
☒, →	Cysticercosis	①, →, *	Mumps	①, →	Vaccinia-related adverse event
①, →	Dengue	☒, →	Novel coronavirus (e.g., SARS or MERS)	①, →	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☒, →	Diphtheria	①, →	Pertussis (whooping cough)	①, →, *	Varicella (chickenpox)
☒, →	Ehrlichiosis	☒, →, *	Plague	☒, → ¹	<i>Vibrio</i> infection
☒, →	Emerging or exotic disease	☒, →, *	Poliomyelitis (paralytic or non-paralytic)	①, →	Viral hemorrhagic fever
☒, →	Encephalitis, parasitic	☒, →	Psittacosis (ornithosis)	☒, →, *	West Nile virus infection
①, →	Encephalitis, viral	①, →	Q Fever	☒, →, *	Yellow fever
①, →	<i>Escherichia coli</i> , Shiga toxin-producing	☒, →, *	Rabies in a human	①, →, *	Yersiniosis (enteropathogenic <i>Yersinia</i>)
☒, →	Giardiasis	①, →	Relapsing fever (borreliosis)	①, →, *	Zika virus infection
①, →, *	Glanders				

Key:

- ☒ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
- ① Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
- ☒ Notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.
- 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.

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- * Ensure that an isolate of the organism for each positive culture, if available, or a specimen for each positive test result is submitted to the Arizona State Laboratory within one working day.
- ¹ Submit an epidemiologic investigation report only if a case or suspect case has died as a result of the communicable disease.

Historical Note

New Table 2.4 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-207. Federal or Tribal Entity Reporting

A. To the extent permitted by law, a federal or tribal entity shall comply with the reporting requirements in this Article as follows:

1. If the federal or tribal entity is participating in the diagnosis or treatment of an individual, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for a health care provider;
2. If the federal or tribal entity is operating a facility that provides health care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a health care institution;
3. If the federal or tribal entity is operating a correctional facility, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a correctional facility;
4. If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a child care establishment;
5. If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a school;
6. If the federal or tribal entity is operating a clinical laboratory, the federal or tribal entity shall comply with the reporting requirements in R9-6-204 and Table 2.3 for a clinical laboratory director; and
7. If the federal or tribal entity is operating a facility that provides pharmacy services, the federal or tribal entity shall comply with the reporting requirements in R9-6-205 for an administrator of a pharmacy.

B. For the purposes of this Section, "federal or tribal entity" means a person operating within this state, whether on federal or tribal land or otherwise, under the authority of an agency or other administrative subdivision of the federal government or a tribal nation and who is:

1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
2. Licensed as a physician assistant under the laws of this or another state;
3. Licensed as a registered nurse practitioner under the laws of this or another state;
4. Licensed as a dentist under the laws of this or another state;
5. Operating a facility that provides health care services;
6. Operating a correctional facility;
7. Operating a facility that provides child care services;
8. Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001;

9. Operating a clinical laboratory; or
10. Operating a facility that provides pharmacy services.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-208. Reserved

R9-6-209. Reserved

R9-6-210. Reserved

R9-6-211. Renumbered

Historical Note

Renumbered to R9-6-201 effective May 2, 1991 (Supp. 91-2).

R9-6-212. Renumbered

Historical Note

Renumbered to R9-6-201(C) effective May 2, 1991 (Supp. 91-2).

R9-6-213. Renumbered

Historical Note

Renumbered to R9-6-202 effective May 2, 1991 (Supp. 91-2).

R9-6-214. Renumbered

Historical Note

Renumbered to R9-6-203 effective May 2, 1991 (Supp. 91-2).

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

R9-6-301. Definitions

In this Article, unless otherwise specified:

1. "Aquatic venue" means an artificially constructed structure or modified natural structure that:
 - a. Is used:
 - i. For water contact recreation, as defined in A.A.C. R9-8-801; or
 - ii. To treat a diagnosed injury, illness, or medical condition under the supervision of a health professional, as defined in A.R.S. § 32-3201;
 - b. Is open to all individuals or to all residents of a community, members of a club or camp, individuals being treated by a specific health professional, or patrons of other such establishments; and
 - c. Includes a:
 - i. Natural bathing place as defined in A.A.C. R18-5-201,
 - ii. Public spa as defined in A.A.C. R18-5-201,
 - iii. Public swimming pool as defined in A.A.C. R18-5-201,
 - iv. Semi-artificial bathing place as defined in A.A.C. R18-5-201,
 - v. Semi-public spa as defined in A.A.C. R18-5-201,

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- vi. Semi-public swimming pool as defined in A.A.C. R18-5-201, and
 - vii. Water-play area, an artificially constructed depression in which water issues from showers or other nozzles and drains away to leave little or no standing water.
2. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.
 3. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
 4. "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.
 5. "Contaminated" means to have come in contact with a disease-causing agent or toxin.
 6. "Disinfection" means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
 7. "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
 8. "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 (8)(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.
 9. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
 10. "Incapacitated adult" means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
 11. "Isolation precautions" means methods to limit the transmission of an infectious agent, based on the infectious agent and the location of infection in or on the infected individual or animal, that includes isolation of the infected individual or animal and may include any one or combination of the following:
 - a. Standard precautions,
 - b. Contact precautions,
 - c. Droplet precautions, or
 - d. Airborne precautions.
 12. "Midwife" has the same meaning as in A.R.S. § 36-751.
 13. "Multi-drug-resistant organism" means a bacterial agent on a Department-provided list that is known to not be killed or whose growth is not slowed by specific classes of antibiotics.
 14. "Pediculocide" means a shampoo or cream rinse manufactured and labeled for controlling head lice.
 15. "Person in charge" means the individual present at a food establishment who is responsible for the food establishment's operation at the time in question.
 16. "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
 17. "State health officer" means the Director of the Department or the Director's designee.
 18. "Vector" means a living animal, usually a mosquito, tick, flea, or other arthropod, that may transmit an infectious agent to an individual.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-301 repealed; new R9-6-301 renumbered from R9-6-103 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-302. Local Health Agency Control Measures

A local health agency shall:

1. Review each report received under Article 2 for completeness and accuracy;
2. Confirm each diagnosis;
3. Conduct epidemiologic and other investigations required by this Chapter or in cooperation with the Department;
4. Facilitate notification of known contacts;
5. Conduct surveillance;
6. Determine trends;
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter;
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.

Historical Note

Renumbered from R9-6-702 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-302 renumbered to R9-6-304; new R9-6-302 renumbered from R9-6-204 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-303. Isolation, Quarantine, Exclusion, and Other Control Measures

- 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, includ-

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- ing, 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.** A local health agency may issue a written order for additional control measures:
 - 1. Except as provided in subsection (A)(2), to each affected individual, group of individuals, or person and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian;
 - 2. That specifies:
 - a. The control measure requirements being imposed, including, if applicable, requirements for:
 - i. Being excluded 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;
 - ii. Avoiding other locations where the individual or an individual in the group of individuals may pose a health risk to other individuals;
 - iii. Observing airborne precautions, droplet precautions, or contact precautions and the methods by which the individual shall comply with the requirement;
 - iv. Prophylaxis or immunization, as applicable, as an alternative to or to reduce the length of exclusion;
 - v. Physical examinations and medical testing to ascertain and monitor the individual's health status; or
 - vi. Not creating a situation where additional individuals may be exposed to the communicable disease;
 - b. The identity of each individual, group of individuals, or person subject to the order;
 - c. The date and time at which the control measure requirements begin; and
 - d. The justification for the control measure requirements, including:
 - i. If known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
 - ii. If applicable, the possible consequences of the individual, group of individuals, or person failing to follow the recommendations of the Department or the local health agency to control the spread of the communicable disease; and
 - 3. That may provide information about the disease, existing medical treatment, if applicable, and the consequences of an individual's failure to comply with the order.
- C.** Within 10 calendar days after the issuing of a written order described in subsection (A) or (B), if a local health agency determines that isolation, quarantine, or 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, quarantine, or other control measure requirements pertaining to an individual, a group of individuals, or a person;
 - 2. Includes the following:
 - a. The isolation, quarantine, or 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, group of individuals, or person subject to isolation, quarantine, or other control measure requirements;
 - c. If applicable, the premises at which each individual or group of individuals is isolated or quarantined;
 - d. The date and time at which isolation, quarantine, or other control measure requirements began; and
 - e. The justification for isolation, quarantine, or other control measure requirements, including, if applicable and 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.
- D.** A local health agency that files a petition for a court order under subsection (C) shall provide notice to each individual, group of individuals, or person identified in the petition according to the Arizona Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.
- E.** In the event of noncompliance with a written order issued under subsection (A) or (B), a local health agency may contact law enforcement to request assistance in enforcing the order.
- F.** If the Department determines that isolation, quarantine, or other control measure requirements are necessary, the Department, under A.R.S. § 36-136(G), may take any of the actions specified in subsections (A) through (E).

Historical Note

Renumbered from R9-6-703 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-303 renumbered to R9-6-305; new R9-6-303 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-303 renumbered to R9-6-304; new R9-6-303 renumbered from R9-6-388 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-304. Food Establishment Control Measures

The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements in this Article or as ordered by a local health agency or the Department.

Historical Note

Renumbered from R9-6-704 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-304 renumbered to R9-6-306; new R9-6-304 renumbered from R9-6-302 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-304 renumbered to R9-6-305; new R9-6-304 renumbered from R9-6-303 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-305. Control Measures for Multi-drug-resistant Organisms

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is infected with a multi-drug-resistant organism.
2. An administrator of the correctional facility transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another correctional facility or to a health care institution shall, either personally or through a representative, ensure that the receiving correctional facility or health care institution is informed that the individual is infected with a multi-drug-resistant organism.

Historical Note

Renumbered from R9-6-705 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-305 renumbered to R9-6-308; new R9-6-305 renumbered from R9-6-303 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-305 renumbered to R9-6-306; new R9-6-305 renumbered from R9-6-304 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-305 renumbered to R9-6-306; new Section R9-6-305 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-306. Amebiasis

Case control measures: A local health agency shall:

1. Exclude an amebiasis case or suspect case with diarrhea from:
 - a. 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:
 - i. Either:
 - (1) Treatment with an amebicide is initiated, and
 - (2) A stool specimen negative for amoebae is obtained from the amebiasis case or suspect case; or
 - ii. The local health agency has determined that the amebiasis case or suspect case is unlikely to infect other individuals; and

- b. Using an aquatic venue for two weeks after diarrhea has resolved;
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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-706 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-306 renumbered to R9-6-309; new R9-6-306 renumbered from R9-6-304 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-306 renumbered to R9-6-307; new R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-306 renumbered to R9-6-308; new Section R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-307. Anaplasmosis

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported anaplasmosis case or suspect case; and
2. For each anaplasmosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Former R9-6-307 renumbered to R9-6-310; new R9-6-307 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-307 renumbered to R9-6-308; new R9-6-307 renumbered from R9-6-306 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-307 repealed; new Section R9-6-307 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-308. Anthrax

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 Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each anthrax case or suspect case is submitted to the Arizona State Laboratory.

B. Environmental control measures: A local health agency shall, in conjunction with the Department and applicable federal agencies, provide or arrange for disinfection of areas or objects contaminated by *Bacillus anthracis* through sterilization by dry heating, incineration of objects, or other appropriate means.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-308 renumbered to R9-6-311; new R9-6-308 renumbered from R9-

6-305 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-308 renumbered to R9-6-309; new R9-6-308 renumbered from R9-6-307 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-308 renumbered to R9-6-311; new Section R9-6-308 renumbered from R9-6-306 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-309. Arboviral Infection

- A. Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported arboviral infection case or suspect case;
 2. For each arboviral infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 3. Ensure that each arboviral infection case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each arboviral infection case or suspect case and implement vector control measures as necessary.

Historical Note

Renumbered from R9-6-708 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-309 renumbered to R9-6-312; new R9-6-309 renumbered from R9-6-306 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-309 renumbered to R9-6-310; new R9-6-309 renumbered from R9-6-308 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-309 renumbered to R9-6-312; new Section R9-6-309 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-310. Babesiosis

- Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported babesiosis case or suspect case; and
 2. For each babesiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-709 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-310 renumbered to R9-6-313; new R9-6-310 renumbered from R9-6-307 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-310 renumbered to R9-6-311; new R9-6-310 renumbered from R9-6-309 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-310 renumbered to R9-6-313; new Section R9-6-310 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-311. Basidiobolomycosis

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Repealed effective May 2, 1991 (Supp. 91-2). New Section R9-6-311 renumbered from R9-6-710 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-311 renumbered to R9-6-314; new R9-6-311 renumbered from R9-6-308 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-311 renumbered to R9-6-313; new R9-6-311 renumbered from R9-6-310 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-311 renumbered to R9-6-314; new Section R9-6-311 renumbered from R9-6-308 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-312. Botulism

- 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 or suspect case:
 - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - b. Ensure that one or more specimens from each botulism case or suspect case are submitted to the Arizona State Laboratory.
- B. Environmental control measures: An individual in possession of:
1. Food known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated food for 10 minutes and then discard it, and
 2. Utensils known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated utensils for 10 minutes before reuse or disposal.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-312 renumbered to R9-6-315; new R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-312 renumbered to R9-6-314; new R9-6-312 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-312 renumbered to R9-6-316; new Section R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-313. Brucellosis

- 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 Table 2.4, the information required under R9-6-206(D); and
 3. Ensure that an isolate or a specimen, as available, from each brucellosis case is submitted to the Arizona State Laboratory.

Historical Note

Renumbered from R9-6-711 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-313 renumbered to R9-6-316; new R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-313 renumbered to R9-6-315; new R9-6-313 renumbered from R9-6-311 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-313 renumbered to R9-6-317; new Section R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-314. Campylobacteriosis

Case control measures: A local health agency shall:

1. Exclude a campylobacteriosis case or suspect case with diarrhea from:
 - a. 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:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for *Campylobacter* spp. is obtained from the campylobacteriosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until 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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-314 renumbered to R9-6-318; new R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-314 renumbered to R9-6-316; new R9-6-314 renumbered from R9-6-312 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-314 renumbered to R9-6-319; new Section R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-315. Carbapenem-resistant Enterobacteriaceae

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and
 - b. If a carbapenem-resistant enterobacteriaceae case or carrier is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and

- b. If a carbapenem-resistant enterobacteriaceae case or carrier is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
 3. A local health agency, in consultation with the Department, shall:
 - a. Ensure that a case or carrier of carbapenem-resistant enterobacteriaceae is isolated as necessary to prevent transmission; and
 - b. Upon request, ensure that an isolate or a specimen, as available, from each case or carrier of carbapenem-resistant enterobacteriaceae is submitted to the Arizona State Laboratory.
- B. Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae; and
 2. For each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae, submit to the Department the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-712 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-315 renumbered to R9-6-321; new R9-6-315 renumbered from R9-6-312 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-315 renumbered to R9-6-317; new R9-6-315 renumbered from R9-6-313 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-315 renumbered to R9-6-320; new Section R9-6-315 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-316. 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 Table 2.4, 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.

Historical Note

Renumbered from R9-6-713 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-316 repealed; new R9-6-316 renumbered from R9-6-313 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-316 renumbered to R9-6-318; new R9-6-316 renumbered from R9-6-314 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-316 renumbered to R9-6-322; new Section R9-6-316 renumbered

from R9-6-312 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-317. Chancroid (*Haemophilus ducreyi*)

- A. Case control measures: A local health agency shall:
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 Table 2.4, 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 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.

Historical Note

Renumbered from R9-6-714 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-317 renumbered to R9-6-323; new R9-6-317 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-317 renumbered to R9-6-319; new R9-6-317 renumbered from R9-6-315 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-317 renumbered to R9-6-323; new Section R9-6-317 renumbered from R9-6-313 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-318. Chikungunya

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a chikungunya 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 chikungunya case or suspect case;
 3. For each chikungunya case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 4. Ensure that each chikungunya case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each chikungunya case or suspect case and implement vector control measures as necessary.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-318 renumbered to R9-6-324; new R9-6-318 renumbered from R9-6-314 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-318 renumbered to R9-6-320; new R9-6-318 renumbered from R9-6-316 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-318 renumbered to R9-6-324; new Section R9-6-318 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-319. *Chlamydia trachomatis* Infection

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

Historical Note

Renumbered from R9-6-715 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-319 renumbered to R9-6-326; new R9-6-319 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-319 renumbered to R9-6-321; new R9-6-319 renumbered from R9-6-317 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-319 renumbered to R9-6-325; new Section R9-6-319 renumbered from R9-6-314 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-320. Cholera

- 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:
 - a. 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 stool specimen negative for toxigenic *Vibrio cholerae* is obtained from the cholera case or suspect case; and
 - b. Using an aquatic venue until diarrhea has resolved;
 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 Table 2.4, 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.

Historical Note

Renumbered from R9-6-716 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-320 renumbered to Section R9-6-321; new Section R9-6-320 adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-320 renumbered to R9-6-322; new R9-6-320 renumbered from R9-6-318 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-320 renumbered to R9-6-326; new Section R9-6-320 renumbered from R9-6-315 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-321. *Clostridium difficile*

- Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution transferring a known *Clostridium difficile* case with active infection and diarrhea to another

health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known *Clostridium difficile* case.

2. If a known *Clostridium difficile* case with active infection and diarrhea is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known *Clostridium difficile* case.

Historical Note

Renumbered from R9-6-717 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-321 renumbered to R9-6-322; new Section R9-6-321 renumbered from R9-6-320 effective April 4, 1997 (Supp. 97-2). Former R9-6-321 renumbered to R9-6-322; new R9-6-321 renumbered from R9-6-315 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-321 renumbered to R9-6-323; new R9-6-321 renumbered from R9-6-319 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-321 renumbered to R9-6-327; new Section R9-6-321 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-322. Coccidioidomycosis (Valley Fever)

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 the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-718 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-322 renumbered to R9-6-323; new Section R9-6-322 renumbered from R9-6-321 effective April 4, 1997 (Supp. 97-2). Former R9-6-322 renumbered to R9-6-329; new R9-6-322 renumbered from R9-6-321 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-322 renumbered to R9-6-324; new R9-6-322 renumbered from R9-6-320 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-322 renumbered to R9-6-328; new Section R9-6-322 renumbered from R9-6-316 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-323. Colorado Tick Fever

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-719 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-323 renumbered to R9-6-324; new Section R9-6-323 renumbered from R9-6-322 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-323 renumbered to R9-6-330; new R9-6-323

renumbered from R9-6-317 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-323 renumbered to R9-6-325; new R9-6-323 renumbered from R9-6-321 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-323 renumbered to R9-6-329; new Section R9-6-323 renumbered from R9-6-317 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-324. Conjunctivitis: Acute

- A. Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.
- 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 the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-720 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-324 renumbered to R9-6-326; new Section R9-6-324 renumbered from R9-6-323, effective April 4, 1997 (Supp. 97-2). Former R9-6-324 renumbered to R9-6-331; new R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-324 renumbered to R9-6-326; new R9-6-324 renumbered from R9-6-322 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-324 renumbered to R9-6-330; new Section R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-325. Creutzfeldt-Jakob Disease

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-721 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-325 renumbered to R9-6-327; new Section R9-6-325 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-325 renumbered to R9-6-333; new R9-6-325 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-325 renumbered to R9-6-327; new R9-6-325 renumbered from R9-6-323 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-325 renumbered to R9-6-331; new Section R9-6-325 renumbered from R9-6-319 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-326. Cryptosporidiosis

Case control measures: A local health agency shall:

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for chil-

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- dren in or attending a child care establishment until diarrhea has resolved; and
- b. Using an aquatic venue for two weeks after 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 Table 2.4, the information required under R9-6-206(D).

- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of cryptosporidiosis.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-326 renumbered to R9-6-329; new Section R9-6-326 renumbered from R9-6-324 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-326 renumbered to R9-6-335; new R9-6-326 renumbered from R9-6-319 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-326 renumbered to R9-6-328; new R9-6-326 renumbered from R9-6-324 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-326 renumbered to R9-6-332; new Section R9-6-326 renumbered from R9-6-320 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-327. Cyclospora Infection

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-722 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-327 renumbered to R9-6-330; new Section R9-6-327 renumbered from R9-6-325 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-327 renumbered to R9-6-336; new R9-6-327 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-327 renumbered to R9-6-329; new R9-6-327 renumbered from R9-6-325 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-327 renumbered to R9-6-333; new Section R9-6-327 renumbered from R9-6-321 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-328. Cysticercosis

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-701 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-328 renumbered to R9-6-331; new Section R9-6-328 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-328 renumbered to R9-6-337; new R9-6-328 made by final

rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-328 renumbered to R9-6-330; new R9-6-328 renumbered from R9-6-326 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-328 renumbered to R9-6-334; new Section R9-6-328 renumbered from R9-6-322 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-329. Dengue

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

1. Upon receiving a report under R9-6-202 of a dengue 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 dengue case or suspect case;
3. For each dengue case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that each dengue case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.

- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each dengue case or suspect case and implement vector control measures as necessary.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Section R9-6-329 renumbered to R9-6-332; new Section R9-6-329 renumbered from R9-6-326 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-329 repealed; new R9-6-329 renumbered from R9-6-322 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-329 renumbered to R9-6-331; new R9-6-329 renumbered from R9-6-327 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-329 renumbered to R9-6-335; new Section R9-6-329 renumbered from R9-6-323 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-330. Diarrhea, Nausea, or Vomiting

A. 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 the information required under R9-6-206(E); and
3. Exclude each case that is part of an outbreak of diarrhea, nausea, or vomiting from:
 - a. 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:
 - i. Diarrhea and vomiting have resolved, or
 - ii. The local health agency has determined that the case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved.

- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of diarrhea, nausea, or vomiting.

Historical Note

Renumbered from R9-6-723 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-330 renumbered to R9-6-333; new Section R9-6-330 renumbered from R9-6-327 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-330 repealed; new R9-6-330 renumbered from R9-6-323 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-330 renumbered to R9-6-332; new R9-6-330 renumbered from R9-6-328 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-330 renumbered from R9-6-324 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-331. Diphtheria**A. Case control measures:**

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 two successive sets of cultures negative for *Corynebacterium 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; and
 - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until two successive sets of cultures negative for *Corynebacterium 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.
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 Table 2.4, the information required under R9-6-206(D).

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

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 *Corynebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
2. In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the contact at least 24 hours apart;
3. Offer each previously immunized diphtheria contact prophylaxis and a vaccine containing diphtheria toxoid; and
4. Offer each unimmunized diphtheria contact prophylaxis and the primary vaccine series.

Historical Note

Renumbered from R9-6-724 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-331 renumbered to R9-6-334; new Section R9-6-331 renumbered from R9-6-328 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-331 renumbered to R9-6-339; new R9-6-331 renumbered from R9-6-324 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-331 renumbered to R9-6-333; new R9-6-331 renumbered from R9-6-329 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-331 renumbered to R9-6-336; new Section R9-6-331 renumbered from R9-6-325 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-332. Ehrlichiosis**Case control measures: A local health agency shall:**

1. Conduct an epidemiologic investigation of each reported ehrlichiosis case or suspect case; and
2. For each ehrlichiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-725 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-332 renumbered to R9-6-335; new Section R9-6-332 renumbered from R9-6-329 effective April 4, 1997 (Supp. 97-2). Former R9-6-332 repealed; new R9-6-332 renumbered from R9-6-334 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-332 renumbered to R9-6-334; new R9-6-332 renumbered from R9-6-330 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-332 renumbered to R9-6-338; new Section R9-6-332 renumbered from R9-6-326 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-333. Emerging or Exotic Disease**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 Table 2.4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine or exclude an emerging or exotic disease contact as necessary, according to R9-6-303, to prevent transmission.**Historical Note**

Renumbered from R9-6-726 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-333 renumbered to R9-6-336; new Section R9-6-333 renumbered from R9-6-330 effective April 4, 1997 (Supp. 97-2). Former R9-6-333 renumbered to R9-6-341; new R9-

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6-333 renumbered from R9-6-325 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-333 renumbered to R9-6-335; new R9-6-333 renumbered from R9-6-331 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-333 renumbered to R9-6-339; new Section R9-6-333 renumbered from R9-6-327 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-334. Encephalitis, Viral or Parasitic

Case control measures: A local health agency shall:

1. Upon receiving a report of encephalitis under R9-6-202, notify the Department:
 - a. For a case or suspect case of parasitic encephalitis, within 24 hours after receiving the report and provide to the Department the information contained in the report; and
 - b. For a case or suspect case of viral encephalitis, 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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-727 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-334 renumbered to R9-6-337; new Section R9-6-334 renumbered from R9-6-331 effective April 4, 1997 (Supp. 97-2). Former R9-6-334 renumbered to R9-6-332; new R9-6-334 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-334 renumbered to R9-6-336; new R9-6-334 renumbered from R9-6-332 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-334 renumbered to R9-6-340; new Section R9-6-334 renumbered from R9-6-328 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-335. Escherichia coli, Shiga Toxin-producing

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

1. Upon receiving a report under R9-6-202 or R9-6-203 of a Shiga toxin-producing *Escherichia coli* 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 Shiga toxin-producing *Escherichia coli* case or suspect case with diarrhea from:
 - a. 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:
 - i. Two successive stool specimens, collected from the Shiga toxin-producing *Escherichia coli* case or suspect case at least 24 hours apart, are negative for Shiga toxin-producing *Escherichia coli*;
 - ii. Diarrhea has resolved; or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;

3. Conduct an epidemiologic investigation of each reported Shiga toxin-producing *Escherichia coli* case or suspect case; and
4. For each Shiga toxin-producing *Escherichia coli* case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

Historical Note

Renumbered from R9-6-728 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-335 renumbered to R9-6-338; new Section R9-6-335 renumbered from R9-6-332 effective April 4, 1997 (Supp. 97-2). Former R9-6-335 renumbered to R9-6-342; new R9-6-335 renumbered from R9-6-326 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-335 renumbered to R9-6-337; new R9-6-335 renumbered from R9-6-333 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-335 renumbered to R9-6-341; new Section R9-6-335 renumbered from R9-6-329 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-336. Giardiasis

Case control measures: A local health agency shall:

1. Exclude a giardiasis case or suspect case with diarrhea from:
 - a. 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:
 - i. Treatment for giardiasis is initiated and diarrhea has resolved, or
 - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported giardiasis case or suspect case; and
3. For each giardiasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-729 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-336 renumbered to R9-6-339; new Section R9-6-336 renumbered from R9-6-333 effective April 4, 1997 (Supp. 97-2). Former R9-6-336 renumbered to R9-6-343; new R9-6-336 renumbered from R9-6-327 and amended by final

rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-336 renumbered to R9-6-338; new R9-6-336 renumbered from R9-6-334 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-336 renumbered to R9-6-342; new Section R9-6-336 renumbered from R9-6-331 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-337. Glanders

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a glanders 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 glanders case or suspect case;
3. For each glanders case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each glanders case or suspect case is submitted to the Arizona State Laboratory.

Historical Note

Renumbered from R9-6-730 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-337 renumbered to R9-6-340; new Section R9-6-337 renumbered from R9-6-334 effective April 4, 1997 (Supp. 97-2). Former R9-6-337 renumbered to R9-6-344; new R9-6-337 renumbered from R9-6-328 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-337 renumbered to R9-6-339; new R9-6-337 renumbered from R9-6-335 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-337 renumbered to R9-6-343; new Section R9-6-337 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-338. Gonorrhea

A. Case control measures:

1. For the prevention of gonorrheal ophthalmia, a 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. Erythromycin ophthalmic ointment 0.5%, or
 - b. Tetracycline ophthalmic ointment 1%.
2. 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 comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

Historical Note

Renumbered from R9-6-731 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-338 renumbered to R9-6-341; new Section R9-6-338 renumbered from R9-6-335 effective April 4, 1997 (Supp. 97-2). Former R9-6-338 renumbered to R9-6-346; new R9-

6-338 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-338 renumbered to R9-6-340; new R9-6-338 renumbered from R9-6-336 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-338 renumbered to R9-6-344; new Section R9-6-338 renumbered from R9-6-332 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-339. *Haemophilus influenzae*: Invasive Disease

A. 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 institute droplet precautions for a *Haemophilus influenzae* meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a *Haemophilus influenzae* invasive disease 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;
 - b. Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and
 - c. For each *Haemophilus influenzae* invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a *Haemophilus influenzae* invasive disease case and, if indicated, shall provide or arrange for each contact to receive immunization or treatment.

Historical Note

Renumbered from R9-6-732 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-339 renumbered to R9-6-342; new Section R9-6-339 renumbered from R9-6-336 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-339 renumbered to R9-6-347; new R9-6-339 renumbered from R9-6-331 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-339 renumbered to R9-6-341; new R9-6-339 renumbered from R9-6-337 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-339 renumbered to R9-6-345; new Section R9-6-339 renumbered from R9-6-333 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-340. Hansen's Disease (Leprosy)

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 Table 2.4, the information required under R9-6-206(D).

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

Historical Note

Renumbered from R9-6-733 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-340 renumbered to R9-6-343; new Section R9-6-340 renumbered from R9-6-337 effective April 4, 1997 (Supp. 97-2). Former R9-6-340 renumbered to R9-6-348; new R9-6-340 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-340 renumbered to R9-6-343; new R9-6-340 renumbered from R9-6-338 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-340 renumbered to R9-6-346; new Section R9-6-340 renumbered from R9-6-334 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-341. Hantavirus Infection

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a hantavirus infection 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. Ensure that a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
 3. Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
 4. For each hantavirus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Environmental control measures: A local health agency shall conduct an environmental assessment for each hantavirus infection case or suspect case.

Historical Note

Renumbered from R9-6-734 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-341 renumbered to R9-6-344; new Section R9-6-341 renumbered from R9-6-338 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-341 renumbered to R9-6-349; new R9-6-341 renumbered from R9-6-333 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-341 renumbered to R9-6-344; new R9-6-341 renumbered from R9-6-339 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-341 renumbered to R9-6-347; new Section R9-6-341 renumbered from R9-6-335 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-342. Hemolytic Uremic Syndrome

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a hemolytic uremic syndrome 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 hemolytic uremic syndrome case or suspect case; and
 3. For each hemolytic uremic syndrome case, submit to the Department, as specified in Table 2.4, 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.

Historical Note

Renumbered from R9-6-735 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-342 renumbered to R9-6-345; new Section R9-6-342 renumbered from R9-6-339 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-342 renumbered to R9-6-350; new R9-6-342 renumbered from R9-6-335 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-342 renumbered to R9-6-345; new R9-6-342 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-342 renumbered to R9-6-348; new Section R9-6-342 renumbered from R9-6-336 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-343. Hepatitis A

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 or R9-6-203 of a hepatitis A 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 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;
 3. Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
 4. For each hepatitis A case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Contact control measures: A local health agency shall:
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 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. Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.

Historical Note

Renumbered from R9-6-736 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-343 renumbered to R9-6-346; new Section R9-6-343 renumbered from R9-6-340 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-343 renumbered to R9-6-351; new R9-6-343 renumbered from R9-6-336 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-343 renumbered to R9-6-346; new R9-6-343 renumbered from R9-6-340 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-343 renumbered from R9-6-337 and amended by

final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-344. Hepatitis B and Hepatitis D

- A. Case control measures:**
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 Table 2.4, the information required under R9-6-206(D).
 2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- 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.

Historical Note

Renumbered from R9-6-737 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-344 renumbered to R9-6-347; new Section R9-6-344 renumbered from R9-6-341 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-344 renumbered to R9-6-352; new R9-6-344 renumbered from R9-6-337 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-344 renumbered to R9-6-347; new R9-6-344 renumbered from R9-6-341 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-344 renumbered to R9-6-349; new Section R9-6-344 renumbered from R9-6-338 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-345. Hepatitis C

- Outbreak control measures:** A local health agency shall:
1. Conduct an epidemiologic investigation of each reported hepatitis C outbreak;
 2. For each hepatitis C outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(E);
 3. Evaluate a health care provider identified as the source of hepatitis C 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; and
 4. Ensure that health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection is provided to each individual who may have been exposed to hepatitis C during the outbreak.

Historical Note

Renumbered from R9-6-738 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-345 renumbered to R9-6-348; new Section R9-6-345 renumbered from R9-6-342 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-345 renumbered to R9-6-353; new R9-6-345 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-345 renumbered to R9-6-348; new R9-6-345 renumbered from R9-6-342 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-345 renumbered to R9-6-350; new Section R9-6-345 renumbered from R9-6-339 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-346. Hepatitis E

- Case control measures:** A local health agency shall:
1. Exclude a hepatitis E 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 E case or suspect case; and
 3. For each hepatitis E case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-739 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-346 renumbered to R9-6-349; new Section R9-6-346 renumbered from R9-6-343 effective April 4, 1997 (Supp. 97-2). Former R9-6-346 renumbered to R9-6-354; new R9-6-346 renumbered from R9-6-338 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-346 renumbered to R9-6-349; new R9-6-346 renumbered from R9-6-343 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-346 renumbered to R9-6-351; new Section R9-6-346 renumbered from R9-6-340 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-347. HIV Infection and Related Disease

- A. Case control measures:**
1. A local health agency shall:
 - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported HIV-infected individual or suspect case; and
 - b. For each HIV-infected individual, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
 2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
 3. The Department and a local health agency shall offer anonymous HIV-testing to an individual as specified in R9-6-1005.
- 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(I) 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.

Historical Note

Renumbered from R9-6-740 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-347 renumbered to R9-6-350; new Section R9-6-347 renumbered from R9-6-344 effective April 4, 1997 (Supp. 97-2). Former R9-6-347 renumbered to R9-6-355; new R9-6-347 renumbered from R9-6-339 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-347 renumbered to R9-6-350; new R9-6-347 renumbered from R9-6-344 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-347 renumbered to R9-6-352; new Section R9-6-347 renumbered from R9-6-341 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-348. Influenza-Associated Mortality in a Child

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of an influenza-associated death of a child, 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 influenza-associated mortality in a child; and
3. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-741 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-348 renumbered to R9-6-351; new Section R9-6-348 renumbered from R9-6-345 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-348 renumbered to R9-6-356; new R9-6-348 renumbered from R9-6-340 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-348 renumbered to R9-6-352; new R9-6-348 renumbered from R9-6-345 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-348 renumbered to R9-6-353; new Section R9-6-348 renumbered from R9-6-342 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-349. Legionellosis (Legionnaires' Disease)

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

1. Upon receiving a report under R9-6-202 of a legionellosis 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 legionellosis case or suspect case; and
3. For each legionellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: The owner of a water, cooling, or ventilation system or equipment that is determined by the Department or a local health agency to be associated with a case of *Legionella* infection shall comply with the environmental control measures recommended by the Department or local health agency to prevent the exposure of other individuals.

Historical Note

Renumbered from R9-6-742 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-349 renumbered to R9-6-352; new Section R9-6-349 renumbered from R9-6-346 effective April 4, 1997 (Supp. 97-2). Former R9-6-349 renumbered to R9-6-357; new R9-6-349 renumbered from R9-6-341 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-349 renumbered to R9-6-353; new R9-6-349 renumbered from R9-6-346 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-349 renumbered to R9-6-354; new Section R9-6-349 renumbered from R9-6-344 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-350. Leptospirosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a leptospirosis 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 leptospirosis case or suspect case; and
3. For each leptospirosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-743 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-350 renumbered to R9-6-353; new Section R9-6-350 renumbered from R9-6-347 effective April 4, 1997 (Supp. 97-2). Former R9-6-350 renumbered to R9-6-358; new R9-6-350 renumbered from R9-6-342 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-350 renumbered to R9-6-355; new R9-6-350 renumbered from R9-6-347 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-350 renumbered to R9-6-355; new Section R9-6-350 renumbered from R9-6-345 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-351. Listeriosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a listeriosis 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 listeriosis case or suspect case;
3. For each listeriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each listeriosis case is submitted to the Arizona State Laboratory.

Historical Note

Renumbered from R9-6-744 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-351 renumbered to R9-6-354; new Section R9-6-351 renumbered from R9-6-348 effective April 4, 1997 (Supp. 97-2). Former R9-6-351 renumbered to R9-6-359; new R9-6-351 renumbered from R9-6-343 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-351 renumbered to R9-6-356;

new R9-6-351 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-351 renumbered to R9-6-356; new Section R9-6-351 renumbered from R9-6-346 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-352. Lyme Disease

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-745 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-352 renumbered to R9-6-355; new Section R9-6-352 renumbered from R9-6-349 effective April 4, 1997 (Supp. 97-2). Former R9-6-352 renumbered to R9-6-360; new R9-6-352 renumbered from R9-6-344 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-352 renumbered to R9-6-357; new R9-6-352 renumbered from R9-6-348 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-352 renumbered to R9-6-357; new Section R9-6-352 renumbered from R9-6-347 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-353. Lymphocytic Choriomeningitis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a lymphocytic choriomeningitis 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 lymphocytic choriomeningitis case or suspect case; and
3. For each lymphocytic choriomeningitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-746 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-353 renumbered to R9-6-356; new Section R9-6-353 renumbered from R9-6-350 effective April 4, 1997 (Supp. 97-2). Former R9-6-353 renumbered to R9-6-361; new R9-6-353 renumbered from R9-6-345 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-353 renumbered to R9-6-358; new R9-6-353 renumbered from R9-6-349 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-353 renumbered to R9-6-359; new Section R9-6-353 renumbered from R9-6-348 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-354. Malaria

A. 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 Table 2.4, the information required under R9-6-206(D).

- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each malaria case or suspect case and implement vector control measures as necessary.

Historical Note

Renumbered from R9-6-748 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-354 renumbered to R9-6-357; new Section R9-6-354 renumbered from R9-6-351 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-354 renumbered to R9-6-362; new R9-6-354 renumbered from R9-6-346 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-354 renumbered to R9-6-359; new R9-6-354 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-354 renumbered to R9-6-360; new Section R9-6-354 renumbered from R9-6-349 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-355. Measles (Rubeola)

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - 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. Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until the local health agency has determined that the suspect case is unlikely to infect other individuals.
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. An administrator of a health care institution, either personally or through a representative, shall exclude a measles:
 - a. Case from working at the health care institution from the onset of illness through the fourth calendar day after the rash appears; and
 - b. Suspect case from working at the health care institution until the local health agency has determined that the suspect case may return to work.
4. 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 Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each measles case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall com-

ply with the measles control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. When a measles 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:
 - a. Determine which measles contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. Provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.
3. 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 measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
 - a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
 - 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. Documentary evidence of birth before January 1, 1957.

Historical Note

Renumbered from R9-6-749 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-355 renumbered to R9-6-358; new Section R9-6-355 renumbered from R9-6-352 effective April 4, 1997 (Supp. 97-2). Former R9-6-355 renumbered to R9-6-363; new R9-6-355 renumbered from R9-6-347 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-355 renumbered to R9-6-360; new R9-6-355 renumbered from R9-6-350 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-355 renumbered to R9-6-362; new Section R9-6-355 renumbered from R9-6-350 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-356. Melioidosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a melioidosis 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 melioidosis case or suspect case;
3. For each melioidosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each melioidosis case or suspect case is submitted to the Arizona State Laboratory.

Historical Note

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-750 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-356 renumbered to R9-6-360; new Section R9-6-356 renumbered from R9-6-353 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-356 renumbered to R9-6-365; new R9-6-356 renumbered from R9-6-348 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-356 renumbered to R9-6-361; new R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-356 renumbered to R9-6-363; new Section R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-357. Meningococcal Invasive Disease

A. 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 institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.
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 Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that an isolate or a specimen, as available, from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

- B. Contact control measures:** A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a meningococcal invasive disease case and, if indicated, provide or arrange for each contact to receive prophylaxis.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-357 renumbered to R9-6-361; new Section R9-6-357 renumbered from R9-6-354 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-357 repealed; new R9-6-357 renumbered from R9-6-349 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-357 renumbered to R9-6-362; new R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-357 renumbered to R9-6-364; new Section R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-358. Methicillin-resistant *Staphylococcus aureus* (MRSA)

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a known methicillin-resistant *Staphylococcus aureus* case with active infection

to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known methicillin-resistant *Staphylococcus aureus* case.

2. If a known methicillin-resistant *Staphylococcus aureus* case with active infection is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known methicillin-resistant *Staphylococcus aureus* case.

B. Outbreak control measures:

1. A local health agency, in consultation with the Department, shall:
 - a. Conduct an epidemiologic investigation of each reported outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility; and
 - b. For each outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of methicillin-resistant *Staphylococcus aureus* occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency or the Department.

Historical Note

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-751 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-358 renumbered to R9-6-362; new Section R9-6-358 renumbered from R9-6-355 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-358 renumbered to R9-6-367; new R9-6-358 renumbered from R9-6-350 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-358 renumbered to R9-6-363; new R9-6-358 renumbered from R9-6-353 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-358 renumbered to R9-6-365; new Section R9-6-358 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-359. Mumps

A. Case control measures:

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, registered nurse practitioner, or local health agency.
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. An administrator of a health care institution, either personally or through a representative, shall exclude a mumps:
 - a. Case from working at the health care institution for five calendar days after the onset of glandular swelling; and
 - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
4. 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 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 mumps case or suspect case;
 - c. For each mumps case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each mumps case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the mumps control measures recommended by a local health agency or the Department.

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 mumps contacts will be:
 - a. Quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. Advised to obtain an immunization against mumps.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-752 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-359 renumbered to R9-6-363; new Section R9-6-359 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-359

repealed; new R9-6-359 renumbered from R9-6-351 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-359 renumbered to R9-6-364; new R9-6-359 renumbered from R9-6-354 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-359 renumbered to R9-6-366; new Section R9-6-359 renumbered from R9-6-353 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-360. Norovirus

- A.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported norovirus outbreak;
 2. Submit to the Department the information required under R9-6-206(E); and
 3. Exclude each case that is part of a norovirus outbreak 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. Diarrhea has resolved, or
 - b. The local health agency has determined that the case or suspect case is unlikely to infect other individuals.
- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with a norovirus outbreak.

Historical Note

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-753 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-360 renumbered to R9-6-364; new Section R9-6-360 renumbered from R9-6-356 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-360 renumbered to R9-6-368; new R9-6-360 renumbered from R9-6-352 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-360 renumbered to R9-6-365; new R9-6-360 renumbered from R9-6-355 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-360 renumbered to R9-6-367; new Section R9-6-360 renumbered from R9-6-354 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-361. Novel Coronavirus (e.g., SARS or MERS)

- A.** 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 institute both airborne precautions and contact precautions for a novel coronavirus case or suspect case, including a case or suspect case of severe acute respiratory syndrome or Middle East respiratory syndrome, until evaluated and determined to be non-infectious by a physician, physician assistant, or registered nurse practitioner.
 2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a novel coronavirus 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. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a novel coronavirus case or suspect case to prevent transmission;
- c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case; and
- d. For each novel coronavirus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which novel coronavirus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

Historical Note

Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-754 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-361 renumbered to R9-6-365; new Section R9-6-361 renumbered from R9-6-357 effective April 4, 1997 (Supp. 97-2). Former R9-6-361 renumbered to R9-6-369; new R9-6-361 renumbered from R9-6-353 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-361 renumbered to R9-6-366; new R9-6-361 renumbered from R9-6-356 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-361 renumbered to R9-6-368; new Section R9-6-361 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-362. Pediculosis (Lice Infestation)

- A.** Case control measures:
1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculocide.
 2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.
- B.** Contact control measures: An administrator of a school or child care establishment that excludes a pediculosis case from the school or child care establishment, either personally or through a representative, shall ensure that a parent or guardian of a child who is a contact is notified that a pediculosis case was identified at the school or child care establishment.

Historical Note

Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-755 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-362 renumbered to R9-6-366; new Section R9-6-362 renumbered from R9-6-358 effective April 4, 1997 (Supp. 97-2). Former R9-6-362 renumbered to R9-6-370; new R9-6-362 renumbered from R9-6-354 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-362 renumbered to R9-6-367; new R9-6-362 renumbered from R9-6-357 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-362 renumbered to R9-6-369; new Section R9-6-362 renumbered from R9-6-355 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-363. Pertussis (Whooping Cough)

- A. Case control measures:**
1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - 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. Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
 2. An administrator of a health care institution, either personally or through a representative, shall:
 - 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. Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
 3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate 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:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a pertussis 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;
 - b. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
 - c. For each pertussis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
 5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the pertussis control measures recommended by a local health agency or the Department.

- B. Contact control measures:**
1. When a pertussis 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 identify contacts of a pertussis case and shall:
 - a. Determine which pertussis contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. If indicated, provide or arrange for a pertussis contact to receive antibiotic prophylaxis.

Historical Note

Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987

(Supp. 87-1). Renumbered from R9-6-756 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-363 renumbered to R9-6-367; new Section R9-6-363 renumbered from R9-6-359 effective April 4, 1997 (Supp. 97-2). Former R9-6-363 renumbered to R9-6-371; new R9-6-363 renumbered from R9-6-355 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-363 renumbered to R9-6-368; new R9-6-363 renumbered from R9-6-358 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-363 renumbered from R9-6-356 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-364. Plague

- A. 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 institute droplet precautions for a pneumonic plague case or suspect case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
 2. An individual handling the body of a deceased plague case shall use droplet precautions.
 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 Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that an isolate or a specimen, as available, from each plague case or suspect 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.

Historical Note

Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-757 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-364 renumbered to R9-6-368; new Section R9-6-364 renumbered from R9-6-360 effective April 4, 1997 (Supp. 97-2). Former R9-6-364 renumbered to R9-6-372; new R9-6-364 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-364 renumbered to R9-6-369; new R9-6-364 renumbered from R9-6-359 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-364 repealed; new Section R9-6-364 renumbered from R9-6-357 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-365. Poliomyelitis (Paralytic or Non-paralytic)

- 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;

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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 Table 2.4, the information required under R9-6-206(D); and
4. Ensure that one or more specimens from each poliomyelitis case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

Historical Note

Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-758 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-365 renumbered to R9-6-372; new Section R9-6-365 renumbered from R9-6-361 effective April 4, 1997 (Supp. 97-2). Former R9-6-365 renumbered to R9-6-373; new R9-6-365 renumbered from R9-6-356 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-365 renumbered to R9-6-370; new R9-6-365 renumbered from R9-6-360 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-365 renumbered to R9-6-371; new Section R9-6-365 renumbered from R9-6-358 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-366. Psittacosis (Ornithosis)

- 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 Table 2.4, 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.

Historical Note

Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-759 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-366 renumbered to R9-6-374; new Section R9-6-366 renumbered from R9-6-362 effective April 4, 1997 (Supp. 97-2). Former R9-6-366 renumbered to R9-6-374; new R9-6-366 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-366 renumbered to R9-6-371; new R9-6-366 renumbered from R9-6-361 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Section R9-6-366 renumbered to R9-6-372; new Section R9-6-366 renumbered from R9-6-359 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-367. Q Fever

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Section R9-6-367 renumbered from R9-6-363 effective April 4, 1997 (Supp. 97-2). Former R9-6-367 renumbered to R9-6-375; new R9-6-367 renumbered from R9-6-358 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-367 renumbered to R9-6-372; new R9-6-367 renumbered from R9-6-362 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-367 renumbered to R9-6-373; new Section R9-6-367 renumbered from R9-6-360 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-368. Rabies in a Human

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;
3. For each human rabies case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.

Historical Note

Section R9-6-368 renumbered from R9-6-364 effective April 4, 1997 (Supp. 97-2). Former R9-6-368 renumbered to R9-6-376; new R9-6-368 renumbered from R9-6-360 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-368 renumbered to R9-6-375; new R9-6-368 renumbered from R9-6-363 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-368 renumbered to R9-6-374; new Section R9-6-368 renumbered from R9-6-361 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-369. Relapsing Fever (Borreliosis)

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a borreliosis case or suspect case, notify the Department within one

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- 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 borreliosis case or suspect case; and
 3. For each borreliosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-369 renumbered to R9-6-379; new R9-6-369 renumbered from R9-6-361 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-369 renumbered to R9-6-376; new R9-6-369 renumbered from R9-6-364 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-369 repealed; new Section R9-6-369 renumbered from R9-6-362 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-370. Respiratory Disease in a Health Care Institution or Correctional Facility

Outbreak control measures:

1. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported outbreak of respiratory disease in a health care institution or correctional facility; and
 - b. For each outbreak of respiratory disease in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of respiratory disease occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency.

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-370 renumbered to R9-6-380; new R9-6-370 renumbered from R9-6-362 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-370 renumbered to R9-6-377; new R9-6-370 renumbered from R9-6-365 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-370 renumbered to R9-6-375; new Section R9-6-370 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-371. Rubella (German Measles)

A. Case control measures:

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, registered nurse practitioner, or local health agency.

2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative and in consultation with the local health agency, shall isolate and institute droplet precautions for a rubella case through the seventh calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a rubella:
 - a. Case from working at the health care institution from the onset of illness through the seventh calendar day after the rash appears; and
 - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
4. 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 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 rubella case or suspect case;
 - c. For each rubella case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each rubella case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the rubella control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. 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 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. A record of immunization against rubella given on or after the first birthday; 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 rubella.
2. When a rubella 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.
3. A local health agency shall:
 - a. Determine which rubella contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. Provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-371 renumbered to R9-6-381; new R9-6-371 renumbered from R9-6-363 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-371 renumbered to R9-6-378; new R9-6-371 renumbered from R9-6-366 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-371 renumbered to R9-6-376; new Section R9-6-371 renumbered from R9-6-365 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-372. Rubella Syndrome, Congenital**A. 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 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, from specimens collected at least one month apart, 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, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each congenital rubella syndrome case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

- 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 R9-6-371(B)(1).

Historical Note

Section R9-6-372 renumbered from R9-6-365 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-372 renumbered to R9-6-382; new R9-6-372 renumbered from R9-6-364 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-372 renumbered to R9-6-379; new R9-6-372 renumbered from R9-6-367 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-372 renumbered to R9-6-378; new Section R9-6-372 renumbered from R9-6-366 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-373. Salmonellosis**A. Case control measures:** A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a salmonellosis 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 salmonellosis case or suspect case with diarrhea from:
 - a. 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:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for *Salmonella* spp. is obtained from the salmonellosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
 3. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
 4. For each salmonellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. 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.

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-373 renumbered to R9-6-383; new R9-6-373 renumbered from R9-6-365 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-373 renumbered to R9-6-380; new R9-6-373 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-373 renumbered to R9-6-379; new Section R9-6-373 renumbered from R9-6-367 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-374. Scabies**A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a scabies case from the school or child care establishment until treatment for scabies is completed.
2. An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.
3. An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.
4. An administrator of a correctional facility, either personally or through a representative, shall ensure that a sca-

bies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.

- B.** Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact with symptoms of scabies to obtain examination and, if necessary, treatment.
- C.** Outbreak control measures: A local health agency shall:
1. Provide health education regarding prevention, control, and treatment of scabies to individuals affected by a scabies outbreak;
 2. When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak; and
 3. For each scabies outbreak, submit to the Department the information required under R9-6-202(D).

Historical Note

Section R9-6-374 renumbered from R9-6-366 effective April 4, 1997 (Supp. 97-2). Former R9-6-374 renumbered to R9-6-386; new R9-6-374 renumbered from R9-6-366 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-374 renumbered to R9-6-381; new R9-6-374 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-374 renumbered to R9-6-380; new Section R9-6-374 renumbered from R9-6-368 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-375. Shigellosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a shigellosis 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 shigellosis case or suspect case with diarrhea from:
 - a. 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:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for *Shigella* spp. is obtained from the shigellosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for one week after diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
4. For each shigellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-375 renumbered to R9-6-387; new R9-6-375 renumbered from R9-6-367 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-375 renumbered to R9-6-382; new R9-6-375 renumbered from R9-6-368 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-375 renumbered to R9-6-381; new Section R9-6-375 renumbered from R9-6-370

and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-376. Smallpox

A. 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 institute both airborne precautions and contact precautions for a smallpox case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
2. A local health agency shall:
 - a. 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;
 - b. In consultation with the Department:
 - i. Ensure that isolation and both airborne precautions and contact precautions have been instituted for a smallpox case or suspect case to prevent transmission, and
 - ii. Conduct an epidemiologic investigation of each reported smallpox case or suspect case;
 - c. For each smallpox case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that a specimen from each smallpox case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

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

1. Quarantine or exclude a smallpox contact as necessary, according to R9-6-303, to prevent transmission; and
2. Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

Historical Note

Section renumbered from R9-6-368 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-376 renumbered to R9-6-383; new R9-6-376 renumbered from R9-6-369 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-376 renumbered to R9-6-382; new Section R9-6-376 renumbered from R9-6-371 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-377. Spotted Fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)

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

1. Upon receiving a report under R9-6-202 of a spotted fever rickettsiosis 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. Ensure that a spotted fever rickettsiosis case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with spotted fever rickettsiosis;
3. Conduct an epidemiologic investigation of each reported spotted fever rickettsiosis case or suspect case; and
4. For each spotted fever rickettsiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each spotted fever rickettsiosis case or suspect case and implement vector control measures as necessary.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-377 renumbered to R9-6-384; new R9-6-377 renumbered from R9-6-370 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-377 renumbered to R9-6-383; new Section R9-6-377 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-378. Streptococcal Group A Infection

- A. Streptococcal group A infection, invasive or non-invasive: 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 group A infection.
- B. Invasive streptococcal group A 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 Table 2.4, the information required under R9-6-206(D); and
 3. For each outbreak of streptococcal group A invasive infection, submit to the Department the information required under R9-6-206(E).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-378 renumbered to R9-6-385; new R9-6-378 renumbered from R9-6-371 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-378 renumbered to R9-6-384; new Section R9-6-378 renumbered from R9-6-372 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-379. Streptococcal Group B Invasive 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 invasive infection for each reported case or suspect case of streptococcal group B invasive 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 the information required under R9-6-202(C).

Historical Note

Section renumbered from R9-6-369 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Section repealed; new Section renumbered from R9-6-372 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Sec-

tion R9-6-379 renumbered to R9-6-385; new Section R9-6-379 renumbered from R9-6-373 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-380. Streptococcus pneumoniae Invasive Infection

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of *Streptococcus pneumoniae* invasive infection; and
2. For each outbreak of *Streptococcus pneumoniae* invasive infection, submit to the Department the information required under R9-6-206(E).

Historical Note

Section renumbered from R9-6-370 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-380 renumbered to R9-6-386; new R9-6-380 renumbered from R9-6-373 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-380 renumbered to R9-6-386; new Section R9-6-380 renumbered from R9-6-374 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-381. Syphilis

A. Case control measures:

1. A syphilis case shall obtain serologic testing for syphilis three months, six months, and one year after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
2. A health care provider for a pregnant syphilis case shall order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery.
3. A local health agency shall:
 - a. Conduct an epidemiologic investigation, including a review of medical records, 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 Table 2.4, 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 (A)(2); and
 - d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
4. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

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 the information required under R9-6-206(E).

Historical Note

Section renumbered from R9-6-371 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-381 renumbered to R9-6-387; new R9-6-381 renumbered from R9-6-374 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1,

2008 (Supp. 08-2). Section R9-6-381 renumbered to R9-6-387; new Section R9-6-381 renumbered from R9-6-375 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-382. Taeniasis

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Section renumbered from R9-6-372 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-382 renumbered to R9-6-388; new R9-6-382 renumbered from R9-6-375 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-382 renumbered to R9-6-388; new Section R9-6-382 renumbered from R9-6-376 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-383. Tetanus

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

Section renumbered from R9-6-373 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-383 renumbered to R9-6-389; new R9-6-383 renumbered from R9-6-376 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-383 renumbered to R9-6-389; new Section R9-6-383 renumbered from R9-6-377 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-384. Toxic Shock Syndrome

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 Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-384 renumbered to R9-6-390; new R9-6-384 renumbered from R9-6-377 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-384 renumbered from R9-6-378 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-385. Trichinosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a trichinosis 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 trichinosis case or suspect case; and
3. For each trichinosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-385 renumbered to R9-6-391; new R9-6-385 renumbered from R9-6-378 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-385 renumbered to R9-6-390; new Section R9-6-385 renumbered from R9-6-379 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-386. Tuberculosis

A. 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 institute airborne precautions for:
 - a. An individual with infectious active tuberculosis until:
 - i. 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;
 - ii. Anti-tuberculosis treatment is initiated with multiple antibiotics; and
 - iii. Clinical signs and symptoms of active tuberculosis are improved;
 - b. A suspect case of infectious active tuberculosis until:
 - i. At least two successive tests for tuberculosis, using a product and methodology approved by the U.S. Food and Drug Administration for use when making decisions whether to discontinue isolation and airborne precautions, for the suspect case are negative; or
 - ii. At least three successive sputum smears collected from the suspect case as specified in subsection (A)(1)(a)(i) are negative for acid-fast bacilli, anti-tuberculosis treatment of the suspect case is initiated with multiple antibiotics, and clinical signs and symptoms of active tuberculosis are improved; and
 - c. A case or suspect case of multi-drug resistant active tuberculosis until a tuberculosis control officer has approved the release of the case or suspect case.
2. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
3. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a tuberculosis 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;

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- b. 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 the individual with infectious active tuberculosis or suspect case is released from airborne precautions according to the applicable criteria in subsection (A)(1);
- c. Conduct an epidemiologic investigation of each reported tuberculosis case, suspect case, or latent infection in a child five years of age or younger;
- d. For each tuberculosis case or suspect case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
- e. Ensure that an isolate or a specimen, as available, from each tuberculosis case is submitted to the Arizona State Laboratory; and
- f. Comply with the requirements specified in R9-6-1202.

B. Contact control measures:

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. An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.

Historical Note

Section renumbered from R9-6-374 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-386 renumbered to R9-6-392; new R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-386 renumbered to R9-6-391; new Section R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-387. Tularemia

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 a pneumonic tularemia case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
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 Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that an isolate or a specimen, as available, from each tularemia case or suspect case is submitted to the Arizona State Laboratory.

Historical Note

Section renumbered from R9-6-375 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-387 renumbered to R9-6-393; new R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-387 repealed; new Sec-

tion R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-388. Typhoid Fever**A. Case control measures:** A local health agency shall:

1. Upon receiving a report under R9-6-202 of a typhoid 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 typhoid fever case or suspect case;
3. For each typhoid fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
4. Exclude a typhoid fever 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. At least one month after the date of onset of illness; and
 - b. After two successive stool specimens, collected from the typhoid fever case at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy, are negative for *Salmonella typhi*;
5. If a stool specimen from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(4) until two successive stool specimens, collected from the typhoid fever case at least one month apart and 12 or fewer months after the date of onset of illness, are negative for *Salmonella typhi*;
6. If a positive stool specimen, collected at least 12 months after onset of illness, is obtained from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
7. 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 stool specimens, collected from the typhoid fever carrier at least one month apart, are negative for *Salmonella typhi*.

- B. Contact control measures: A local health agency shall exclude a typhoid fever contact 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 stool specimens, collected from the typhoid fever contact at least 24 hours apart, are negative for *Salmonella typhi*.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-388 renumbered to R9-6-303; new R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-388 renumbered to R9-6-392; new Section R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-389. Typhus Fever

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a typhus 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 typhus fever case or suspect case; and
3. For each typhus fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section recodified from R9-19-313 at 11 A.A.R. 3578, effective September 2, 2005 (Supp. 05-4). Former R9-6-389 renumbered to R9-6-394; new R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-389 renumbered to R9-6-393; new Section R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-390. Vaccinia-related Adverse Event

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of a vaccinia-related adverse event, 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 a vaccinia-related adverse event; and
3. For each case of a vaccinia-related adverse event, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Section R9-6-390 renumbered from R9-6-384 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-390 renumbered to R9-6-394; new Section R9-6-390 renumbered from R9-6-385 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-391. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*

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 or vancomycin-intermediate *Staphylococcus aureus*.
2. A diagnosing health care provider or an administrator of a health care institution transferring a known case with active infection or a known carrier of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-305.
3. 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 one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Ensure that a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is isolated as necessary to prevent transmission;
 - c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resis-

tant or vancomycin-intermediate *Staphylococcus aureus*;

- d. For each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- e. Ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

Historical Note

Section R9-6-391 renumbered from R9-6-385 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-391 renumbered to R9-6-395; new Section R9-6-391 renumbered from R9-6-386 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-392. Varicella (Chickenpox)

A. Case control measures:

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 isolate and implement airborne precautions for a varicella case 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 primary varicella infection; and
 - b. For each reported case of death due to varicella infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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.

Historical Note

Section R9-6-392 renumbered from R9-6-386 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-392 renumbered to R9-6-396; new Section R9-6-392 renumbered from R9-6-388 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-393. *Vibrio* Infection

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a *Vibrio* infection case or suspect case, notify the Department within one working day after receiving the report and provide to

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- the Department the information contained in the report;
2. Exclude a *Vibrio* infection case or suspect case with diarrhea from:
 - a. 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:
 - i. Diarrhea has resolved, or
 - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
 3. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
 4. For each *Vibrio* infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Section R9-6-393 renumbered from R9-6-387 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-393 renumbered to R9-6-397; new Section R9-6-393 renumbered from R9-6-389 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-394. Viral Hemorrhagic Fever

- A. 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 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:
 - 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 Table 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each viral hemorrhagic fever case or suspect case are submitted to the Arizona State Laboratory.
- B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

Historical Note

Section R9-6-394 renumbered from R9-6-389 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-394 renumbered from R9-6-390 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-395. West Nile Virus Infection

- A. Case control measures: A local health agency shall:
 1. Conduct an epidemiologic investigation of each reported West Nile virus infection case or suspect case;
 2. For each case of West Nile virus infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and

3. Ensure that each West Nile virus infection case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each West Nile virus infection case or suspect case and implement vector control measures as necessary.

Historical Note

New Section R9-6-395 renumbered from R9-6-391 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-396. Yellow Fever

- A. 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 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 yellow fever case or suspect case;
 3. For each yellow fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 4. Ensure that each yellow fever case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites; and
 5. Ensure that an isolate or a specimen, as available, from each yellow fever case or suspect case is submitted to the Arizona State Laboratory.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each yellow fever case or suspect case and implement vector control measures as necessary.

Historical Note

New Section R9-6-396 renumbered from R9-6-392 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-397. Yersiniosis (Enteropathogenic *Yersinia*)

- Case control measures: A local health agency shall:
1. 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;
 2. Exclude a yersiniosis case or suspect case with diarrhea from:
 - a. 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:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for enteropathogenic *Yersinia* is obtained from the case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
 3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;

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4. For each yersiniosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
5. Ensure that an isolate or a specimen, as available, from each yersiniosis case is submitted to the Arizona State Laboratory.

Historical Note

New Section R9-6-397 renumbered from R9-6-393 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-398. Zika Virus Infection

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a Zika virus infection 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 Zika virus infection case or suspect case;
 3. For each Zika virus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 4. Ensure that one or more specimens from each Zika virus infection case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory; and
 5. Provide to the Zika virus infection case or ensure that another person provides to the Zika virus infection case health education that includes measures to:
 - a. Avoid mosquito bites,
 - b. Reduce mosquito breeding sites, and
 - c. Reduce the risk of sexual or congenital transmission of Zika virus.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each Zika virus infection case or suspect case and implement vector control measures as necessary.

Historical Note

New Section R9-6-398 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Exhibit III-A. Repealed**Historical Note**

Exhibit III-A made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-A repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-B. Repealed**Historical Note**

Exhibit III-B made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-B repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-C. Repealed**Historical Note**

Exhibit III-C made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-C repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-D. Repealed**Historical Note**

Exhibit III-D made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-D repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-E. Repealed**Historical Note**

Exhibit III-E made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-E repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-F. Repealed**Historical Note**

Exhibit III-F made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-F repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-G. Repealed**Historical Note**

Exhibit III-G made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-G repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-H. Repealed**Historical Note**

Exhibit III-H made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-H repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-I. Repealed**Historical Note**

Exhibit III-I made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-I repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-J. Repealed**Historical Note**

Exhibit III-J made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-J repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-K. Repealed**Historical Note**

Exhibit III-K made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-K repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-L. Repealed**Historical Note**

Exhibit III-L made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-L repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-M. Repealed

Historical Note

Exhibit III-M made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-M repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit III-N. Repealed**Historical Note**

Exhibit III-N made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-N repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)**R9-6-401. Definitions**

In this Article, unless otherwise specified:

1. "ADAP" means the AIDS Drug Assistance Program.
2. "Adult" means an individual who is:
 - a. Eighteen or more years old;
 - b. Married; or
 - c. Emancipated, as specified in A.R.S. Title 12, Chapter 15.
3. "Advocacy" means the act of supporting, recommending, or arguing in favor of a cause or course of action for the benefit of an individual or group of individuals.
4. "AHCCCS" means the Arizona Health Care Cost Containment System.
5. "Annual family income" means the combined yearly gross earned income and unearned income of all adult individuals within a family unit.
6. "Applicant" means an individual for whom a request for initial enrollment in ADAP is submitted to the Department, as specified in R9-6-404.
7. "Applying for a low-income subsidy" means submitting forms and supporting documentation to the Social Security Administration for determining eligibility for receiving a low-income subsidy.
8. "Biological substance" means a compound made by or derived from a plant or animal source.
9. "Business day" means any day of the week other than a Saturday, Sunday, legal holiday, or day on which the Department is authorized or obligated by law or executive order to close.
10. "Calendar day" means any day of the week, including a Saturday, Sunday, or legal holiday.
11. "Case management services" means the activities performed by a case manager for an HIV-infected individual or the individuals in the HIV-infected individual's family unit.
12. "Case manager" means an individual who:
 - a. Assesses the needs of an HIV-infected individual for health services, housing, support services, and financial assistance;
 - b. Assists the HIV-infected individual with obtaining health services, housing, support services, or financial assistance, as applicable;
 - c. Coordinates the interaction of the HIV-infected individual with service providers; and
 - d. Monitors the interaction of the HIV-infected individual with service providers to:
 - i. Determine the effects of each service provider's activities on the needs of the HIV-infected individual, and
 - ii. Develop strategies to reduce unmet needs.
13. "CD4-T-lymphocyte count" means the number of a specific type of white blood cell in a cubic millimeter of blood.
14. "Community service organization" means a nonprofit entity that assists an individual who is infected with HIV or affected by another individual's infection with HIV by providing the services listed below or coordinating the interaction of the individual with service providers to obtain or retain:
 - a. Rehabilitation services,
 - b. Case management services,
 - c. Support services,
 - d. Advocacy,
 - e. Financial assistance, or
 - f. Housing.
15. "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.
16. "Current" means within the six months before the:
 - a. Date of application, or
 - b. Date on which an enrolled individual submits to the Department the documents required in R9-6-407 for continuing enrollment.
17. "Date of application" means the month, day, and year that an individual submits the documents specified in R9-6-404 to the Department as an application for initial enrollment in ADAP.
18. "Diagnosis" means an identification of a communicable disease by an individual authorized by law to make the identification.
19. "Drug" means a chemical or biological substance determined by the U.S. Food and Drug Administration to be useful in the treatment of individuals with HIV infection and available only through a prescription order.
20. "Earned income" means monetary payments received by an individual as a result of work performed or rental of property owned or leased by the individual, including:
 - a. Wages,
 - b. Commissions and fees,
 - c. Salaries and tips,
 - d. Profit from self-employment,
 - e. Profit from rent received from a tenant or boarder, and
 - f. Any other monetary payments received by an individual for work performed or rental of property.
21. "Employed" means working for a person for money in the form of wages or a salary.
22. "Enrolling in a Medicare drug plan" means submitting information to the Centers for Medicare and Medicaid Services during an initial enrollment period or general enrollment period and selecting a Medicare drug plan.
23. "Family unit" means:
 - a. A group of individuals residing together who are related by birth, marriage, or adoption; or
 - b. An individual who:
 - i. Does not reside with another individual; or
 - ii. Resides only with another individual or group of individuals to whom the individual is unrelated by birth, marriage, or adoption.
24. "Formulary" means a list of drugs that are available to an individual through the individual's health insurance or ADAP.
25. "General enrollment period" means the interval of time between November 15 and December 31 of each calendar year during which an individual:

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- a. May enroll in a Medicare drug plan if the individual, before May 15, 2006:
- i. Was enrolled in Medicare,
 - ii. Was eligible to enroll in a Medicare drug plan, and
 - iii. Did not enroll in a Medicare drug plan; or
- b. Currently enrolled in a Medicare drug plan may select a different Medicare drug plan.
26. "Gift" means something given voluntarily by an individual to another individual without payment in return.
 27. "Guardian" means an individual appointed as a legal guardian by a court of competent jurisdiction.
 28. "Health-related services" means the same as in A.R.S. § 36-401.
 29. "Health services" means medical services, nursing services, or health-related services provided to an individual.
 30. "HIV infection" means the same as in A.R.S. § 36-661.
 31. "Homeless" means having a primary nighttime sleeping place that is not:
 - a. Designed to be a sleeping place for human beings, or
 - b. Ordinarily used as a primary nighttime sleeping place for human beings.
 32. "Initial enrollment period" means the interval of time during which an individual may first enroll in a Medicare drug plan.
 33. "Job" means a position in which an individual is employed.
 34. "Low-income subsidy" means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the income of an individual and, if applicable, the individual's spouse.
 35. "Medical services" means the same as in A.R.S. § 36-401.
 36. "Medicare" means a federal health insurance program established under Title XVIII of the Social Security Act.
 37. "Medicare drug plan" means insurance approved by Medicare to cover some of the costs of drugs for individuals enrolled in Medicare.
 38. "Non-permanent housing" means a living situation in which an individual is:
 - a. Homeless, or
 - b. Living in a shelter or other temporary living arrangement.
 39. "Nonprofit" means owned and operated under the direction of an entity that is recognized as exempt under § 501 of the U.S. Internal Revenue Code.
 40. "Nursing services" means the same as in A.R.S. § 36-401.
 41. "Physician" means an individual licensed as a doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, or as a doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17.
 42. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
 43. "Poverty level" means the annual family income for a family unit of a particular size, as specified in the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services.
 44. "Prescription order" means the same as in A.R.S. § 32-1901.
 45. "Primary care provider" means the physician, registered nurse practitioner, or physician assistant who is treating an applicant or enrolled individual for HIV infection.
 46. "Provisional enrollment" means an interval of time, determined by the Department, during which an individual who meets the eligibility criteria specified in R9-6-403(1) through (4) may receive drugs on the ADAP formulary through the vendor pharmacy while the individual is waiting for:
 - a. An eligibility determination for AHCCCS enrollment or a low-income subsidy; or
 - b. Enrollment in a Medicare drug plan.
 47. "Public assistance" means a government program that provides a monetary payment, or that supplies goods or services that have a monetary value, to individuals, based on need, such as Supplemental Security Income, Temporary Aid to Needy Families, Food Stamps, or non-federally funded General Assistance.
 48. "Registered nurse practitioner" means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601 and is licensed under A.R.S. Title 32, Chapter 15.
 49. "Regular" means recurring at fixed intervals.
 50. "Rehabilitation services" means the same as in A.A.C. R9-10-201.
 51. "Representative" means the:
 - a. Guardian of an individual;
 - b. Parent of an individual who is not an adult; or
 - c. Person designated as an agent for an individual through a power of attorney, as specified in A.R.S. Title 14, Chapter 5, Article 5.
 52. "Reservist" means a member of the Reserves of the U.S. Army, Air Force, Navy, Marine Corps, or Coast Guard.
 53. "Resident" means an individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist.
 54. "Restricted drug" means a drug on the ADAP formulary that is approved by the Department on a case-by-case basis for enrolled individuals who meet medical indications for the use of the drug.
 55. "Routine training" means military education and related hands-on activities designed to make an individual ready for the tasks the individual would be expected to perform as a member of the U.S. Air Force, Army, Coast Guard, Marine Corps, or Navy.
 56. "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 HIV infected.
 57. "Self-employed" means receiving money as a direct result of the work performed by an individual rather than from wages or a salary paid to the individual.
 58. "Service provider" means an individual who provides medical services, nursing services, health-related services, or support services for an HIV-infected individual.
 59. "Shelter" means a facility that provides individuals with a temporary place to sleep at night with the expectation that the individual will go elsewhere during the daylight hours.
 60. "Support services" means activities, not related to the treatment of HIV infection, intended to maintain or improve the physical, mental, or psychosocial capabilities of an HIV-infected individual or the individual's family unit and that may include:
 - a. Providing opportunities for social interactions for HIV-infected individuals;
 - b. Taking care of a child of an HIV-infected individual while the HIV-infected individual receives medical services;
 - c. Providing food or meals to an HIV-infected individual in the HIV-infected individual's residence; or

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- d. Providing information about available support services or materials about how to reduce the risk of spreading HIV.
61. "Temporary" means transient, with no expectation of permanence.
62. "Third-party payor" means a person other than an HIV-infected individual, such as health insurance or an employer, that is responsible for paying a portion of the costs of drugs for the HIV-infected individual.
63. "Tourist" means an individual who is living in Arizona but maintains a place of habitation outside of Arizona and lives outside of Arizona for more than six months during a calendar year.
64. "Treatment" means the administration to an individual of health services intended to relieve illness or injury.
65. "Unearned income" means monetary payments received by an individual that are not compensation for work performed or rental of property owned or leased by the individual, including:
- Unemployment insurance;
 - Workers' compensation;
 - Disability payments;
 - Payments from the Social Security Administration;
 - Payments from public assistance;
 - Periodic insurance or annuity payments;
 - Retirement or pension payments;
 - Strike benefits from union funds;
 - Training stipends;
 - Child support payments;
 - Alimony payments;
 - Military family allotments;
 - Regular support payments from a relative or other individual not residing in the household;
 - Investment income;
 - Royalty payments;
 - Periodic payments from estates or trusts; and
 - Any other monetary payments received by an individual that are not:
 - As a result of work performed or rental of property owned by the individual,
 - Gifts,
 - Lump-sum capital gains payments,
 - Lump-sum inheritance payments,
 - Lump-sum insurance payments, or
 - Payments made to compensate for personal injury.
66. "Vendor pharmacy" means an entity that contracts with the Department to perform the activities specified in R9-6-409(C).
67. "Veteran" means an individual who has served in the United States Armed Forces.
68. "Viral load test" means a laboratory analysis to determine the amount of HIV circulating in the body of an individual.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-801 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-401 renumbered to R9-6-402; new Section R9-6-401 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-402. Limitations and Termination of Program

ADAP ceases to provide drugs when available funding is exhausted or terminated. ADAP is not an entitlement program and does not create a right to assistance absent available funding.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-802 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-402 renumbered to R9-6-403; new Section R9-6-402 renumbered from R9-6-401 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-403. Eligibility Requirements

An individual is eligible to enroll in ADAP if the individual:

- Has a diagnosis of HIV infection from a physician, registered nurse practitioner, or physician assistant;
- Is a resident of Arizona, as established by documentation that complies with R9-6-404(A)(9);
- Has an annual family income that is less than or equal to 300% of the poverty level;
- Satisfies one of the following:
 - Has no health insurance coverage;
 - Has health insurance coverage that:
 - Does not cover drugs, or
 - Does not include on its formulary at least one of the drugs prescribed for the individual that is on the ADAP formulary;
 - Is an American Indian or Alaska Native who:
 - Is eligible for, but chooses not to use, the Indian Health Service to receive drugs; and
 - Either has no other health insurance coverage or has health insurance coverage that:

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- (1) Does not cover drugs, or
- (2) Does not include on its formulary at least one of the drugs prescribed for the individual that is on the ADAP formulary; or
- d. Is a veteran who:
 - i. Is eligible for, but chooses not to use, Veterans Health Administration benefits to receive drugs; and
 - ii. Either has no other health insurance coverage or has health insurance coverage that:
 - (1) Does not cover drugs, or
 - (2) Does not include on its formulary at least one of the drugs prescribed for the individual that is on the ADAP formulary;
5. Is ineligible for enrollment in AHCCCS, as established by documentation issued by AHCCCS; and
6. If eligible for Medicare:
 - a. Is ineligible for a full low-income subsidy, as established by documentation issued by the Social Security Administration; and
 - b. Has enrolled in a Medicare drug plan.
- d. If applicable, the name of the applicant's representative and the mailing address of the applicant's representative, if different from the applicant's mailing address;
- e. The telephone number of the applicant or a person that has agreed to receive telephone communications for the applicant;
- f. The number of individuals in the applicant's family unit and the names and ages of the individuals;
- g. The names of individuals, other than the persons specified in subsection (A)(1)(q)(iii), with whom the applicant authorizes the Department to speak about the applicant's enrollment in ADAP;
- h. The applicant's annual family income;
- i. The applicant's race and ethnicity;
- j. Whether the applicant or an adult in the applicant's family unit:
 - i. Is employed;
 - ii. Is self-employed;
 - iii. Is receiving public assistance;
 - iv. Is receiving regular monetary payments from a source not specified in subsection (A)(1)(j)(i) through subsection (A)(1)(j)(iii) and, if so, an identification of the source of the monetary payments; or
 - v. Is using a source not specified in subsection (A)(1)(j)(i) through subsection (A)(1)(j)(iv) or savings to assist the applicant in obtaining food, water, housing, or clothing for the applicant and if so, an identification of the source;
- k. Whether the applicant is receiving benefits from AHCCCS;
- l. The date the applicant or the applicant's representative is scheduled to meet with AHCCCS to discuss eligibility for AHCCCS, if applicable;
- m. Whether the applicant is eligible for Medicare benefits and, if not, the date on which the applicant will be eligible for Medicare benefits;
- n. If the applicant is eligible for Medicare benefits, whether:
 - i. The applicant or the applicant's representative has applied for a low-income subsidy for the applicant and, if so, the date of the application for the low-income subsidy; and
 - ii. Either:
 - (1) The applicant or the applicant's representative has applied for a Medicare drug plan for the applicant and, if so, the date of the application for the Medicare drug plan; or
 - (2) The applicant is enrolled in a Medicare drug plan;
- o. Whether the applicant has health insurance other than Medicare that would pay for drugs on the ADAP formulary;
- p. Whether the applicant has served on active duty:
 - i. In the U.S. Air Force, Army, Coast Guard, Marine Corps, or Navy;
 - ii. In the Army National Guard or Air National Guard; or
 - iii. As a reservist serving on active duty other than for routine training purposes;
- q. A statement by the applicant or the applicant's representative confirming that the applicant or the applicant's representative:

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1).

Emergency expired. Renumbered from R9-6-803 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-403 renumbered to R9-6-404; new Section R9-6-403 renumbered from R9-6-402 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-404. Initial Application Process

- A. An applicant for initial enrollment in ADAP or the applicant's representative shall submit to the Department the following documents:
 1. A Department-provided form, completed by the applicant or the applicant's representative containing:
 - a. The applicant's name, date of birth, and gender;
 - b. Except as provided in subsection (A)(1)(c), the applicant's residential address and mailing address;
 - c. If the applicant is in non-permanent housing, the address of a community service organization that has agreed to receive written communications for the applicant;

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- i. Understands that the applicant or the applicant's representative is required to submit to the Department proof of ineligibility for enrollment in AHCCCS and for a low-income subsidy within 30 calendar days after the date of application, if not provided to the Department with the application;
 - ii. Understands that the applicant or the applicant's representative is required to submit to the Department proof of enrollment in a Medicare drug plan, if the applicant is eligible for Medicare, within 30 calendar days after the date of application, if not provided to the Department with the application;
 - iii. Grants permission to the Department to discuss the information provided to the Department under subsection (A) with:
 - (1) AHCCCS, for the purpose of determining AHCCCS eligibility;
 - (2) Medicare and the Social Security Administration, for the purpose of determining eligibility for a low-income subsidy and enrollment in a Medicare drug plan;
 - (3) The applicant's primary care provider or designee;
 - (4) The vendor pharmacy, to assist with drug distribution; and
 - (5) Any other entity as necessary to establish eligibility for enrollment in ADAP or assist with drug distribution to the applicant;
 - iv. Understands that the applicant or the applicant's representative is required to submit to the Department proof of annual family income as part of the application; and
 - v. Understands that the applicant or the applicant's representative is required to notify the Department of changes specified in R9-6-406(A);
 - r. A statement by the applicant or the applicant's representative attesting that:
 - i. To the best of the knowledge and belief of the applicant or the applicant's representative, the information provided to the Department as specified in subsection (A), including the information in the documents accompanying the form specified in subsection (A)(1), is accurate and complete;
 - ii. The applicant meets the eligibility criteria specified in R9-6-403; and
 - iii. The applicant or applicant's representative understands that eligibility does not guarantee that the Department will be able to provide drugs and understands that an individual's enrollment in ADAP may be terminated as specified in R9-6-408; and
 - s. The dated signature of the applicant or the applicant's representative;
2. The Department-provided form specified in subsection (B), completed by the applicant's primary care provider;
 3. A written prescription order signed by the applicant's primary care provider or a copy of the written prescription order for each drug on the list specified in subsection (B)(5);
 4. A copy of current documentation from AHCCCS stating that the applicant's eligibility for enrollment in AHCCCS has not yet been determined or that AHCCCS is denying eligibility to the applicant;
 5. If the applicant is eligible for Medicare, a copy of current documentation from the Social Security Administration stating that the applicant's eligibility for a low-income subsidy has not yet been determined or that the applicant is ineligible for a full low-income subsidy;
 6. If the applicant is eligible for Medicare, a copy of the applicant's Medicare prescription card or copy of a letter from the company providing the applicant's Medicare drug plan, confirming that the applicant has applied for or is enrolled in a Medicare drug plan;
 7. Proof of annual family income, including the following items as applicable to the applicant's family unit:
 - a. For each job held by an adult in the family unit:
 - i. Paycheck stubs from the 30 calendar days before the date of application, or
 - ii. A statement from the employer listing gross wages for the 30 calendar days before the date of application;
 - b. From each self-employed adult in the family unit, documentation of the current net income from self-employment, such as:
 - i. An income tax return submitted for the previous tax year to the U.S. Internal Revenue Service or the Arizona Department of Revenue;
 - ii. The Internal Revenue Service Forms 1099 prepared for the previous tax year for the self-employed adult in the family unit;
 - iii. A profit and loss statement for the self-employed adult's business; or
 - iv. Bank statements from the self-employed adult's checking and savings accounts;
 - c. A letter from each entity providing public assistance to an adult in the family unit, describing payments from public assistance;
 - d. A letter from an entity providing a monetary award to an adult in the family unit to cover educational expenses other than tuition, describing the monetary award; and
 - e. Documentation showing the amount and source of any regular monetary payments received by an adult in the family unit from sources other than those specified in subsection (A)(7)(a) through subsection (A)(7)(d);
 8. If the applicant or the applicant's representative has stated on the form specified in subsection (A)(1) that the applicant has no source of regular monetary payments and is unable to provide any of the documentation specified in subsection (A)(7), a Department-provided form, completed and signed within 30 calendar days before the date of application, containing:
 - a. Information completed by the applicant or the applicant's representative stating whether:
 - i. An adult in the applicant's family unit receives money from intermittent work performed by the adult in the family unit for which no paycheck stub is received and, if so, the average monthly earnings, and the adult's occupation;
 - ii. The applicant is homeless or living in a shelter;
 - iii. The applicant is receiving assistance from another individual; and
 - iv. The applicant has another source of assistance for obtaining food, water, housing, and clothing, and, if so, an identification of the source;

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- b. A statement by the applicant or the applicant's representative attesting that to the best of the knowledge and belief of the applicant or the applicant's representative, the information submitted under subsection (A)(8)(a) is accurate and complete;
 - c. The dated signature of the applicant or the applicant's representative;
 - d. A statement by the applicant's case manager or primary care provider attesting that to the best of the knowledge and belief of the applicant's case manager or primary care provider the information submitted under subsection (A)(8)(a) is accurate and complete; and
 - e. The dated signature of the applicant's case manager or primary care provider;
9. Proof that the applicant is a resident of Arizona that includes:
- a. One of the following that shows the Arizona residential address included on the Department-provided form specified in subsection (A)(1) and the name of the applicant or an adult in the applicant's family unit:
 - i. Documentation issued by a governmental entity related to participation in public assistance, dated within 60 calendar days before the date of application;
 - ii. Current documentation from AHCCCS related to the applicant's eligibility for enrollment in AHCCCS;
 - iii. Current documentation from the Social Security Administration or the Department of Veterans Affairs related to the applicant's eligibility for benefits;
 - iv. Current documentation from the Arizona Department of Economic Security related to the applicant's eligibility for unemployment insurance benefits;
 - v. A property tax statement for the most recent tax year issued by a governmental entity;
 - vi. A homeowners' association assessment or fee statement, dated within 60 calendar days before the date of application;
 - vii. A current lease agreement; or
 - viii. A mortgage statement for the most recent tax year;
 - b. If the applicant is unable to produce documentation that satisfies subsection (A)(9)(a), two of the following that show the Arizona residential address included on the Department-provided form specified in subsection (A)(1) and the name of the applicant or an adult in the applicant's family unit:
 - i. A utility bill dated within 60 calendar days before the date of application;
 - ii. A tax statement, other than a property tax statement, issued by a governmental entity for the most recent tax year;
 - iii. An Internal Revenue Service Form W-2 for the most recent tax year;
 - iv. A check stub or statement of direct deposit issued by an employer for the most recent pay period;
 - v. A bank or credit union statement dated within 60 calendar days before the date of application;
 - vi. A non-expired Arizona driver license issued by the Arizona Department of Transportation's Motor Vehicle Division;
 - vii. A non-expired Arizona vehicle registration issued by the Arizona Department of Transportation's Motor Vehicle Division;
 - viii. A non-expired Arizona identification card issued by the Arizona Department of Transportation's Motor Vehicle Division;
 - ix. A tribal enrollment card or other type of tribal identification; or
 - x. A current immigration identification card issued by U.S. Citizenship and Immigration Services; or
 - c. If the applicant is unable to produce documentation that satisfies either subsection (A)(9)(a) or (b), two of the following that include the name of the applicant or an adult in the applicant's family unit:
 - i. A document listed in subsection (A)(9)(b)(i) through subsection (A)(9)(b)(x) that includes the Arizona residential address shown on the Department-provided form specified in subsection (A)(1);
 - ii. A letter issued by an entity providing non-permanent housing to the applicant, including the Arizona residential address of the non-permanent housing that is the same as the Arizona residential address for the applicant shown on the Department-provided form specified in subsection (A)(1);
 - iii. A written statement issued by a community service organization, verifying that the applicant is homeless and a resident of Arizona;
 - iv. A credit card, primary care provider's office, insurance company, or mobile telephone company billing statement dated within 60 calendar days before the date of application, including the Arizona residential address shown on the Department-provided form specified in subsection (A)(1);
 - v. A current vehicle insurance card, including the Arizona residential address shown on the Department-provided form specified in subsection (A)(1);
 - vi. An official document, such as an Arizona voter registration card, issued by a governmental entity and including the Arizona residential address shown on the Department-provided form specified in subsection (A)(1);
 - vii. A written statement issued by the applicant's case manager indicating that the case manager has conducted a home visit with the applicant at the Arizona residential address shown on the Department-provided form specified in subsection (A)(1) within 30 calendar days before the date of application; or
 - viii. A written statement issued by the applicant's primary care provider, verifying that the applicant is a resident of Arizona; and
10. If the applicant or the applicant's representative has stated on the Department-provided form specified in subsection (A)(8) that the applicant receives assistance from another individual, a letter from the individual to support the statement of the applicant or the applicant's representative.
- B.** The primary care provider of an applicant for initial enrollment in ADAP shall complete for the applicant a Department-provided form containing:
- 1. The applicant's name;

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2. The primary care provider's name, business address, telephone number, fax number, and professional license number;
 3. A statement that the applicant has been diagnosed with HIV infection;
 4. The dates of and results for the most recent confirmatory test, CD4-T-lymphocyte count, and, if available, viral load test conducted for the applicant;
 5. A list of each drug from the current ADAP formulary prescribed for the applicant by the primary care provider;
 6. A statement by the primary care provider that the primary care provider understands that the primary care provider is required to notify the Department of changes specified in R9-6-406(B);
 7. A statement by the primary care provider attesting that, to the best of the primary care provider's knowledge and belief, the information provided to the Department as specified in subsection (B) is accurate and complete; and
 8. The dated signature of the primary care provider.
- C. For purposes of enrollment in ADAP, an applicant or the applicant's representative may report annual family income using actual family income for the most recent 12 months or estimated annual family income determined by multiplying the most recent monthly family income by 12.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2).

Renumbered from R9-6-804 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-404 renumbered to R9-6-405; new Section R9-6-404 renumbered from R9-6-403 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-405. Enrollment Process; Provisional Enrollment

- A. The Department shall:
1. Review the documents submitted by an applicant as required in R9-6-404(A);
 2. Determine whether the applicant is eligible under R9-6-403;
 3. Grant or deny enrollment based on applicant eligibility, the date of application, and the availability of funds; and
 4. Notify the applicant or the applicant's representative of the Department's decision within five business days after receiving the documents specified in R9-6-404(A).
- B. An applicant or the applicant's representative shall execute any consent forms or releases of information necessary for the Department to verify eligibility.
- C. The Department shall send an applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03, if:
1. The applicant or the applicant's representative fails to provide documentation establishing eligibility for enrollment in ADAP,

2. The documentation submitted to the Department under R9-6-404 is found to contain false information, or
 3. The Department does not have funds available to enroll the applicant in ADAP.
- D. The Department shall grant a 30-day provisional enrollment in ADAP to an applicant if:
1. The Department determines that the applicant meets the requirements of R9-6-403(1) through (4); and
 2. The applicant or the applicant's representative attests in writing that the applicant has applied for AHCCCS enrollment and, if eligible for Medicare, a low-income subsidy and a Medicare drug plan, but is unable to provide documentation that complies with R9-6-403(5) or (6) or both.
- E. The Department shall provide an applicant to whom the Department has granted provisional enrollment in ADAP with the drugs on the list specified in R9-6-404(B)(5) during the provisional enrollment period.
- F. Except as specified in subsection (H), to continue ADAP enrollment beyond a 30-day provisional enrollment period, an applicant or the applicant's representative shall provide to the Department, before the end of the 30-day provisional enrollment period, documentation that complies with R9-6-403(5) and, if applicable, R9-6-403(6).
- G. Except as specified in subsection (H), if an applicant with provisional enrollment or the applicant's representative fails to provide documentation as required in subsection (F) to the Department before end of a 30-day provisional enrollment period, the Department shall send the applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03.
- H. The Department may grant an extension of provisional enrollment to an applicant beyond a 30-day provisional enrollment period if the applicant or the applicant's representative provides documentation to the Department that the applicant has applied for AHCCCS enrollment and, if eligible for Medicare, a low-income subsidy and Medicare drug plan and:
1. AHCCCS has not yet determined whether the applicant is eligible for AHCCCS enrollment; or
 2. If the applicant is eligible for Medicare:
 - a. The Social Security Administration has not yet determined whether the applicant is eligible for a low-income subsidy, or
 - b. The applicant cannot enroll in a Medicare drug plan until the next general enrollment period.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2).

Renumbered from R9-6-805 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-405 renumbered to R9-6-406; new Section R9-6-405 renumbered from R9-6-404 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

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Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-406. Notification Requirements

- A.** An enrolled individual or the enrolled individual's representative shall notify the Department in writing or by telephone and comply with the applicable requirements specified in R9-6-407 within 30 calendar days after any of the following occurs:
1. The residential or mailing address or the telephone number of the enrolled individual changes from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
 2. The enrolled individual adds or deletes an individual with whom the Department may speak about the enrolled individual's ADAP enrollment from the list specified in R9-6-404(A)(1)(g);
 3. The enrolled individual begins receiving treatment for HIV infection from a primary care provider different from the primary care provider who completed:
 - a. The form specified in R9-6-404(B), or
 - b. The most recent form specified in R9-6-407(D);
 4. The enrolled individual has:
 - a. Been determined eligible for and enrolled to receive drug coverage through AHCCCS;
 - b. Received notification of drug coverage from a third-party payor other than AHCCCS, the Indian Health Service, or the Veterans Health Administration; or
 - c. Been determined eligible for a low-income subsidy;
 5. The enrolled individual's annual family income has:
 - a. Increased to an amount above 300% of the poverty level, or
 - b. Decreased to an amount that may make the enrolled individual eligible for enrollment in AHCCCS; or
 6. The enrolled individual establishes residency outside Arizona.
- B.** An enrolled individual's primary care provider shall:
1. Notify the Department in writing or by telephone:
 - a. That the enrolled individual has died, within 14 calendar days after the primary care provider learns of the death; and
 - b. That the enrolled individual is receiving treatment for HIV infection from a different primary care provider, within 14 calendar days after the primary care provider learns of the change in primary care provider; and
 2. Include in the notification:
 - a. The name and date of birth of the enrolled individual;
 - b. If notifying under subsection (B)(1)(a), the date of death; and
 - c. If notifying under subsection (B)(1)(b), the name, business address, and telephone number of the new primary care provider.
- C.** An enrolled individual's primary care provider shall notify the vendor pharmacy, as specified in R9-6-409(A):
1. When prescribing a new drug for the enrolled individual, or
 2. Within seven calendar days after discontinuing a drug that was contained in the list completed by the enrolled individual's primary care provider under R9-6-404(B) or R9-6-407(D).
- D.** An enrolled individual's case manager shall notify the Department in writing or by telephone within 30 calendar days after the case manager learns that:
1. The residential or mailing address or the telephone number of the enrolled individual has changed from that provided to the Department under R9-6-404(A)(1) or R9-6-407;

2. The enrolled individual has begun receiving treatment for HIV infection from a primary care provider who is different from the primary care provider who completed:
 - a. The form specified in R9-6-404(B), or
 - b. The most recent form specified in R9-6-407(D);
3. The enrolled individual has:
 - a. Been determined eligible for and enrolled to receive drug coverage through AHCCCS;
 - b. Received notification of drug coverage from a third-party payor other than AHCCCS, the Indian Health Service, or the Veterans Health Administration; or
 - c. Been determined eligible for a low-income subsidy;
4. The enrolled individual's annual family income has:
 - a. Increased to an amount above 300% of the poverty level; or
 - b. Decreased to an amount that may make the enrolled individual eligible for enrollment in AHCCCS;
5. The enrolled individual has established residency outside Arizona; or
6. The enrolled individual has died.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-806 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-406 renumbered to R9-6-407; new Section R9-6-406 renumbered from R9-6-405 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-406 renumbered to R9-6-407; new R9-6-406 made by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-407. Continuing Enrollment

- A.** To continue enrollment in ADAP, an enrolled individual or the enrolled individual's representative shall:
1. When the enrolled individual's residential or mailing address changes, comply with subsection (B);
 2. When the enrolled individual's primary care provider changes, comply with subsection (C);
 3. When the enrolled individual's annual family income decreases to an amount that may make the individual eligible for enrollment in AHCCCS, comply with subsection (E);
 4. When the enrolled individual becomes eligible for Medicare, comply with subsection (F);
 5. Before the expiration of each six-month period after an individual's initial enrollment, comply with subsection (G); and
 6. Before the expiration of each 24-month period after an individual's initial enrollment, comply with subsection (H).
- B.** When an enrolled individual's residential or mailing address changes, the enrolled individual or the enrolled individual's representative shall:

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1. Complete a Department-provided form containing for the enrolled individual the information specified in R9-6-404(A)(1)(a) through R9-6-404(A)(1)(h) and R9-6-404(A)(1)(j), (k), (m), (n), and (o);
 2. Attest on the form specified in subsection (B)(1) that:
 - a. To the best of the knowledge and belief of the enrolled individual or the enrolled individual's representative, the information submitted in the form and the documents submitted with the form are accurate and complete;
 - b. The enrolled individual meets the eligibility criteria specified in R9-6-403; and
 - c. The enrolled individual or the enrolled individual's representative understands that eligibility does not guarantee that the Department will be able to provide drugs and that an individual's enrollment in ADAP may be terminated as specified in R9-6-408;
 3. Grant permission on the form specified in subsection (B)(1) for the Department to discuss the enrolled individual's enrollment with:
 - a. AHCCCS, for the purpose of determining AHCCCS eligibility;
 - b. Medicare and the Social Security Administration, for the purpose of determining eligibility for a low-income subsidy and enrollment in a Medicare drug plan;
 - c. The applicant's primary care provider or designee;
 - d. The vendor pharmacy, to assist with drug distribution; and
 - e. Any other entity as necessary to establish eligibility for enrollment in ADAP or assist with drug distribution;
 4. Sign and date the form specified in subsection (B)(1); and
 5. Submit to the Department within 30 calendar days of the change:
 - a. The form specified in subsection (B)(1); and
 - b. Proof of Arizona residency, as specified in R9-6-404(A)(9), showing the new Arizona residential address included on the form specified in subsection (B)(1).
- C.** When an enrolled individual's primary care provider changes, the enrolled individual or the enrolled individual's representative shall:
1. Comply with subsections (B)(1) through (4);
 2. Obtain from the new primary care provider the Department-provided form specified in subsection (D), completed by the new primary care provider; and
 3. Submit the form specified in subsection (B)(1) and the form specified in subsection (C)(2) to the Department within 30 calendar days after the change.
- D.** The primary care provider of an enrolled individual shall complete for the enrolled individual a Department-provided form containing:
1. The information required under R9-6-404(B)(1), (2), and (5) through (8); and
 2. The dates of and results for the most recent CD4-T-lymphocyte count and, if available, viral load test conducted for the enrolled individual.
- E.** When an enrolled individual's annual family income decreases to an amount that may make the individual eligible for enrollment in AHCCCS, the enrolled individual or the enrolled individual's representative shall:
1. Apply for enrollment in AHCCCS within 30 calendar days after the change in annual family income; and
 2. If the enrolled individual is determined to be ineligible for AHCCCS enrollment, submit to the Department within 30 calendar days after the change, documentation that complies with R9-6-403(5).
- F.** When an enrolled individual becomes eligible for Medicare, the enrolled individual or the enrolled individual's representative shall, within 30 calendar days after the enrolled individual becomes eligible for Medicare:
1. Apply for a low-income subsidy and for a Medicare drug plan, and
 2. If the enrolled individual is determined to be ineligible for a low-income subsidy, submit to the Department documentation that complies with R9-6-403(6).
- G.** Before the expiration of each six-month period after an individual's initial enrollment, the enrolled individual or the enrolled individual's representative shall submit to the Department:
1. Proof of annual family income, as specified in R9-6-404(A)(7) or (8); and
 2. Proof that the enrolled individual is a resident of Arizona, as specified in R9-6-404(A)(9).
- H.** Before the expiration of each 24-month period after an individual's initial enrollment, the enrolled individual or the enrolled individual's representative shall:
1. Comply with subsections (B)(1) through (4);
 2. Obtain from the enrolled individual's primary care provider the Department-provided form completed as specified in subsection (D); and
 3. Submit to the Department:
 - a. The form specified in subsection (H)(1),
 - b. The form specified in subsection (H)(2),
 - c. Proof of annual family income, as specified in R9-6-404(A)(7) or (8), and
 - d. Proof that the enrolled individual is a resident of Arizona, as specified in R9-6-404(A)(9).
- I.** The Department shall:
1. Review information about an enrolled individual and determine eligibility for continuing enrollment for the enrolled individual:
 - a. Every six months after the individual's initial enrollment;
 - b. When the Department receives information from the enrolled individual or the enrolled individual's representative under subsection (A); or
 - c. When the Department no longer has sufficient funds to provide continuing enrollment to all enrolled individuals;
 2. Grant continuing enrollment to an enrolled individual, subject to the availability of funds, when:
 - a. The enrolled individual or the enrolled individual's representative complies with subsection (A); and
 - b. The Department determines that:
 - i. The information in the documents submitted to the Department is accurate and complete, and
 - ii. The enrolled individual is eligible under R9-6-403; and
 3. Notify the enrolled individual or the enrolled individual's representative of the Department's decision within five business days after receipt of the documents required in subsection (A).
- J.** If the Department denies continuing enrollment to an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days

(Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-807 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-407 repealed; new Section R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-407 renumbered to R9-6-409; new R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-408. Termination from ADAP Services

- A.** The Department may terminate an individual's enrollment in ADAP if:
1. The Department learns that information submitted to the Department by the individual or the individual's representative under R9-6-404(A) or (C), R9-6-407(A), or R9-6-409(E) is inaccurate or incomplete;
 2. The vendor pharmacy does not receive a request from the individual or the individual's representative for any refill of a drug for a period of 90 calendar days; or
 3. The individual or the individual's representative exhibits violent or threatening behavior to an employee of the Department or the vendor pharmacy, as established by documentation such as a police report or a written document from the individual.
- B.** The Department may terminate approval of a restricted drug for an individual enrolled in ADAP if the Department learns that the enrolled individual:
1. Is not following the instructions of the enrolled individual's primary care provider regarding the use of the restricted drug; or
 2. Has not had additional laboratory analyses performed, as required in R9-6-409(E)(1)(i)(ii), to support continuing use of the restricted drug.
- C.** The Department shall send to an individual or the individual's representative a written notice of termination setting forth the information required under A.R.S. § 41-1092.03 if the Department terminates:
1. The individual's enrollment in ADAP, or
 2. Approval of a restricted drug for the individual.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-808

effective October 19, 1993 (Supp. 93-4). Former Section R9-6-408 renumbered to R9-6-409; new Section R9-6-408 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-409. Drug Prescription and Distribution Requirements

- A.** A primary care provider shall:
1. Issue a prescription order:
 - a. For each drug from the ADAP formulary prescribed for an applicant or enrolled individual by the primary care provider;
 - b. For dispensing up to a 30-day supply of the drug; and
 - c. To authorize no more than a six-month supply of the drug, including the original prescription order and all refills;
 2. Submit:
 - a. A written prescription order or copy of a written prescription order to the Department as specified in R9-6-404(A)(3); and
 - b. A written or oral prescription order to the vendor pharmacy when:
 - i. Prescribing a drug for a newly enrolled individual,
 - ii. Prescribing a new drug for an enrolled individual, or
 - iii. Authorizing an additional six-month supply of a drug for an enrolled individual; and
 3. Notify the vendor pharmacy when discontinuing a drug for an enrolled individual.
- B.** The Department shall forward a written prescription order submitted to the Department as specified in subsection (A)(2)(a) to the vendor pharmacy within three business days of approving an individual for initial enrollment.
- C.** The vendor pharmacy shall:
1. Maintain a supply of the drugs on the ADAP formulary available for dispensing;
 2. Receive prescription orders issued by an enrolled individual's primary care provider;
 3. Before dispensing drugs, verify:
 - a. With an enrolled individual or the enrolled individual's representative the address to which the enrolled individual or the enrolled individual's representative wants the drugs delivered, and
 - b. An individual's enrollment status;
 4. Dispense up to a 30-day supply of a drug to an enrolled individual:
 - a. Upon receipt of a:
 - i. Prescription order as specified in subsection (C)(2), or
 - ii. Request from the enrolled individual or the enrolled individual's representative for a refill of the drug;
 - b. To the address identified, as specified in subsection (C)(3)(a); and
 - c. So the drug is dispensed to the enrolled individual no later than three business days after the vendor pharmacy:
 - i. Receives a prescription order or request for refill, as specified in subsection (C)(4)(a);
 - ii. Has verified the address to which the drug is to be delivered, as specified in subsection (C)(3)(a); and

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- iii. Has verified the individual's enrollment status, as specified in subsection (C)(3)(b); and
5. Notify the Department upon receiving a request for dispensing a drug for an individual who is neither enrolled nor provisionally enrolled in ADAP.
- D.** The Department may authorize replacement of a drug when:
1. The drug has been dispensed by the vendor pharmacy to an enrolled individual, and
 2. The enrolled individual or the enrolled individual's representative claims the dispensed drug was lost, stolen, or damaged.
- E.** The primary care provider of an enrolled individual may request approval of a restricted drug for the enrolled individual by:
1. Completing a Department-provided form for each requested restricted drug that contains the following information:
 - a. The name, business address, and telephone number of the primary care provider;
 - b. The date of the request;
 - c. The enrolled individual's name and date of birth;
 - d. The indications for the use of the restricted drug;
 - e. The most recent results of laboratory analyses to support the request and the dates of the laboratory analyses;
 - f. A justification for use of the restricted drug by the enrolled individual;
 - g. An attestation by the primary care provider that:
 - i. To the best of the primary care provider's knowledge and belief, the information presented in the request is accurate and complete; and
 - ii. The primary care provider understands that the primary care provider is required to provide instructions to the enrolled individual regarding the use of the restricted drug and monitor the enrolled individual's use of the restricted drug;
 - h. The dated signature of the primary care provider;
 - i. An attestation by the enrolled individual or the enrolled individual's representative that the enrolled individual or the enrolled individual's representative understands that the enrolled individual is required to:
 - i. Follow the instructions of the enrolled individual's primary care provider regarding the use of the restricted drug; and
 - ii. Have periodic laboratory analyses performed to support continuing use of the restricted drug; and
 - j. The dated signature of the enrolled individual or the enrolled individual's representative;
 2. Issuing a written or oral prescription order for the restricted drug to the vendor pharmacy; and
 3. Submitting to the Department:
 - a. The completed drug-specific form specified in subsection (E)(1), and
 - b. Copies of the results of the most recent laboratory analyses to support the request for the restricted drug.
- F.** If the restricted drug requested under subsection (E) is approved by the Department for an enrolled individual, the enrolled individual's primary care provider shall:
1. Provide instructions to the enrolled individual regarding the use of the restricted drug; and
 2. Monitor the enrolled individual's use of and clinical response to the restricted drug.
- G.** When the Department receives a drug-specific form requesting a restricted drug for an enrolled individual, the Department shall:
1. Review the documents submitted according to subsection (E)(3);
 2. Determine whether the information submitted to the Department:
 - a. Is complete; and
 - b. Substantiates that the enrolled individual's use of the restricted drug is indicated; and
 3. Notify the following of the Department's decision within five business days after receiving the request:
 - a. The enrolled individual or the enrolled individual's representative;
 - b. The enrolled individual's primary care provider; and
 - c. The vendor pharmacy.
- H.** If the Department denies a request for approval of a restricted drug for an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.
- I.** The Department shall only authorize the distribution of drugs that are included on the ADAP formulary.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-409 renumbered to R9-6-902; new Section R9-6-409 renumbered from R9-6-408 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-409 renumbered to R9-6-410; new R9-6-409 renumbered from R9-6-407 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

Exhibit A. Renumbered**Historical Note**

Exhibit A "Consent for HIV Testing" (English) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit A renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Exhibit B. Renumbered**Historical Note**

Exhibit B "Consentimiento Para la Prueba de VIH" (Consent for HIV Testing-Spanish) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit B renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-410. Confidentiality

In administering ADAP, the Department shall comply with all applicable federal and state laws relating to confidentiality of information.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-903 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-410 renumbered from R9-6-409 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

R9-6-411. Repealed

Historical Note

Amended effective February 25, 1976 (Supp. 76-1).
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-412. Repealed**Historical Note**

Correction, adding Historical Note: Amended effective February 25, 1976 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-413. Repealed**Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).
Amended effective June 4, 1980 (Supp. 80-3). Amended effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-414. Repealed**Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-415. Repealed**Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-416. Repealed**Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-417. Repealed**Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-418. Repealed**Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-419. Repealed**Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-420. Reserved**R9-6-421. Reserved****R9-6-422. Reserved****R9-6-423. Reserved****R9-6-424. Reserved****R9-6-425. Reserved****R9-6-426. Reserved****R9-6-427. Reserved****R9-6-428. Reserved****R9-6-429. Reserved****R9-6-430. Reserved****R9-6-431. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-432. Repealed**Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).
Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-433. Repealed**Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

ARTICLE 5. RABIES CONTROL**R9-6-501. Definitions**

In this Article, unless otherwise specified:

1. "Animal control agency" means a board, commission, department, office, or other administrative unit of federal or state government or of a political subdivision of the state that has the responsibility for controlling rabies in animals in a particular geographic area.
2. "Approved rabies vaccine" means a rabies vaccine authorized for use in this state by the state veterinarian under A.A.C. R3-2-409.
3. "Cat" means an animal of the genus species *Felis domesticus*.
4. "Currently vaccinated" means that an animal was last immunized against rabies with an approved rabies vaccine:
 - a. At least 28 days and no longer than one year before being exposed, if the animal has only received an initial dose of approved rabies vaccine;
 - b. No longer than one year before being exposed, if the approved rabies vaccine is approved for annual use under A.A.C. R3-2-409; or
 - c. No longer than three years before being exposed, if the approved rabies vaccine is approved for triennial use under A.A.C. R3-2-409.
5. "Dog" means an animal of the genus species *Canis familiaris*.
6. "Euthanize" means to kill an animal painlessly.
7. "Exposed" means bitten by or having touched a rabid animal or an animal suspected of being rabid.
8. "Ferret" means an animal of the genus species *Mustela putorius*.
9. "Not currently vaccinated" means that an animal does not meet the definition of "currently vaccinated."
10. "Rabid" means infected with rabies virus, a rhabdovirus of the genus *Lyssavirus*.
11. "Suspect case" means an animal whose signs or symptoms indicate that the animal may be rabid.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5).
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Corrections, subsections (A), (B) and (C) (Supp. 77-5). Amended effective April 10, 1980 (Supp. 80-2). Former Section R9-6-116 renumbered without change as R9-6-501 effective January 28, 1987 (Supp. 87-1). Section R9-6-501 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-501 renumbered to R9-6-701, new Section R9-6-501 renumbered from R9-6-201 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-501 renumbered to R9-6-502; new R9-6-501 renumbered from R9-

6-105 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-502. Management of Exposed Animals

- A. An animal control agency shall manage an exposed dog, cat, or ferret as follows:
1. If the exposed dog, cat, or ferret is currently vaccinated, the animal control agency shall:
 - a. Revaccinate the animal with an approved rabies vaccine within seven days after the date that the animal is exposed; and
 - b. Confine and observe the animal in the owner's home or, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, for 45 days after the animal is exposed; or
 2. If the exposed dog, cat, or ferret is not currently vaccinated, the animal control agency shall:
 - a. Euthanize the animal; or
 - b. At the owner's request, confine the animal for 180 days, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, and vaccinate the animal with an approved rabies vaccine 28 days before it is released from confinement.
- B. An animal control agency that is aware of an exposed animal, other than a cat, dog, ferret, or livestock, shall:
1. Make every effort to capture the exposed animal as soon as it is identified, and
 2. Euthanize the animal as soon as it is captured.
- C. An animal control agency shall release from confinement a dog, cat, or ferret exposed to a suspect case when the animal control agency receives a negative rabies report on the suspect case from the Department.
- D. Livestock shall be handled according to A.A.C. R3-2-408.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5).
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-117 amended as a permanent rule by adding a new subsection (C) and repealing the former subsections (C), (D) and (E) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-117 renumbered without change as R9-6-502 effective January 28, 1987 (Supp. 87-1). Section R9-6-502 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-502 renumbered to R9-6-702, new Section R9-6-502 renumbered from R9-6-202 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-502 renumbered to R9-6-503; new R9-6-502 renumbered from R9-6-501 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-503. Suspect Cases

- A. An animal control agency shall ensure confinement of a dog, cat, or ferret that is a suspect case until:
1. The animal dies,
 2. The animal is euthanized, or
 3. A veterinarian determines that the animal is not rabid.
- B. When an animal control agency euthanizes a suspect case, the animal control agency shall avoid damaging the brain, so that rabies testing can be performed.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5).
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-118 amended as a permanent rule by repealing subsection (C) and renumbering subsections (D) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-118 renumbered without change as R9-6-503 effective January 28, 1987 (Supp. 87-1). Section R9-6-503 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-503 renumbered to R9-6-703, new Section R9-6-503 renumbered from R9-6-203 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-503 renumbered to R9-6-504; new R9-6-503 renumbered from R9-6-502 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-504. Animal Control Agency Reporting Requirements

By April 30 of each year, an animal control agency shall submit a report to the Department that contains the number of animal bites to humans reported as occurring in the animal control agency's jurisdiction during the preceding calendar year and a breakdown of the bites by:

1. Species of animal,
2. Age of victim, and
3. Month of occurrence.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5).
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-119 amended as a permanent rule by repealing subsections (A) and (B), renumbering and amending subsections (C) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-119 renumbered without change as R9-6-504 effective January 28, 1987 (Supp. 87-1). Section R9-6-504 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-504 renumbered to R9-6-704 effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-503 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-505. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-505 renumbered to R9-6-705 effective October 19, 1993 (Supp. 93-4).

R9-6-506. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506 renumbered to R9-6-706 effective October 19, 1993 (Supp. 93-4).

Table 1. Renumbered

Historical Note

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 1 renumbered to R9-6-706 Table 1 effective October 19, 1993 (Supp. 93-4).

Table 2. Renumbered**Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 2 renumbered to R9-6-706, Table 2 effective October 19, 1993 (Supp. 93-4).

ARTICLE 6. REPORTING POST-EXPOSURE RABIES PROPHYLAXIS**R9-6-601. Reporting Requirements**

A physician or an authorized designee, shall submit a written or electronic report to the Department of all patients who receive post-exposure rabies prophylaxis. The report shall include:

1. Name, age, address, and telephone number of the person exposed;
2. Date of report;
3. Reporting institution or physician;
4. Date of exposure;
5. Body part exposed;
6. Type of exposure: Bite or saliva contact (non-bite);
7. Species of animal;
8. Animal disposition: quarantined, euthanized, died, unable to locate;
9. Animal rabies test results if any: positive or negative;
10. Treatment regimen; and
11. Date treatment was initiated.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-601 renumbered to R9-6-201, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-106 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-601 renumbered to R9-6-1201; new Section R9-6-601 made by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-602. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-602 renumbered to R9-6-202, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-602 renumbered to R9-6-1202 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-603. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4), new Section R9-6-603 adopted effective October 19, 1993 (Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-603 renumbered to R9-6-1203 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-604. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-604 renumbered to R9-6-1204 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-605. Repealed**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-606. Emergency Expired**Historical Note**

Adopted as an emergency effective October 12, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency rule readopted without change effective February 22, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency rule readopted with changes effective July 3, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

ARTICLE 7. REQUIRED IMMUNIZATIONS FOR CHILD CARE OR SCHOOL ENTRY**R9-6-701. Definitions**

In this Article, unless otherwise specified:

1. "Administration of vaccine" means the inoculation of a child with an immunizing agent by an individual authorized by federal or state law.
2. "AHCCCS" means the Arizona Health Care Cost Containment System.
3. "ASIIS" means the Arizona State Immunization Information System, an immunization reporting system that collects, stores, analyzes, releases, and reports immunization data.
4. "Case" has the same meaning as in R9-6-101.
5. "Catch-up immunization schedule" means the times established in Table 2 for the immunization of a child who has not completed the vaccine series required in Table 1 before entry into a child care or school.
6. "CDC" means the Centers for Disease Control and Prevention.
7. "Charter school" has the same meaning as in A.R.S. § 15-101.
8. "Child" means:
 - a. An individual 18 years of age or less, or
 - b. An individual more than 18 years of age attending school.
9. "Child care" means:
 - a. A child care facility as defined in A.R.S. § 36-881; or
 - b. A child care group home as defined in A.R.S. § 36-897.
10. "Child care administrator" means an individual, or the individual's designee, having daily control and supervision of a child care.
11. "Communicable period" means the time during which an individual is capable of infecting another individual with a communicable disease.

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12. "Contact person" means an individual who, on behalf of a school or child care and upon request of the Department, provides information to the Department.
13. "Day" means a calendar day, and excludes the:
 - a. Day of the act, or event, from which a designated period of time begins to run, and
 - b. Last day of the period if a Saturday, Sunday, or official state holiday.
14. "DTaP" means diphtheria, tetanus, and acellular pertussis vaccine.
15. "DTP" means diphtheria, tetanus, and pertussis vaccine.
16. "Enroll" means to accept into a school by the school or into a child care by the child care.
17. "Entry" means the first day of attendance at a child care or at a specific grade level in a school.
18. "Head Start program" means a federally funded program administered under 42 U.S.C. 9831 to 42 U.S.C. 9852.
19. "Hep A" means hepatitis A vaccine.
20. "Hep B" means hepatitis B vaccine.
21. "Hib" means *Haemophilus influenzae* type b vaccine.
22. "Immunization" has the same meaning as in A.R.S. § 36-671.
23. "Immunization registry" means a storage of immunization data for vaccines.
24. "Immunization registry administrator" means an individual, or the individual's designee, having daily control and supervision of an immunization registry.
25. "Imported" means entered through a fully automated process without electronic manipulation of the data.
26. "IRMS number" means a numeric identifier the Department issues to a person whose information is stored in ASIIS.
27. "KidsCare" means a federally funded program administered by AHCCCS under A.R.S. § 36-2982.
28. "Kindergarten" means the grade level in a school that precedes first grade.
29. "Laboratory evidence of immunity" has the same meaning as in A.R.S. § 36-671.
30. "Local health agency" has the same meaning as "health agency" in A.R.S. § 36-671.
31. "Local health officer" means an individual or the individual's designee having daily control and supervision of a local health agency.
32. "Medical exemption" means to excuse a child from immunization against a specified disease if the required immunization may be detrimental to the child's health, as determined by a physician.
33. "Medical services" has the same meaning as in A.R.S. § 36-401.
34. "MMR" means measles, mumps, and rubella vaccine.
35. "MV" means meningococcal vaccine.
36. "Outbreak" means an unexpected increase in the incidence of a disease as determined by the Department or local health agency.
37. "Physician" has the same meaning as in A.R.S. § 15-871.
38. "Polio" means poliomyelitis vaccine.
39. "Practical nurse" has the same meaning as in A.R.S. § 32-1601.
40. "Private school" has the same meaning as in A.R.S. § 15-101.
41. "Provider" means an individual who administers a vaccine, or an entity that is responsible for administering a vaccine.
42. "Public school" has the same meaning as "school" in A.R.S. § 15-101.
43. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
44. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
45. "Responsible person" has the same meaning as "parent" in R9-5-101.
46. "Route of administration" means a method of inoculation with a vaccine.
47. "School" has the same meaning as in A.R.S. § 36-671.
48. "School administrator" has the same meaning as in A.R.S. § 36-671.
49. "Suspect case" has the same meaning as in R9-6-101.
50. "Td" means tetanus and diphtheria vaccine.
51. "Tdap" means tetanus, diphtheria, and acellular pertussis vaccine.
52. "Temporary" means lasting for a limited time.
53. "Underinsured" means having medical insurance that does not cover all or part of the cost of a vaccination.
54. "Uninsured" means not having medical insurance.
55. "Vaccine" has the same meaning as "biological product" defined in 21 CFR 600.3h (April 1, 2000).
56. "VAR" means varicella vaccine.
57. "VFC" means Vaccines for Children, a federal program administered by the Department.
58. "VFC PIN number" means a numeric identifier that the VFC issues to a person participating in the VFC.
59. "WIC" means Women, Infants, and Children, a federal program administered by the Department.
60. "WIC administrator" means an individual, or the individual's designee, having daily control and supervision of a WIC.

Historical Note

Former Section R9-6-115, Paragraph (47), renumbered and amended as R9-6-701 effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Former Section R9-6-701 renumbered to Section R9-6-328, new Section R9-6-701 renumbered from R9-6-501 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Former Section R9-6-701 renumbered to R9-6-702; new Section R9-6-701 made by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-702. Required Immunizations for Child Care or School Entry

- A. Except as provided in R9-6-706, the school administrator or child care administrator shall:
1. Ensure that a child attending a school or child care has been immunized for each of the following diseases according to Table 1 or Table 2:
 - a. Diphtheria;
 - b. Tetanus;
 - c. Hepatitis A, for a child 1 through 5 years of age in child care in Maricopa County;
 - d. Hepatitis B;
 - e. Pertussis;
 - f. Poliomyelitis;
 - g. Measles (rubeola);
 - h. Mumps;

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- i. Rubella (German Measles);
 - j. *Haemophilus influenzae* type b;
 - k. Varicella; and
 - l. Meningococcal; and
2. If a child does not have proof of immunization according to Table 1 or Table 2, exclude the child from:
- a. School entry; or
 - b. Child care, unless the child is immunized against the diseases listed in subsection (A)(1) within 15 days following entry.
- B.** Unless exempt according to R9-6-706, a child who has not received VAR according to Table 1 or Table 2 shall:
- 1. Receive VAR according to the following:
 - a. By September 1, 2005 for a child who is entering kindergarten, first grade, or seventh grade;
 - b. By September 1, 2006 for a child who is entering kindergarten through second grade, seventh grade, or eighth grade;
 - c. By September 1, 2007 for a child who is entering kindergarten through third grade, or seventh grade through ninth grade;
 - d. By September 1, 2008 for a child who is entering kindergarten through fourth grade, or seventh grade through tenth grade;
 - e. By September 1, 2009 for a child who is entering kindergarten through fifth grade, or seventh grade through 11th grade; and
 - f. By September 1, 2010 for a child who is entering kindergarten through 12th grade; and
 - 2. Be excluded from school entry by a school administrator until the child meets the requirements in Table 2.
- C.** Unless exempt according to R9-6-706, a child, 11 years of age or older, who has not received MV according to Table 1 or Table 2 shall:
- 1. Receive MV according to the following:
 - a. By September 1, 2008 for a child entering sixth grade;
 - b. By September 1, 2009 for a child entering sixth and seventh grade;
 - c. By September 1, 2010 for a child entering sixth through eighth grade;
 - d. By September 1, 2011 for a child entering sixth through ninth grade;
 - e. By September 1, 2012 for a child entering sixth through 10th grade;
 - f. By September 1, 2013 for a child entering sixth through 11th grade; and
 - g. By September 1, 2014 for a child entering sixth through 12th grade; and
 - 2. Be excluded from school entry by a school administrator until the child meets the requirements in this Section.
- D.** Unless exempt according to R9-6-706, a child, 11 years of age or older, who has not received Tdap according to Table 1 or Table 2 shall:
- 1. Receive the Tdap according to the following:
 - a. By September 1, 2008 for a child entering sixth grade;
 - b. By September 1, 2009 for a child entering sixth and seventh grade;
 - c. By September 1, 2010 for a child entering sixth through eighth grade;
 - d. By September 1, 2011 for a child entering sixth through ninth grade;
 - e. By September 1, 2012 for a child entering sixth through 10th grade;
 - 2. Be excluded from school entry by a school administrator until the child meets the requirements in this Section.
- E.** If the Department receives written notification from the CDC that there is a shortage of a vaccine for a disease listed in subsection (A)(1), or that the CDC is limiting the amount of a vaccine for a disease listed in subsection (A)(1), the Department shall:
- 1. Provide written notification to each school and child care in this state of the shortage or limitation of the vaccine;
 - 2. Suspend compliance with subsections (A), (B), (C), and (D); and
 - 3. Upon receiving written notification from the CDC that the vaccine is available, notify each school and child care in this state:
 - a. That the vaccine is available, and
 - b. Of the time by which an individual is required to comply with subsections (A), (B), (C), and (D).
- F.** The Department shall notify each school and child care in this state that the Department no longer requires compliance with subsections (A), (B), (C), and (D) for a disease listed in subsection (A)(1) if:
- 1. The disease is declared eradicated by:
 - a. The World Health Organization, and
 - b. The Advisory Committee on Immunization Practices; and
 - 2. The Department no longer recommends immunization against the disease.

Historical Note

Former Section R9-6-115, Paragraph (1), renumbered and amended as R9-6-702 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-702 renumbered to Section R9-6-302, new Section R9-6-702 renumbered from R9-6-502 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-702 renumbered to R9-6-703; new Section R9-6-702 renumbered from R9-6-701 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-703. Responsibilities of Individuals and Local Health Agencies for Administering Vaccines

- A.** Upon request of a responsible person, a local health agency shall provide for the immunization of a child against any disease listed in R9-6-702(A)(1).
- B.** An individual administering a vaccine shall ensure that the dosage and route of administration of each vaccine are provided according to the manufacturer's recommendations.
- C.** Before administering a vaccine to a child, the individual administering the vaccine shall:
- 1. Provide the responsible person with the following written information:
 - a. A description of the disease,
 - b. A description of the vaccine,
 - c. A statement of the risks of the disease and the risks and benefits of immunization, and
 - d. Contraindications for administering the vaccine; and
 - 2. Obtain a statement signed by the responsible person confirming that the responsible person:
 - a. Was provided the written information described in subsection (C)(1),

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- b. Was provided an opportunity to read the written information,
 - c. Was provided an opportunity to ask questions, and
 - d. Requests that the designated vaccine be administered to the child.
- D.** Following the administration of a vaccine, the individual administering the vaccine shall provide written information to the responsible person or, if a child is immunized at school, to the child to give to the responsible person, that includes:
1. The vaccine administered,
 2. The reactions to the vaccine that might be expected, and
 3. The course of action if a severe reaction occurs.
- E.** An individual administering a vaccine shall provide a written record as set forth in R9-6-704 to the immunized child or to the responsible person.
- a. A local health officer,
 - b. A school administrator,
 - c. A child care administrator,
 - d. A WIC administrator,
 - e. An immunization registry administrator or immunization registry administrator's designee; or
 - f. A physician, physician's designee, practical nurse, or registered nurse;
6. An electronic version of the child's immunization record generated by a school, signed and dated by the school administrator or the school administrator's designee, and containing the information in subsection (A)(1)(a) through (f); or
7. A statement of immunity as described in subsection (B).
- B.** A physician, the physician's designee, practical nurse, or registered nurse may sign a statement of immunity stating that a child is immune to a disease, but shall not sign a statement of immunity to measles or rubella without obtaining serologic evidence of immunity.

Historical Note

Former Section R9-6-115, Paragraph (2), renumbered and amended as R9-6-703 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-703 renumbered to Section R9-6-303, new Section R9-6-703 renumbered from R9-6-503 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-703 renumbered to R9-6-704; new Section R9-6-703 renumbered from R9-6-702 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-704. Standards for Documentary Proof of Immunity

- A.** An individual may establish proof of a child's immunity to a disease listed in R9-6-702(A)(1) by one of the following:
1. An immunization record that contains:
 - a. The child's name;
 - b. The child's date of birth;
 - c. The type of vaccine administered;
 - d. The month and year of each immunization, other than MMR, for a child who received an immunization before January 1, 2003;
 - e. The month, day, and year of MMR immunization for a child who received an immunization before January 1, 2003;
 - f. The month, day, and year of each immunization for a child who received an immunization on or after January 1, 2003; and
 - g. The name of the individual administering the vaccine or the name of the entity that the individual administering the vaccine represents;
 2. Laboratory evidence of immunity;
 3. An Arizona school immunization record that includes:
 - a. The child's name;
 - b. The child's date of birth;
 - c. The grade of the child on the date of enrollment;
 - d. Whether the child is male or female;
 - e. The type of vaccine administered;
 - f. The month and year of each immunization, other than MMR, for a child who received an immunization before January 1, 2003;
 - g. The month, day, and year of MMR immunization for a child who received an immunization before January 1, 2003; and
 - h. The month, day, and year of each immunization for a child who received an immunization on or after January 1, 2003;
 4. A school immunization record from another state;
 5. An electronic version of the child's immunization record containing the information in subsection (A)(1)(a) through (f) generated by an immunization registry, and signed and dated by any of the following:

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-704 renumbered to Section R9-6-304, new Section R9-6-704 renumbered from R9-6-504 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-704 renumbered to R9-6-705; new Section R9-6-704 renumbered from R9-6-703 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2).

R9-6-705. Responsibilities of Schools and Child Care

- A.** Except as provided in R9-6-706, a school administrator or a child care administrator shall ensure that an immunization record for each child attending a school or child care is maintained at the school or child care and contains the applicable documentary proof of immunity listed in R9-6-704.
- B.** If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a school administrator shall:
1. Not allow the child to enter the school, or
 2. If the child is already attending the school, remove the child from school as authorized by A.R.S. § 15-872.
- C.** If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a child care administrator shall notify the responsible person in writing at the time of entry that:
1. The child may attend the child care for not more than 15 days from the date of the notification; and
 2. If the child is not immunized by the 15th day following notification, the child is not permitted to attend the child care.
- D.** A school administrator or child care administrator shall determine that a child is in compliance with an immunization requirement in this Article for a specific disease if:
1. The child's immunization record contains proof of immunity required in R9-6-704, and the child has received the required immunizations according to Table 1 or Table 2; or
 2. A responsible person has submitted to the school or child care documentation of an exemption from immunization according to R9-6-706.
- E.** At the time of enrollment, if a child's immunization record is not available, does not contain proof of immunity required in

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R9-6-704, or does not contain proof of an exemption according to R9-6-706, a school administrator or school administrator's designee, or a child care administrator shall notify the responsible person:

1. That the child is not in compliance with immunization requirements;
 2. In writing, that:
 - a. For the child enrolling in a school, all immunizations are required to be completed according to Table 1 or Table 2 and proof provided to the school before entry; or
 - b. For the child enrolling in a child care, all immunizations required in Table 1 or Table 2 are required to be completed and proof provided to the child care within 15 days of the notification; and
 3. In writing, that the responsible person is required to send the child to a physician or local health agency to obtain written proof of immunization before entry.
- F.** If a school administrator or a child care administrator questions the accuracy of a child's immunization record and is unable to verify the accuracy of the immunization record, the school administrator or the child care administrator shall notify, in writing, the responsible person:
1. That the responsible person is required to send the child to a physician or local health agency to review the child's immunization history and provide immunizations as needed;
 2. For a child attending a school, that the child is not allowed to return to school until the child's immunization record meets the standards of documentary proof in R9-6-704 and is presented to the school; and
 3. For a child attending a child care, that beginning 15 days following the notification, the child is not allowed to attend the child care, unless the child's immunization record meets the standards of documentary proof in R9-6-704 and is presented to the child care.
- G.** A school administrator or child care administrator shall maintain a list that contains the name of each child who:
1. Is exempt from providing proof of immunity according to R9-6-706, or
 2. Has not provided proof of immunity in compliance with R9-6-704.
- H.** A school administrator or child care administrator shall not allow a child who lacks proof of immunity against a disease listed in R9-6-702(A) to attend the school or child care during an outbreak of the disease for which the child lacks proof of immunity. The Department or local health agency shall determine the start and termination of an outbreak.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-705 renumbered to Section R9-6-305, new Section R9-6-705 renumbered from R9-6-505 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-705 renumbered to R9-6-706; new Section R9-6-705 renumbered from R9-6-704 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-706. Exemptions from Immunizations

- A.** A child who has reached a fifth birthday is exempt from the Hib immunization requirement.
- B.** A child who is 7 through 10 years of age is exempt from the pertussis immunization requirement.
- C.** A child:
 1. Until September 1, 2011, is exempt from the VAR immunization requirement if the child's responsible person

states, verbally or in writing, that the child has had varicella; and

2. After September 1, 2011, is not exempt from the VAR immunization requirement unless the child provides laboratory evidence of immunity to varicella.
- D.** A child who submits laboratory evidence of immunity to a disease to a school or child care is not required to be immunized against that disease as a condition for school or child care entry.
- E.** For a child attending a school, a parent or guardian shall submit to the school a written statement of exemption from immunization for personal beliefs as required in A.R.S. § 15-873(A)(1) or written certification of medical exemption as required in A.R.S. § 15-873(A)(2) on a form provided by the Department that contains:
1. The child's name;
 2. The child's date of birth;
 3. The type of exemption requested;
 4. The immunizations from which the parent or guardian is requesting an exemption;
 5. Whether the medical exemption is permanent or temporary, if applicable;
 6. The date the medical exemption terminates, if applicable;
 7. The parent or guardian's signature and the date signed; and
 8. The physician's or registered nurse practitioner's signature and the date signed, if applicable.
- F.** For a child attending a child care, a responsible person shall submit to the child care a written statement of exemption from immunization on a form provided by the Department that includes:
1. The child's name,
 2. The child's date of birth,
 3. The type of exemption,
 4. The immunizations from which the responsible person is requesting an exemption,
 5. If a medical exemption, whether the medical exemption is permanent or temporary,
 6. If temporary, the date the medical exemption terminates, if applicable,
 7. The responsible person's signature and the date signed, and
 8. The physician's or registered nurse practitioner's signature and the date signed, if applicable.
- G.** A child care administrator or school administrator shall:
1. Record an exemption on a child's immunization record,
 2. Allow a child with a temporary medical exemption to attend a child care or school until the date the temporary exemption terminates, and
 3. Notify a child's responsible person in writing of the date the child is required to complete all immunizations before the temporary medical exemption terminates.

Historical Note

Former Section R9-6-115, Paragraph (3), renumbered and amended as R9-6-706 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-706 renumbered to Section R9-6-306, new Section R9-6-706 renumbered from R9-6-506 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-706 renumbered to R9-6-707; new Section R9-6-706 renumbered from R9-6-705 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005

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(Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

Table 1. Renumbered**Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 1 renumbered from Article 5, Table 1 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 1 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

Table 2. Renumbered**Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 2 renumbered from Article 5, Table 2 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 2 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-707. Reporting Requirements

- A.** By November 15 of each year, a school administrator shall submit a report to the Department or local health agency on a form provided by the Department that contains:
1. The name and address of the school;
 2. An identification of whether it is a public school, private school, or charter school;
 3. The name, telephone number, and fax number of a contact person;
 4. The name and district number of the school district, if applicable;
 5. The county the school is located in;
 6. Each grade taught at the school;
 7. The number of children enrolled at the school in designated grades as of the date of the report;
 8. The number of children with documentary proof of immunization status, including the number of children who are in each of the following categories:
 - a. Have received each immunization required for their age,
 - b. Have a medical exemption,
 - c. Are exempt for personal beliefs according to A.R.S. § 15-873, and
 - d. Have submitted laboratory evidence of immunity as defined in A.R.S. § 36-671, and
 9. The number of doses received per child of each vaccine required in Table 1.
- B.** If requested by the Department or local health agency, a school administrator or child care administrator shall provide the following outbreak, case, or suspect case information:
1. Immunization information in R9-6-704;
 2. Attendance information specifying each date each child was present at the school or child care during the communicable period; and
 3. Any other information relating to the outbreak, case, or suspect case that is requested by the Department or local health agency.
- C.** A school administrator that has an individual authorized by law to administer vaccines and receives vaccines provided by the Department shall:
1. Prepare a report on a form provided by the Department each calendar month that contains:
 - a. A VFC PIN number;
 - b. The provider name or business name, address, telephone number, and fax number;
 - c. The beginning date and end date of the report;
 - d. The number of children immunized during the preceding calendar month;
 - e. The age and date of birth of each child immunized during the preceding calendar month;
 - f. Whether each child immunized during the preceding calendar month is:
 - i. Covered by KidsCare;
 - ii. Covered by AHCCCS;
 - iii. Uninsured;
 - iv. A Native American or an Alaskan native;
 - v. Underinsured; and
 - vi. Non-VFC eligible, if applicable;
 - g. The number of doses of each vaccine administered during the preceding calendar month; and
 - h. The manufacturer, manufacturer's lot number, and expiration date of each vaccine listed in Table 1 that was administered during the preceding calendar month; and
 2. Send the report required in subsection (C)(1) by the fifth day of the following month to:
 - a. The local health agency, if the vaccine was provided by the local health agency; or
 - b. The Department, if the vaccine was provided by the Department.
- D.** By November 15 of each year, a child care administrator shall submit to the Department or local health agency a report on a form provided by the Department that contains:
1. The name, mailing address, and telephone number of the child care;
 2. The date of the report;
 3. The name of a contact person;
 4. The Department license or certificate number of the child care, if applicable;
 5. The name of the child care administrator;
 6. Whether the children are in child care;
 7. Whether the children in child care are in a Head Start program;
 8. The number of children attending the child care who were less than 5 years of age as of October 1; and
 9. The number of children less than five years of age as of October 1 for whom the child care has immunization records on file specifying the number of children who are in each of the following categories:
 - a. Have received each immunization required for their age;
 - b. Have medical exemptions;
 - c. Are exempt for religious beliefs according to the rules in 9 A.A.C. 5 regulating child care facilities or child care group homes; and
 - d. Have submitted laboratory evidence of immunity.
- E.** In addition to the report required in subsection (D), by November 15 of each year, a child care administrator shall submit to the Department or local health agency a report on a form provided by the Department that contains:
1. The information in subsection (D)(1) through (D)(4),
 2. The information in subsection (D)(6), and
 3. For each child less than 5 years of age as of October 1:

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- a. The birth date of the child;
 - b. How many doses of each vaccine listed in Table 1 the child has received;
 - c. For each vaccine listed in Table 1 except MMR, the month, day, and year of the most recent immunization;
 - d. For MMR, the month, day, and year of each immunization; and
 - e. Whether each child has a medical or religious exemption.
- F.** By March 30 of each year, a local health officer shall forward to the Department the information contained in the reports received by the local health agency according to subsections (A) and (D).
- G.** A local health officer who receives and distributes vaccine provided by the Department shall submit to the Department the report required in subsection (C) every calendar month.
- H.** As required by A.R.S. § 36-135, a health care professional shall submit for each vaccine administered to a child the information required in A.R.S. § 36-135(B), the IRMS number, and the VPC PIN number, if applicable, to the Department as follows:
1. If reporting by mail or fax, the health care professional shall use a form provided by the Department.
 2. If reporting by telephone, the health care professional shall call a telephone number provided by the Department for this purpose between 8:00 a.m. and 5:00 p.m., Monday through Friday, except state holidays.
3. If reporting electronically, the health care professional shall:
 - a. Connect to the ASIIS web page through a secure Internet connection and enter the information; or
 - b. Ensure that the information is submitted in a format that can be imported into ASIIS and:
 - i. Provide a compact disk or digital video disk that contains the information to the Department; or
 - ii. Transfer the information to the Department through a secure file transfer protocol.

Historical Note

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-307 effective October 19, 1993 (Supp. 93-4). Adopted effective April 4, 1997 (Supp. 97-4). Former Section R9-6-707 renumbered to R9-6-708; new Section R9-6-707 renumbered from R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

Table 1. Immunization Requirements for Child Care or School Entry

Age at Entry into a Child Care or School	Number of Doses of Vaccine Required	Special Notes and Exceptions
<2 months	1 Hep B	(See Note 1)
2 through 3 months	1 DTP or DTaP 1 Polio 1 Hib 1 Hep B	(See Note 1)
4 through 5 months	2 DTP or DTaP 2 Polio 2 Hib 2 Hep B	(See Note 1)
6 through 11 months	3 DTP or DTaP 2 Polio 3 Hib 2 Hep B	(Hib exception - See Note 2 for a child 7 months through 59 months of age.) (See Note 1)
12 through 14 months	3 DTP or DTaP 3 Polio 1-4 Hib 1 MMR 3 Hep B 1 Varicella	(See Note 2) (See Note 3) (See Note 1) (See Note 6)
15 through 59 months	4 DTP or DTaP 3 Polio 1-4 Hib 1-2 MMR 3 Hep B 1 Varicella	(See Note 2) (See Note 3) (See Note 1) (See Note 8)
1 through 5 years (Only required for Maricopa County child care)	2 Hep A	(See Note 4)

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<p>Kindergarten or 1st grade entry 4 through 6 years</p>	<p>5 DTP or DTaP</p> <p>4 Polio</p> <p>2 MMR</p> <p>3 Hep B</p> <p>1 Varicella</p>	<p>Exception - A 5th dose is not required if the 4th dose of diphtheria-tetanus containing vaccine was received after the 4th birthday.</p> <p>Exception - A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday.</p> <p>(See Note 3) A child entering school shall receive a 2nd dose, 1 month or more after the date of the 1st dose.</p> <p>(See Note 8)</p>
<p>7 years through 10 years</p>	<p>4 Tetanus-diphtheria containing vaccines (no pertussis)</p> <p>4 Polio</p> <p>2 MMR</p> <p>3 Hep B</p> <p>1 Varicella</p>	<p>Exception – A 4th dose is not required if the 1st dose of diphtheria-tetanus containing vaccine was received after 12 months of age.</p> <p>Exception – A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday. (See Note 7)</p> <p>(See Note 3)</p> <p>A child entering school shall receive the Hep B series according to Note 1.</p> <p>(See Note 8)</p>
<p>11 years</p>	<p>1 MV</p>	<p>(See Note 5)</p>
<p>11 years or older</p>	<p>4 Tetanus-diphtheria containing vaccines including 1 Tdap.</p> <p>1 Tdap, in addition to the 4 Tetanus-diphtheria containing vaccines, if 5 years have passed since the date of a child’s last dose of tetanus-diphtheria containing vaccine and the child has not received Tdap.</p> <p>1 Tetanus-diphtheria containing vaccine, if 10 years or more have passed since the date of the child’s last dose of Tdap or tetanus-diphtheria containing vaccine.</p> <p>4 Polio</p> <p>2 MMR</p> <p>3 Hep B</p> <p>1-2 Varicella</p>	<p>(See Note 6) Exception – A 4th dose is not required if the 1st dose of diphtheria-tetanus containing vaccine was received after 12 months of age.</p> <p>Exception – A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday. (See Note 7)</p> <p>(See Note 3)</p> <p>A child entering school shall receive the Hep B series according to Note 1.</p> <p>(See Note 8)</p>

1. A child shall receive the 1st dose of Hep B no later than 15 days following child care entry. A child shall receive the 2nd dose of Hep B 4 weeks or more after the date of the 1st dose. A child who is 6 months of age or older shall receive the 3rd dose 2-5 months after the

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- date of the 2nd dose and 4 months or more after the date of the 1st dose. For a child 11-15 years of age who receives the optional Merck Recombivax HB Adult Formulation vaccine, only 2 doses are required 4 or more months apart.
2. The recommended schedule for 4 dose Hib vaccine is 2, 4, and 6 months of age with a booster dose at 12-15 months of age. The optimal schedule for 3 dose Hib vaccine is 2 and 4 months of age with a booster dose at 12 -15 months of age. There shall be a minimum interval of 4 weeks between each of the first 3 doses. A child shall receive a booster dose no earlier than 12 months of age and no earlier than 8 weeks after the previous dose. A child who starts the Hib series after 7 months of age may be required to complete a full 3 or 4 dose series. A child who starts Hib at 15 months of age or older shall receive 1 dose at 15-59 months of age.
 3. A child who is 12 months of age or older, shall receive measles, mumps, and rubella vaccines as individual antigens or as a combined MMR vaccine. A child shall receive the 1st dose of MMR before school entry, or no later than 15 days following child care entry. A child who is 4 years of age or older and who is entering school shall receive a 2nd dose of MMR 1 month or more after the date of the 1st dose.
 4. A child who is 1 through 5 years of age shall receive the 1st dose of hepatitis A vaccine no later than 15 days following child care entry in Maricopa County. A child shall receive a 2nd dose 6 months following the date of the 1st dose.
 5. A child shall receive MV according to R9-6-702(C) no later than 15 days following school entry.
 6. A child shall receive a dose of Tdap before the 2 doses of tetanus-diphtheria containing vaccine.
 7. Polio vaccine is not required for individuals 18 years of age or older.
 8. A child shall receive VAR according to R9-6-702(B) no later than 15 days following child care or school entry. A child who receives VAR at 12 months through 12 years of age shall receive one dose. A child who receives the 1st dose of VAR at 13 years of age or older shall receive the 2nd dose if 4 weeks or more have passed since the date of the 1st dose.

Historical Note

Table 1 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

Table 2. Catch-up Immunization Schedule for Child Care or School Entry

Vaccine	Dose	Time Intervals, Special Notes, and Exceptions
1. Diphtheria, Tetanus, and Pertussis a. For a Child Younger Than 7 Years of Age: DTP or any combination of DTP or DTaP	1st	A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 4 weeks or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before continued attendance at school, or no later than 15 days following continued attendance at child care.
	4th	If 6 months or more have passed since the date of the 3rd dose, a child shall receive the 4th dose before continued attendance at school, or no later than 15 days following continued attendance at child care.
	5th or more	A child shall receive a 5th dose before continued attendance at school, or no later than 15 days following child care entry. Exception - A 5th dose is not required if the child received the 4th dose after the child's 4th birthday.
b. For a Child 7 through 10 Years of Age: Tetanus-diphtheria containing vaccines (no pertussis)	1st	A child shall receive a 1st dose before school entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry.
	3rd	If 6 months or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before school entry.

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	4th	A 4th dose is not required if the 1st dose of diphtheria-tetanus containing vaccine was received after 12 months of age.
c. For a Child 11 Years of Age and Older: Tetanus-diphtheria containing vaccines including 1 Tdap	1st	(See Note 2 below) A child shall receive a 1st dose before school entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry.
	3rd	If 6 months or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before school entry.
	4th	Exception – A 4th dose is not required if the 1st dose of diphtheria-tetanus containing vaccine was received after 12 months of age.
2. Polio	1st	(See Note 3 below.) A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 4 weeks or more have passed since the date of the 2nd dose, the child shall receive the 3rd dose before school entry, or no later than 15 days following child care entry.
	4th	If 8 weeks or more have passed since the date of the 3rd dose, the child shall receive the 4th dose before school entry. Exception - A 4th dose is not required if the 3rd dose was received after the 4th birthday.
3. MMR – Measles, Mumps, Rubella	1st	A child who is 12 months of age or older shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 1 month or more has passed since the date of the 1st dose, a child who is 4 years of age or older, entering kindergarten through 12th grade, shall receive the 2nd dose before school entry.
4. Hib - Haemophilus influenzae type b (Not required for individuals aged 5 years of age and older.)	1st through 4th	A child who is younger than 5 years of age shall receive a dose no later than 15 days following child care entry. (See Note 4 below.)
5. Hep B – Hepatitis B	1st	A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.

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	3rd	If 2 months or more have passed since the date of the 2nd dose, and 4 months or more have passed since the date of the 1st dose and the child is at least 6 months of age, a child shall receive the 3rd dose before school entry, or no later than 15 days following child care entry. Exception - A child who is 11 through 15 years of age who is receiving the Merck Recombivax HB Adult Formulation vaccine is not required to receive a 3rd dose.
6. Hep A – Hepatitis A Only required for Maricopa County child care	1st	A child who is 1 through 5 years of age shall receive the 1st dose no later than 15 days following child care entry.
	2nd	If 6 months or more have passed since the date of the 1st dose, a child shall receive the 2nd dose no later than 15 days following child care entry.
7. Varicella	1st	(See Note 5 below.) A child who is 12 months of age through 12 years shall receive one dose before school entry, or no later than 15 days following child care entry.
	2nd	If one month or more has passed since the date of the first dose, a child who is 13 years of age or older shall receive a second dose.
8. Meningococcal	1st	(See Note 1 below) A child who is 11 years old shall receive one dose of MV before school entry.

1. A child shall receive MV according to R9-6-702(C) no later than 15 days following school entry.
2. A child shall receive a dose of Tdap before the 2 doses of tetanus-diphtheria containing vaccine.
3. Polio vaccine is not required for individuals 18 years of age or older.
4. A child who begins the Hib series at 7 months of age or older shall receive Hib according to the following schedule:

Current Age (months)	Prior Immunization History	Recommended Regimen
7-11	1 dose	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
7-11	2 doses	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
12-14	1 dose before 12 months	2 doses administered at least 2 months apart
12-14	2 doses before 12 months	1 dose
15-59	Any incomplete schedule	1 dose

5. A child shall receive VAR according to R9-6-702(B) no later than 15 days following child care entry.

Historical Note

Table 2 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-708. Release of Immunization Information

In addition to the persons who have access to immunization information according to A.R.S. § 36-135(D) and consistent with the limitations in A.R.S. § 36-135(E) and (H), the Department may release immunization information to:

1. An authorized representative of a state or local health agency for the control, investigation, analysis, or follow-up of disease;
2. A child care administrator, to determine the immunization status of a child in the child care;
3. An authorized representative of WIC, to determine the immunization status of children enrolled in WIC;

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4. An individual or organization authorized by the Department, to conduct medical research to evaluate medical services and health related services, health quality, immunizations data quality, and efficacy; or
5. An authorized representative of an out-of-state agency, including a state health department, local health agency, school, child care, health care provider, or a state agency that has legal custody of a child.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-309 effective October 19, 1993 (Supp. 93-4). New Section R9-6-708 renumbered from R9-6-707 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-709. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (6), renumbered and amended as R9-6-709 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-310 effective October 19, 1993 (Supp. 93-4).

R9-6-710. Renumbered**Historical Note**

Former Section R9-115, Paragraph (7), renumbered and amended as R9-6-710 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-311 effective October 19, 1993 (Supp. 93-4).

R9-6-711. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (8), renumbered and amended as R9-6-711 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-313 effective October 19, 1993 (Supp. 93-4).

R9-6-712. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-315 effective October 19, 1993 (Supp. 93-4).

R9-6-713. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (9), renumbered and amended as R9-6-713 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-316 effective October 19, 1993 (Supp. 93-4).

R9-6-714. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (10), renumbered and amended as R9-6-714 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-317 effective October 19, 1993 (Supp. 93-4).

R9-6-715. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (11), renumbered and amended as R9-6-715 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-319 effective October 19, 1993 (Supp. 93-4).

R9-6-716. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-320 effective October 19, 1993 (Supp. 93-4).

R9-6-717. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (12), renumbered and amended as R9-6-717 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-321 effective October 19, 1993 (Supp. 93-4).

R9-6-718. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (13), renumbered and amended as R9-6-718 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-322 effective October 19, 1993 (Supp. 93-4).

R9-6-719. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1) Renumbered to Section R9-6-323 effective October 19, 1993 (Supp. 93-4).

R9-6-720. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (14), renumbered and amended as R9-6-720 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-324 effective October 19, 1993 (Supp. 93-4).

R9-6-721. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (15), renumbered and amended as R9-6-721 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-325 effective October 19, 1993 (Supp. 93-4).

R9-6-722. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (18), renumbered and amended as R9-6-722 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-327 effective October 19, 1993 (Supp. 93-4).

R9-6-723. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (16), renumbered and amended as R9-6-723 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-330 effective October 19, 1993 (Supp. 93-4).

R9-6-724. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (17), renumbered and amended as R9-6-724 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-331 effective October 19, 1993 (Supp. 93-4).

R9-6-725. Renumbered

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Historical Note

Adopted effective January 28, 1987 (Supp. 87-1).
Renumbered to Section R9-6-332 effective October 19, 1993 (Supp. 93-4).

R9-6-726. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1).
Renumbered to Section R9-6-333 effective October 19, 1993 (Supp. 93-4).

R9-6-727. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1).
Renumbered to Section R9-6-334 effective October 19, 1993 (Supp. 93-4).

R9-6-728. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (19), renumbered and amended as R9-6-728 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-335 effective October 19, 1993 (Supp. 93-4).

R9-6-729. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (20), renumbered and amended as R9-6-729 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-336 effective October 19, 1993 (Supp. 93-4).

R9-6-730. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (21), renumbered and amended as R9-6-730 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-337 effective October 19, 1993 (Supp. 93-4).

R9-6-731. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (22), renumbered and amended as R9-6-731 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-338 effective October 19, 1993 (Supp. 93-4).

R9-6-732. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (23), renumbered and amended as R9-6-732 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-339 effective October 19, 1993 (Supp. 93-4).

R9-6-733. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (45), renumbered and amended as R9-6-733 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-340 effective October 19, 1993 (Supp. 93-4).

R9-6-734. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (24), renumbered and amended as R9-6-734 effective January 28, 1987

(Supp. 87-1). Renumbered to Section R9-6-341 effective October 19, 1993 (Supp. 93-4).

R9-6-735. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (25), renumbered and amended as R9-6-735 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-342 effective October 19, 1993 (Supp. 93-4).

R9-6-736. Renumbered**Historical Note**

Former R9-6-115, Paragraph (26), renumbered and amended as R9-6-736 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-343 effective October 19, 1993 (Supp. 93-4).

R9-6-737. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1).
Renumbered to Section R9-6-344 effective October 19, 1993 (Supp. 93-4).

R9-6-738. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (27), renumbered and amended as R9-6-738 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-345 effective October 19, 1993 (Supp. 93-4).

R9-6-739. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1).
Renumbered to Section R9-6-346 effective October 19, 1993 (Supp. 93-4).

R9-6-740. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (28), renumbered and amended as R9-6-740 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-347 effective October 19, 1993 (Supp. 93-4).

R9-6-741. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (29), renumbered and amended as R9-6-741 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-348 effective October 19, 1993 (Supp. 93-4).

R9-6-742. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (30), renumbered and amended as R9-6-742 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-349 effective October 19, 1993 (Supp. 93-4).

R9-6-743. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (31), renumbered and amended as R9-6-743 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-350 effective October 19, 1993 (Supp. 93-4).

R9-6-744. Renumbered

Historical Note

Former Section R9-6-115, Paragraph (32), renumbered and amended as R9-6-744 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-351 effective October 19, 1993 (Supp. 93-4).

R9-6-745. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (33), renumbered and amended as R9-6-745 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-352 effective October 19, 1993 (Supp. 93-4).

R9-6-746. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (34.) renumbered and amended as R9-6-746 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-353 effective October 19, 1993 (Supp. 93-4).

R9-6-747. Repealed**Historical Note**

Former Section R9-6-115, Paragraph (35), renumbered and amended as R9-6-747 effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

R9-6-748. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (36), renumbered and amended as R9-6-748 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-354 effective October 19, 1993 (Supp. 93-4).

R9-6-749. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (37), renumbered and amended as R9-6-749 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-355 effective October 19, 1993 (Supp. 93-4).

R9-6-750. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-356 effective October 19, 1993 (Supp. 93-4).

R9-6-751. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-358 effective October 19, 1993 (Supp. 93-4).

R9-6-752. Renumbered**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-359 effective October 19, 1993 (Supp. 93-4).

R9-6-753. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987

(Supp. 87-1). Renumbered to Section R9-6-360 effective October 19, 1993 (Supp. 93-4).

R9-6-754. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-361 effective October 19, 1993 (Supp. 93-4).

R9-6-755. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-362 effective October 19, 1993 (Supp. 93-4).

R9-6-756. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-363 effective October 19, 1993 (Supp. 93-4).

R9-6-757. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-364 effective October 19, 1993 (Supp. 93-4).

R9-6-758. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-365 effective October 19, 1993 (Supp. 93-4).

R9-6-759. Renumbered**Historical Note**

Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-366 effective October 19, 1993 (Supp. 93-4).

ARTICLE 8. ASSAULTS ON PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS

New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).

R9-6-801. Definitions

In this Article, unless otherwise specified:

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

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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.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-401 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

R9-6-802. Notice of Test Results

- A.** Within 10 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 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. 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 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. 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:

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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.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-402 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

R9-6-803. Repealed**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-403 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1,

2003 (Supp. 02-4). Section repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

R9-6-804. Renumbered**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-404 effective October 19, 1993 (Supp. 93-4).

R9-6-805. Renumbered**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-405 effective October 19, 1993 (Supp. 93-4).

R9-6-806. Renumbered**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-406 effective October 19, 1993 (Supp. 93-4).

R9-6-807. Renumbered**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and

readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-407 effective October 19, 1993 (Supp. 93-4).

R9-6-808. Renumbered

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-408 effective October 19, 1993 (Supp. 93-4).

ARTICLE 9. HEALTH PROFESSIONAL EXPOSURES

R9-6-901. 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.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-901 recodified to R9-6-1001 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

R9-6-902. Notice of Test Results

- A. Within 10 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.

Historical Note

Section renumbered from R9-6-409 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-902 recodified to R9-6-1002 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit A. Recodified**Historical Note**

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Exhibit A recodified to Article 10, Exhibit A at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

Exhibit B. Recodified**Historical Note**

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Exhibit B recodified to Article 10, Exhibit B at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

R9-6-903. Recodified**Historical Note**

Section renumbered from R9-6-410 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-903 recodified to R9-6-1003 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION**R9-6-1001. Definitions**

In this Article, unless otherwise specified:

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.
2. "Informed consent" means permission to conduct an HIV-related test obtained from a subject who has capacity to consent or an individual authorized by law to consent for a subject without capacity to consent after an explanation that complies with A.R.S. § 36-663(B).
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.

Historical Note

New Section recodified from R9-6-901 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

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 R9-6-347.

Historical Note

New Section recodified from R9-6-902 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Former R9-6-1002 renumbered to R9-6-1003; new R9-6-1002 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-1003. Expired**Historical Note**

New Section recodified from R9-6-903 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Former R9-6-1003 renumbered to R9-6-1004; new R9-6-1003 renumbered from R9-6-1002 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3).

EXHIBIT A. Expired**Historical Note**

Exhibit A recodified from Article 9, Exhibit A at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Exhibit A repealed; new Exhibit A made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Exhibit A expired under A.R.S. § 41-

1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3).

EXHIBIT B. Repealed

Historical Note

Exhibit B recodified from Article 9, Exhibit B at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Exhibit B repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

R9-6-1004. Court-ordered HIV-related Testing

- 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 9 A.A.C. 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 9 A.A.C. 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.
- E.** A person who performs a test described in subsection (D) shall report the test results for each subject 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.

Historical Note

Section R9-6-1004 renumbered from R9-6-1003 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

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 specified 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

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- 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.
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.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

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.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

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

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

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

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4. If the subject is pregnant and is a syphilis case, inform the subject of the requirement that the subject obtain serologic testing for syphilis according to R9-6-381.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-1103. Local Health Agency Requirements

- A. For each STD case, a local health agency shall:
 1. Comply with the requirements in:
 - a. R9-6-317(A)(1) and (2) for each chancroid case reported to the local health agency, and
 - b. R9-6-381(A)(3)(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.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

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 9 A.A.C. 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 9 A.A.C. 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:

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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.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

ARTICLE 12. TUBERCULOSIS CONTROL**R9-6-1201. Definitions**

In addition to the definitions in A.R.S. § 36-711, the following definitions apply in this Article, unless otherwise specified:

1. "Inmate" means an individual who is incarcerated in a correctional facility.
2. "Latent tuberculosis infection" means the presence of *Mycobacterium tuberculosis*, as evidenced by a positive result from an approved test for tuberculosis, in an individual who:
 - a. Has no symptoms of active tuberculosis,
 - b. Has no clinical signs of tuberculosis other than the positive result from the approved test for tuberculosis, and
 - c. Is not infectious to others.
3. "Symptoms suggestive of tuberculosis" means any of the following that cannot be attributed to a disease or condition other than tuberculosis:
 - a. A productive cough that has lasted for at least three weeks;
 - b. Coughing up blood; or
 - c. A combination of at least three of the following:
 - i. Fever,
 - ii. Chills,
 - iii. Night sweats,
 - iv. Fatigue,
 - v. Chest pain, and
 - vi. Weight loss.

Historical Note

Section R9-6-1201 renumbered from R9-6-601 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-1202. Local Health Agency Reporting Requirements

- A.** Within 30 days after receiving information, a local health agency shall report to the Department regarding:
1. Each individual in its jurisdiction who has been diagnosed with active tuberculosis,
 2. Each individual in its jurisdiction who is suspected of having active tuberculosis, and
 3. Each individual in its jurisdiction who is believed to have been exposed to an individual with infectious active tuberculosis.
- B.** Each report made under subsection (A) shall consist of completed 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, or a completed electronic equivalent to Form CDC 72.9A and B provided by the Department.

Historical Note

Section R9-6-1202 renumbered from R9-6-602 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

R9-6-1203. Tuberculosis Control in Correctional Facilities

- A.** An administrator of a correctional facility shall ensure that:
1. Each new inmate in the correctional facility undergoes a symptom screening for tuberculosis while processing into the correctional facility;

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2. An inmate in whom symptoms suggestive of tuberculosis are detected during screening:
 - a. Is immediately:
 - i. Placed in airborne infection isolation, or
 - ii. Required to wear a surgical mask and retained in an environment where exposure to the general inmate population is minimal and the inmate can be observed at all times to be wearing the mask;
 - b. If not immediately placed in airborne infection isolation, is within 24 hours after screening:
 - i. Given a medical evaluation for active tuberculosis, or
 - ii. Transported to a health care institution to be placed in airborne infection isolation; and
 - c. Is given a medical evaluation for active tuberculosis before being released from airborne infection isolation or permitted to stop wearing a surgical mask and released from the environment described in subsection (A)(2)(a)(ii).
 3. Except as provided in subsection (A)(6), each new inmate who does not have a documented history of a positive result from an approved test for tuberculosis or who has not received an approved test for tuberculosis within the previous 12 months is given an approved test for tuberculosis within seven days after processing into the correctional facility;
 4. Except as provided in subsection (A)(5), each new inmate who has a positive result from an approved test for tuberculosis or who has a documented history of a positive result from an approved test for tuberculosis is given a chest x-ray and a medical evaluation, within 14 days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
 5. If an inmate has had a documented negative chest x-ray after a positive result from an approved test for tuberculosis, the inmate is not required to have another chest x-ray unless the inmate has signs or symptoms of active tuberculosis;
 6. Each new inmate who is HIV-positive, in addition to receiving an approved test for tuberculosis, is given a chest x-ray and a medical evaluation within seven days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
 7. Each inmate who has a negative result from an approved test for tuberculosis when tested during processing has a repeat approved test for tuberculosis after 12 months of incarceration and every 12 months thereafter during the inmate's term of incarceration;
 8. Each inmate with active tuberculosis is:
 - a. Provided medical treatment that meets accepted standards of medical practice, and
 - b. Placed in airborne infection isolation until no longer infectious; and
 9. All applicable requirements in 9 A.A.C. 6, Articles 2 and 3 are complied with.
- B.** The requirements of subsection (A) apply to each correctional facility that houses inmates for 14 days or longer and to each inmate who will be incarcerated for 14 days or longer.
- C.** An administrator of a correctional facility, either personally or through a representative, shall:
1. Unless unable to provide prior notification because of security concerns, notify the local health agency at least one working day before releasing a tuberculosis case or suspect case;
 2. If unable to provide prior notification because of security concerns, notify the local health agency within 24 hours after releasing a tuberculosis case or suspect case; and
 3. Provide a tuberculosis case or suspect case or an inmate being treated for latent tuberculosis infection the name and address of the local health agency before the case, suspect case, or inmate is released.

Historical Note

Section R9-6-1203 renumbered from R9-6-603 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

R9-6-1204. Standards of Medical Care

A health care provider caring for an afflicted person shall comply with the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), published in 167 *American Journal of Respiratory and Critical Care Medicine* 603-662 (February 15, 2003), which is incorporated by reference, on file with the Department, and available from the American Thoracic Society, 61 Broadway, New York, NY 10006-2747 or at www.atsjournals.org, unless the health care provider believes, based on the health care provider's professional judgment, that deviation from the recommendations is medically necessary. If a health care provider caring for an afflicted person deviates from the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation. If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), is inappropriate and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the afflicted person's treatment as authorized under A.R.S. § 36-723(C).

Historical Note

Section R9-6-1204 renumbered from R9-6-604 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

**ARTICLE 13. IMMUNIZATIONS OR VACCINES
REQUIRING PRESCRIPTIONS FOR PHARMACIST
ADMINISTRATION**

R9-6-1301. Immunizations or Vaccines Requiring a Prescription Order for Pharmacist Administration

- A.** In this Section, unless otherwise specified, the following definitions apply:
1. "Certified pharmacist" means an individual licensed under A.R.S. Title 32, Chapter 18, who is authorized under A.A.C. R4-23-411 to administer immunizations or vaccines to adults.
 2. "Immunization" has the same meaning as in A.R.S. § 36-671.
 3. "Prescription order" has the same meaning as in A.R.S. § 32-1901.
 4. "Vaccine" has the same meaning as "biological product" defined in 21 CFR 600.3 (April 1, 2008).
- B.** The following immunizations or vaccines require a prescription order before the immunization or vaccine may be administered under A.A.C. R4-23-411 by a certified pharmacist:
1. Japanese Encephalitis vaccine,
 2. Rabies vaccine,
 3. Typhoid vaccines, and

4. Yellow fever vaccine.

Historical Note

New Section made by exempt rulemaking at 15 A.A.R. 1793, effective October 5, 2009 (Supp. 09-4).