

# NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Register* after the final rules have been submitted for filing and publication.

## NOTICE OF FINAL RULEMAKING

### TITLE 9. HEALTH SERVICES

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

[R08-105]

#### PREAMBLE

#### 1. Articles and Sections Affected

#### Rulemaking Action

R9-6-101	Amend
R9-6-201	Amend
R9-6-202	Amend
Table 1	Amend
R9-6-204	Amend
Table 3	Amend
R9-6-206	Amend
Table 4	New Section
R9-6-301	Amend
R9-6-302	Amend
R9-6-303	Renumber
R9-6-303	Amend
R9-6-304	Renumber
R9-6-305	Renumber
R9-6-305	Amend
R9-6-306	Renumber
R9-6-306	Amend
R9-6-307	Renumber
R9-6-307	Amend
R9-6-308	Renumber
R9-6-308	Amend
R9-6-309	Renumber
R9-6-309	Amend
R9-6-310	Renumber
R9-6-310	Amend
R9-6-311	Renumber
R9-6-311	Amend
R9-6-312	Renumber
R9-6-312	New Section
R9-6-313	Renumber
R9-6-313	Amend
R9-6-314	Renumber
R9-6-314	Amend
R9-6-315	Renumber
R9-6-315	Amend
R9-6-316	Renumber
R9-6-316	Amend
R9-6-317	Renumber
R9-6-317	Amend
R9-6-318	Renumber

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R9-6-318	Amend
R9-6-319	Renumber
R9-6-319	Amend
R9-6-320	Renumber
R9-6-320	Amend
R9-6-321	Renumber
R9-6-321	Amend
R9-6-322	Renumber
R9-6-322	Amend
R9-6-323	Renumber
R9-6-323	Amend
R9-6-324	Renumber
R9-6-324	Amend
R9-6-325	Renumber
R9-6-325	Amend
R9-6-326	Renumber
R9-6-326	Amend
R9-6-327	Renumber
R9-6-327	Amend
R9-6-328	Renumber
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R9-6-336	Amend
R9-6-337	Renumber
R9-6-337	Amend
R9-6-338	Renumber
R9-6-338	Amend
R9-6-339	Renumber
R9-6-339	Amend
R9-6-340	Renumber
R9-6-340	Amend
R9-6-341	Renumber
R9-6-341	Amend
R9-6-342	Renumber
R9-6-342	New Section
R9-6-343	Renumber
R9-6-343	Amend
R9-6-344	Renumber
R9-6-344	Amend
R9-6-345	Renumber
R9-6-345	Amend
R9-6-346	Renumber
R9-6-346	Amend
R9-6-347	Renumber
R9-6-347	Amend
R9-6-348	Renumber
R9-6-348	Amend
R9-6-349	Renumber
R9-6-349	Amend
R9-6-350	Renumber
R9-6-350	Amend

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R9-6-351	Renumber
R9-6-351	New Section
R9-6-352	Renumber
R9-6-352	Amend
R9-6-353	Renumber
R9-6-353	Amend
R9-6-354	Renumber
R9-6-354	New Section
R9-6-355	Renumber
R9-6-356	Renumber
R9-6-356	Amend
R9-6-357	Renumber
R9-6-357	Amend
R9-6-358	Renumber
R9-6-358	Amend
R9-6-359	Renumber
R9-6-359	Amend
R9-6-360	Renumber
R9-6-360	Amend
R9-6-361	Renumber
R9-6-361	Amend
R9-6-362	Renumber
R9-6-362	Amend
R9-6-363	Renumber
R9-6-363	Amend
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R9-6-365	Renumber
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R9-6-367	Renumber
R9-6-367	Amend
R9-6-368	Renumber
R9-6-368	Amend
R9-6-369	Renumber
R9-6-369	Amend
R9-6-370	Renumber
R9-6-370	Amend
R9-6-371	Renumber
R9-6-371	Amend
R9-6-372	Renumber
R9-6-372	Amend
R9-6-373	Renumber
R9-6-373	New Section
R9-6-374	Renumber
R9-6-374	New Section
R9-6-375	Renumber
R9-6-375	Amend
R9-6-376	Renumber
R9-6-376	Amend
R9-6-377	Renumber
R9-6-377	Amend
R9-6-378	Renumber
R9-6-378	Amend
R9-6-379	Repeal
R9-6-379	Renumber
R9-6-379	Amend
R9-6-380	Renumber
R9-6-380	Amend
R9-6-381	Renumber
R9-6-381	Amend
R9-6-382	Renumber
R9-6-382	Amend
R9-6-383	Renumber

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R9-6-383	Amend
R9-6-384	Renumber
R9-6-384	Amend
R9-6-385	Renumber
R9-6-385	Amend
R9-6-386	Renumber
R9-6-386	Amend
R9-6-387	Renumber
R9-6-387	Amend
R9-6-388	Renumber
R9-6-388	Amend
R9-6-389	Renumber
R9-6-389	Amend
R9-6-390	Renumber
R9-6-390	Amend
R9-6-391	Renumber
R9-6-391	Amend
R9-6-392	Renumber
R9-6-392	Amend
R9-6-393	Renumber
R9-6-393	Amend
Exhibit III-A	Repeal
Exhibit III-B	Repeal
Exhibit III-C	Repeal
Exhibit III-D	Repeal
Exhibit III-E	Repeal
Exhibit III-F	Repeal
Exhibit III-G	Repeal
Exhibit III-H	Repeal
Exhibit III-I	Repeal
Exhibit III-J	Repeal
Exhibit III-K	Repeal
Exhibit III-L	Repeal
Exhibit III-M	Repeal
Exhibit III-N	Repeal
R9-6-801	Amend
R9-6-802	Amend
R9-6-803	Repeal
R9-6-901	New Section
R9-6-902	New Section
R9-6-1001	Amend
R9-6-1002	Renumber
R9-6-1002	New Section
R9-6-1003	Renumber
R9-6-1003	Amend
Exhibit A	Repeal
Exhibit A	New Section
Exhibit B	Repeal
R9-6-1004	Renumber
R9-6-1004	Amend
R9-6-1005	New Section
R9-6-1006	New Section
R9-6-1101	New Section
R9-6-1102	New Section
R9-6-1103	New Section
R9-6-1104	New Section

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

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

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

**3. The effective date of the rules:**

April 1, 2008

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The Department requests an immediate effective date for these rules under A.R.S. §§ 41-1032(A)(1) and (4). These rules clarify and update the requirements for reporting and controlling communicable diseases to comply with current guidance from the Centers for Disease Control and Prevention (CDC). They will benefit the Department, local health agencies, entities such as health care institutions and health care providers who report cases of communicable disease and implement control measures, individuals infected with a communicable disease, the contacts of individuals infected with a communicable disease, and society in general by providing more understandable, complete, current, and comprehensive requirements. They will also enable local health agencies and the Department to better fulfill their mission to protect and preserve public health. The rules also specify the notification requirements for testing conducted under a court-order as specified in A.R.S. § 32-3207, and the requirements for testing conducted pursuant to a court order under A.R.S. § 13-1415 and the notification of the court-ordered subject and victim. These requirements will enable prosecuting attorneys, health professionals who petition for testing under A.R.S. § 32-3207 and their employers, and public safety volunteers who petition for testing under A.R.S. § 13-1210 to better understand the process and, where applicable, obtain the test results in a more timely manner. No penalties are assessed for a violation of the rules.

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

- Notice of Rulemaking Docket Opening: 12 A.A.R. 764, March 10, 2006
- Notice of Rulemaking Docket Opening: 13 A.A.R. 311, February 9, 2007
- Notice of Rulemaking Docket Opening: 13 A.A.R. 1050, March 23, 2007
- Notice of Rulemaking Docket Opening: 13 A.A.R. 2268, June 29, 2007
- Notice of Rulemaking Docket Opening: 13 A.A.R. 4142, November 23, 2007
- Notice of Proposed Rulemaking: 14 A.A.R. 64, January 11, 2008

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

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

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

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trol. The Department has also added other disease-specific Sections to Article 3 to better address public health concerns.

A.R.S. §§ 13-1210(D) and 32-3207(D) require the Department to adopt rules that establish the notification procedures to be used after testing is completed pursuant to a court order issued under A.R.S. § 13-1210 or 32-3207. A.R.S. § 13-1210, as amended by Laws 2007, Chapter 33, also expands the group of individuals who may request testing to include the individuals listed in the definition of “public safety employee or volunteer.” A.R.S. § 13-1415(B) requires that court-ordered testing issued under its authority be performed in compliance with rules adopted by the Department. The Department has implemented the requirements in A.R.S. § 13-1210 in 9 A.A.C. 6, Article 8, and in the current rulemaking is revising Article 8 to remove redundancy and specify the expanded group of individuals who may petition for testing. The Department is implementing the requirements in A.R.S. § 32-3207 in 9 A.A.C. 6, Article 9. The rules implementing A.R.S. § 13-1415 have been made in the disease-specific Article 10 for HIV and the new Article 11 for sexually transmitted diseases. The Department has also moved requirements currently in Article 3 concerning notification about HIV-test results into Article 10 and about testing and notification for sexually-transmitted diseases into Article 11.

This rulemaking was undertaken to:

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

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

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

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

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

Not applicable

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

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

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

Local health agencies are responsible for carrying out most of the control measures for cases or suspect cases within their jurisdictions. By clarifying requirements for reporting and controlling communicable diseases, the new rules should improve the ability of local health agencies to conduct epidemiologic investigations. The Department anti-

pates that a local health agency may receive a minimal-to-substantial benefit from the increased clarity of the new rules and a minimal-to-moderate benefit from the addition of Table 4, depending on the number of cases and suspect cases reported and the quality of the information currently being reported to the local health agency. The repeal of the incorporated reporting forms may cause at most a minimal cost to a local health agency and provide a minimal benefit to a local health agency since the local health agency would be submitting just the information required by the Department. Changing the time when a local health agency is required to submit an epidemiologic investigation report may cause a minimal cost for a local health agency that submits timely reports, but may cause a substantial cost for a local health agency that submits many reports beyond the time specified in the new submission requirement in the new rule. The change in the rules concerning the time for submission of the report of an epidemiological investigation may even provide a minimal benefit to a local health agency by encouraging an employee of the local health agency to complete and submit a report to the Department rather than waiting for more information that is difficult or impossible to obtain. The requirement for local health agencies to provide health education to cases and contacts will cause minimal cost to a local health agency that already provides such health education. The requirement for local health agencies to provide health education to cases and contacts may cause substantial cost if a local health agency were not already providing health education and experienced a large number of cases of reportable diseases within its jurisdiction. Providing routine health education to cases and contacts may also provide a minimal benefit to a local health agency if, as a result of the health education provided to an individual who is at risk for infection, the individual does not become infected with a reportable disease. The new rules may impose a minimal-to-substantial cost on a local health agency from having to report certain diseases within 24 hours, and for other specific diseases within one working day, of the receipt of a report and for ensuring that isolates or specimens for certain specific diseases are sent to the Arizona State Laboratory for testing. A local health agency may receive a minimal benefit from the requirement for rapid reporting and a minimal-to-substantial benefit from ensuring that isolates or specimens are submitted for testing. The requirement for ensuring that a syphilis case who is pregnant obtains the required follow-up testing for syphilis may cause a minimal-to-moderate cost and provide a minimal-to-moderate benefit for a local health agency. The addition of new control requirements for reportable diseases, requirements for "suspect cases," and more stringent exclusion criteria for some specific diseases may cause a minimal-to-moderate cost to a local health agency. These changes in the reporting requirements and control measures specified in the new rules may also provide a minimal-to-moderate benefit to a local health agency in improving the ability of the local health agency to protect the health of individuals within its jurisdiction. The new rules also remove certain control measures and the requirement for a local health agency to dispose of information about an HIV-infected individual, currently in Article 3, and move requirements for HIV, tuberculosis, and sexually-transmitted diseases to the disease-specific Articles within Chapter 6. The Department believes that these changes may cause a minimal cost to a local health agency, and may provide a minimal-to-substantial benefit to the local health agency. When a local health agency acts as a submitting entity under A.R.S. § 13-1415, the local health agency may incur a minimal cost and experience a minimal benefit from the new rules.

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

The administrator of a health care institution or correctional facility may incur a minimal cost and may experience a minimal benefit from the clarity of the reporting requirements. An administrator of a health care institution may incur a minimal-to-moderate cost from the additional reporting requirements, the new requirements to institute precaution measures for specific diseases, new isolation and exclusion requirements, and requirements to exclude a worker who cannot provide proof of immunity from providing direct care to a measles, mumps, or rubella case. An administrator of a health care institution may receive a minimal-to-substantial benefit from the reduction of some exclusion criteria, specification of the type of precaution measures required, and decreased possibility of nosocomial infections if the requirements are followed. A health care provider, including a health care provider required to report, a health care provider who diagnoses a disease for which exclusion criteria or precaution measures were changed, a health care provider who works in a health care institution, a health care provider who orders HIV-related tests for infants who were perinatally exposed to HIV, and a health care provider who acts as a submitting entity under A.R.S. § 13-1415 may incur a minimal cost and experience a minimal benefit from the rules changes.

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

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

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

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

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

The public may receive a significant benefit from the new rules. The improved clarity of the rules and educational activities by the Department about the new rules may increase awareness about communicable diseases and methods to avoid becoming infected. Changes to the reporting requirements and control measures may improve the health of individuals and their families. If fewer individuals become infected with one of these diseases, they and their families will lose fewer days of work due to illness. These factors may provide a significant benefit to society in general.

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

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

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

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

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

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

Not applicable

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

None

**14. Were the rules previously made as emergency rules?**

No

**15. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**

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

**ARTICLE 1. GENERAL**

Section  
R9-6-101. Definitions

**ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING**

Section  
R9-6-201. Definitions  
R9-6-202. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility  
Table 1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility  
R9-6-204. Clinical Laboratory Director Reporting Requirements  
Table 3. Clinical Laboratory Director Reporting Requirements  
R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports  
Table 4. Local Health Agency Reporting Requirements

**ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS**

Section  
R9-6-301. Definitions  
R9-6-302. Local Health Agency Control Measures  
~~R9-6-388.~~ R9-6-303. Isolation and Quarantine

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- ~~R9-6-303.~~ R9-6-304. Food Establishment Control Measures  
~~R9-6-304.~~ R9-6-305. Amebiasis  
~~R9-6-305.~~ R9-6-306. Anthrax  
~~R9-6-306.~~ R9-6-307. Aseptic Meningitis: ~~Viral~~  
~~R9-6-307.~~ R9-6-308. Basidiobolomycosis  
~~R9-6-308.~~ R9-6-309. Botulism  
~~R9-6-309.~~ R9-6-310. Brucellosis  
~~R9-6-310.~~ R9-6-311. Campylobacteriosis  
R9-6-312. Chagas Infection and Related Disease (American Trypanosomiasis)  
~~R9-6-311.~~ R9-6-313. Chancroid (*Haemophilus ducreyi*)  
~~R9-6-312.~~ R9-6-314. ~~Chlamydia~~ Chlamydia Infection, Genital Sexually Transmitted  
~~R9-6-313.~~ R9-6-315. Cholera  
~~R9-6-314.~~ R9-6-316. Coccidioidomycosis (Valley Fever)  
~~R9-6-315.~~ R9-6-317. Colorado Tick Fever  
~~R9-6-316.~~ R9-6-318. Conjunctivitis: Acute  
~~R9-6-317.~~ R9-6-319. Creutzfeldt-Jakob Disease  
~~R9-6-318.~~ R9-6-320. Cryptosporidiosis  
~~R9-6-319.~~ R9-6-321. *Cyclospora* Infection  
~~R9-6-320.~~ R9-6-322. Cysticercosis  
~~R9-6-321.~~ R9-6-323. Dengue  
~~R9-6-322.~~ R9-6-324. Diarrhea, Nausea, or Vomiting  
~~R9-6-323.~~ R9-6-325. Diphtheria  
~~R9-6-324.~~ R9-6-326. ~~Ehrlichiosis~~ Ehrlichioses (Ehrlichiosis and Anaplasmosis)  
~~R9-6-325.~~ R9-6-327. Emerging or Exotic Disease  
~~R9-6-326.~~ R9-6-328. Encephalitis: Viral or Parasitic  
~~R9-6-327.~~ R9-6-329. Enterohemorrhagic *Escherichia coli*  
~~R9-6-328.~~ R9-6-330. Enterotoxigenic *Escherichia coli*  
~~R9-6-329.~~ R9-6-331. Giardiasis  
~~R9-6-330.~~ R9-6-332. Gonorrhea  
~~R9-6-331.~~ R9-6-333. *Haemophilus influenzae*: Invasive Disease  
~~R9-6-332.~~ R9-6-334. Hansen's Disease (Leprosy)  
~~R9-6-333.~~ R9-6-335. Hantavirus Infection  
~~R9-6-334.~~ R9-6-336. Hemolytic Uremic Syndrome  
~~R9-6-335.~~ R9-6-337. Hepatitis A  
~~R9-6-336.~~ R9-6-338. Hepatitis B and Hepatitis D  
~~R9-6-337.~~ R9-6-339. Hepatitis C  
~~R9-6-338.~~ R9-6-340. Hepatitis E  
~~R9-6-339.~~ R9-6-341. Human Immunodeficiency Virus (HIV) Infection and Related Disease  
R9-6-342. Influenza-Associated Mortality in a Child  
~~R9-6-340.~~ R9-6-343. Kawasaki Syndrome  
~~R9-6-341.~~ R9-6-344. Legionellosis (Legionnaires' Disease)  
~~R9-6-342.~~ R9-6-345. Leptospirosis  
~~R9-6-343.~~ R9-6-346. Listeriosis  
~~R9-6-344.~~ R9-6-347. Lyme Disease  
~~R9-6-345.~~ R9-6-348. Lymphocytic Choriomeningitis  
~~R9-6-346.~~ R9-6-349. Malaria  
~~R9-6-347.~~ R9-6-350. Measles (Rubeola)  
R9-6-351. Melioidosis  
~~R9-6-348.~~ R9-6-352. Meningococcal Invasive Disease  
~~R9-6-349.~~ R9-6-353. Mumps  
R9-6-354. Norovirus  
~~R9-6-350.~~ R9-6-355. Pediculosis (Lice Infestation)  
~~R9-6-351.~~ R9-6-356. Pertussis (Whooping Cough)  
~~R9-6-352.~~ R9-6-357. Plague  
~~R9-6-353.~~ R9-6-358. Poliomyelitis  
~~R9-6-354.~~ R9-6-359. Psittacosis (Ornithosis)  
~~R9-6-355.~~ R9-6-360. Q Fever  
~~R9-6-356.~~ R9-6-361. Rabies in a Human  
~~R9-6-357.~~ R9-6-362. Relapsing Fever (Borreliosis)

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- ~~R9-6-358.~~ R9-6-363. Reye Syndrome  
~~R9-6-359.~~ R9-6-364. Rocky Mountain Spotted Fever  
~~R9-6-360.~~ R9-6-365. Rubella (German Measles)  
~~R9-6-361.~~ R9-6-366. Rubella Syndrome, Congenital  
~~R9-6-362.~~ R9-6-367. Salmonellosis  
~~R9-6-363.~~ R9-6-368. Scabies  
~~R9-6-364.~~ R9-6-369. Severe Acute Respiratory Syndrome  
~~R9-6-365.~~ R9-6-370. Shigellosis  
~~R9-6-366.~~ R9-6-371. Smallpox  
~~R9-6-367.~~ R9-6-372. Streptococcal Group A Infection  
R9-6-373. Streptococcal Group B Infection in an Infant Younger than 90 Days of Age  
R9-6-374. Streptococcus pneumoniae Infection  
~~R9-6-368.~~ R9-6-375. Syphilis  
~~R9-6-369.~~ R9-6-376. Taeniasis  
~~R9-6-370.~~ R9-6-377. Tetanus  
~~R9-6-371.~~ R9-6-378. Toxic Shock Syndrome  
~~R9-6-379.~~ Vancomycin-Resistant Enterococcus spp. Repealed  
~~R9-6-372.~~ R9-6-379. Repealed Trichinosis  
~~R9-6-373.~~ R9-6-380. Tuberculosis  
~~R9-6-374.~~ R9-6-381. Tularemia  
~~R9-6-375.~~ R9-6-382. Typhoid Fever  
~~R9-6-376.~~ R9-6-383. Typhus Fever  
~~R9-6-377.~~ R9-6-384. Unexplained Death with a History of Fever  
~~R9-6-378.~~ R9-6-385. Vaccinia-Related Adverse Event  
~~R9-6-380.~~ R9-6-386. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*  
~~R9-6-381.~~ R9-6-387. Vancomycin-Resistant *Staphylococcus epidermidis*  
~~R9-6-382.~~ R9-6-388. Varicella (Chickenpox)  
~~R9-6-383.~~ R9-6-389. *Vibrio* Infection  
~~R9-6-384.~~ R9-6-390. Viral Hemorrhagic Fever  
~~R9-6-385.~~ R9-6-391. West Nile Virus Fever or West Nile Encephalitis Virus-Related Syndromes  
~~R9-6-386.~~ R9-6-392. Yellow Fever  
~~R9-6-387.~~ R9-6-393. Yersiniosis (*Enteropathogenic Yersinia*)  
Exhibit III-A. Campylobacter Investigation Form Repealed  
Exhibit III-B. Cryptosporidiosis Investigation Form Repealed  
Exhibit III-C. Suspected Viral Gastroenteritis Outbreak Form Repealed  
Exhibit III-D. Arboviral Case Investigation Form Repealed  
Exhibit III-E. E. coli O157:H7 Investigation Form Repealed  
Exhibit III-F. Giardiasis Investigation Form Repealed  
Exhibit III-G. Hepatitis A Case Report Repealed  
Exhibit III-H. Acute Hepatitis B and D Case Report Repealed  
Exhibit III-I. Perinatal Hepatitis B Case Management Report Repealed  
Exhibit III-J. Listeriosis Investigation Form Repealed  
Exhibit III-K. Lyme Disease Report Form Repealed  
Exhibit III-L. Salmonellosis Investigation Form Repealed  
Exhibit III-M. Shigellosis Investigation Form Repealed  
Exhibit III-N. RVCT Addendum Form for TB Reporting Repealed

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

- Section  
R9-6-801. Definitions  
R9-6-802. Notice of Test Results; Subject Incarcerated or Detained  
R9-6-803. Notice of Test Results; Subject Not Incarcerated or Detained Repealed

**ARTICLE 9. RECODIFIED HEALTH PROFESSIONAL EXPOSURES**

- Section  
R9-6-901. Reecodified Definitions  
R9-6-902. Reecodified Notice of Test Results

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**ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION**

Section

- R9-6-1001. Definitions
- R9-6-1002. Local Health Agency Requirements
- ~~R9-6-1002.~~ R9-6-1003. Consent for HIV-related Testing
  - Exhibit A. CONSENT FOR HIV RELATED TESTING HIV-related Test Information and Consent Form
  - Exhibit B. CONSENTIMIENTO PARA LA PRUEBA DE VIH Repealed
- ~~R9-6-1003.~~ R9-6-1004. Court-ordered HIV-related Testing
- R9-6-1005. Anonymous HIV Testing
- R9-6-1006. Notification

**ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION**

Section

- R9-6-1101. Definitions
- R9-6-1102. Health Care Provider Requirements
- R9-6-1103. Local Health Agency Requirements
- R9-6-1104. Court-ordered STD-related Testing

**ARTICLE 1. GENERAL**

**R9-6-101. Definitions**

No change

1. “Active tuberculosis” means the same as in A.R.S. § 36-711.
- ~~1-2.~~ No change
3. “Agency” means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. “Agent” means an organism that may cause a disease, either directly or indirectly.
- ~~2-5.~~ No change
3. “Airborne infection isolation” means, in addition to use of Standard precautions, placement of a case in a private room or a cohort room with negative air-pressure ventilation and use of respiratory protection when in the room.
6. “Airborne precautions” means, in addition to use of standard precautions:
  - a. Either:
    - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
      - (1) Exhausted directly to the outside of the building containing the room, or
      - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
    - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
      - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual’s residence, as medically appropriate; and
      - (2) Ensuring that the individual is wearing a mask covering the case’s nose and mouth; and
  - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
    - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
    - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.
- ~~4-7.~~ No change
8. “Arizona State Laboratory” means the part of the Department authorized by 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.
- ~~5-10.~~ No change
- ~~6-11.~~ “Body fluid” means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
- ~~7-12.~~ No change
- ~~8-13.~~ No change
  - a. With a clinical syndrome of a communicable disease whose condition is documented:

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- i. No change
  - ii. No change
  - iii. No change
  - b. No change
  - c. No change
  - d. No change
14. “Case definition” means the disease-specific criteria that must be met for an individual to be classified as a case.
15. “Chief medical officer” means the senior health care provider in a correctional facility or that individual’s designee who is also a health care provider.
- ~~9-16.~~ No change
- ~~10-17.~~ No change
- a. No change
  - b. No change
  - c. No change
  - d. No change
18. “Clinical signs and symptoms” means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient’s description of subjective complaints.
- ~~11-19.~~ No change
- ~~12-20.~~ No change
- ~~13-21.~~ No change
- a. No change
  - b. No change
  - c. No change
22. “Confirmatory test” means a laboratory analysis, such as a Western blot analysis, approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
- ~~14-23.~~ No change
- ~~15-24.~~ No change
- a. No change
  - b. No change
  - c. No change
25. “Court-ordered subject” means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
- ~~16-26.~~ No change
- ~~17-27.~~ No change
28. “Designated service area” means the same as in A.A.C. R9-18-101.
29. “Diagnosis” means an identification of a disease by an individual authorized by law to make the identification.
30. “Disease” means a condition or disorder that causes the human body to deviate from its normal or healthy state.
- ~~18-31.~~ No change
- a. No change
  - b. No change
  - c. No change
  - d. No change
32. “Entity” has the same meaning as “person” in A.R.S. § 1-215.
- ~~19-33.~~ No change
- ~~20-34.~~ No change
- ~~21-35.~~ No change
- ~~22-36.~~ No change
- a. A paid or volunteer ~~full-~~ full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
  - b. ~~A paid or volunteer full- or part-time worker who prepares or serves food or who otherwise touches food in a group setting other than a food establishment.~~
  - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
- ~~23-37.~~ No change
- ~~24-38.~~ No change
- ~~25-39.~~ No change
- ~~26-40.~~ No change
- ~~27-41.~~ “Health care provider” means a physician, physician assistant, registered nurse practitioner, or dentist the same as in A.R.S. § 36-661.

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- ~~42.~~ “Health education” means supplying to an individual or a group of individuals:  
a. Information about a communicable disease or options for treatment of a communicable disease, and  
b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
- ~~28-43.~~ No change
- ~~29-44.~~ No change
- ~~30.~~ “Individual with infectious active tuberculosis” means a pulmonary or laryngeal tuberculosis case who has not:  
a. Had three successive sputum smears, collected at least eight hours apart, at least one of which was taken first thing in the morning, test negative for acid fast bacilli;  
b. Begun anti-tuberculosis treatment; and  
e. Experienced improvement in clinical signs and symptoms of active tuberculosis.
- ~~45.~~ “Infected” or “infection” means when an individual has an agent for a disease in a part of the individual’s body where the agent may cause a disease.
- ~~46.~~ “Infectious active tuberculosis” means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
- ~~47.~~ “Infectious agent” means an agent that can be transmitted to an individual.
- ~~31-48.~~ No change
- ~~32-49.~~ No change  
a. No change  
b. No change
- ~~33-50.~~ No change
- ~~51.~~ “Laboratory report” means a document that:  
a. Is produced by a laboratory that conducts a test or tests on a subject’s specimen; and  
b. Shows the outcome of each test, including personal identifying information about the subject.
- ~~34-52.~~ No change
- ~~35-53.~~ No change
- ~~54.~~ “Medical examiner” means an individual:  
a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-591, or  
b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
- ~~55.~~ “Multi-drug resistant tuberculosis” means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
- ~~56.~~ “Officer in charge” means the individual in the senior leadership position in a correctional facility or that individual’s designee.
- ~~36-57.~~ No change
- ~~37-58.~~ No change
- ~~59.~~ “Petition” means a formal written application to a court requesting judicial action on a matter.
- ~~38-60.~~ No change
- ~~39-61.~~ No change  
a. No change  
b. No change  
c. No change  
d. No change
- ~~40-62.~~ No change
- ~~63.~~ “Pupil” means a student attending a school.
- ~~41-64.~~ No change
- ~~42-65.~~ No change
- ~~43.~~ “Respiratory protection” means a fit tested device, designed to protect the wearer against inhalation of a hazardous atmosphere, that is at least as protective as a National Institute for Occupational Safety and Health approved N-95 respirator.
- ~~66.~~ “Risk factor” means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
- ~~44-67.~~ No change  
a. No change  
b. No change  
c. No change  
d. No change  
e. No change  
f. No change

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- g. No change
- 68. “Screening test” means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
- 69. “Sexual contact” means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.
- ~~45-70.~~ No change
  - a. No change
  - b. No change
  - c. No change
- 71. “Significant exposure” means the same as in A.R.S. § 32-3207.
- ~~46-72.~~ No change
- ~~47-73.~~ No change
- 74. “Submitting entity” means the same as in A.R.S. § 13-1415.
- ~~48-75.~~ No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
- ~~49-76.~~ “Syndrome” means a pattern of signs and symptoms characteristic of a specific disease.
- 77. “Test” means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
- 78. “Test result” means information about the outcome of a laboratory analysis of a subject’s specimen and does not include personal identifying information about the subject.
- 79. “Treatment” means a procedure or method to cure, improve, or palliate an illness or a disease.
- 80. “Tuberculosis control officer” means the same as in A.R.S. § 36-711.
- ~~50-81.~~ No change
- ~~51-82.~~ No change
- 83. “Victim” means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
- ~~52-84.~~ “Viral hemorrhagic fever” means disease characterized by fever and hemorrhaging and caused by an ~~Arenavirus, a Bunyavirus, a Filovirus, a Flavivirus, or another a~~ virus.
- ~~53-85.~~ No change
- ~~54-86.~~ No change

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

**R9-6-201. Definitions**

No change

- 1. No change
- 2. No change
- 3. No change
- 4. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
  - f. No change
  - g. No change
  - h. No change
  - i. Amniotic fluid;
  - ~~i.~~ Urine Lymph;
  - ~~j-k.~~ No change
  - ~~k-l.~~ Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, ~~vaginal~~ urogenital tract, or gastrointestinal tract.
- 5. “Health care provider required to report” means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1.
- ~~5-6.~~ No change
- ~~6-7.~~ No change
- ~~7-8.~~ No change

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

- ~~A.~~ A health care provider who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1 shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).
- A. A health care provider required to report shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).
- B.** No change
- C.** Except as described in subsections (D) and (E), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. No change
    - a. No change
    - b. No change
    - c. ~~Whether the individual resides on or off an Indian reservation and, if on, the name of the reservation~~ County of residence;
    - d. If the individual is living on a reservation, the name of the reservation;
    - ~~d-e.~~ No change
    - ~~e-f.~~ No change
    - ~~f-g.~~ No change
    - ~~g.~~ ~~If Native American, tribal affiliation, if known;~~
    - h. No change
    - i. No change
    - j. If known, whether the individual is alive or dead;
    - ~~j-k.~~ ~~Occupation If known, the individual's occupation;~~
    - ~~k.~~ ~~If known, whether the individual is attending a school or a child care establishment and, if so, the name of the school or child care establishment; and~~
    - l. If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, the name and address of the school, child care establishment, health care institution, or food establishment; and
    - ~~l-m.~~ No change
  2. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
    - g. ~~The date of laboratory confirmation~~ The date of the result of each laboratory test; and
    - h. No change
  3. ~~If reporting a case or suspect case of chaneroid, gonorrhea, syphilis, or genital Chlamydia infection, a description of the treatment prescribed, if any, including:~~
    - ~~a.~~ ~~The name of each drug prescribed;~~
    - ~~b.~~ ~~The dosage prescribed for each drug; and~~
    - ~~e.~~ ~~The date of prescription for each drug; and~~
  3. If reporting a case or suspect case of tuberculosis:
    - a. The site of infection; and
    - b. A description of the treatment prescribed, if any, including:
      - i. The name of each drug prescribed;
      - ii. The dosage prescribed for each drug; and
      - iii. The date of prescription for each drug;
  4. If reporting a case or suspect case of chancroid, gonorrhea, genital herpes infection, or genital chlamydia infection:
    - a. The gender of the individuals with whom the case or suspect case had sexual contact;
    - b. A description of the treatment prescribed, if any, including:
      - i. The name of each drug prescribed;
      - ii. The dosage prescribed for each drug; and
      - iii. The date of prescription for each drug;
    - c. The site of infection; and
    - d. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the lab-

- oratory:
5. If reporting a case or suspect case of syphilis:
    - a. The information required under subsection (C)(4); and
    - b. Identification of:
      - i. The stage of the disease, or
      - ii. Whether the syphilis is congenital;
  6. If reporting a case of congenital syphilis in an infant and in addition to the information required under subsection (C)(5) and A.R.S. § 36-694(A), the following information:
    - a. The name and date of birth of the infant's mother;
    - b. The residential address, mailing address, and telephone number of the infant's mother;
    - c. The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and
    - d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:
      - i. Whether the infant's mother received treatment for syphilis,
      - ii. The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and
      - iii. The name and phone number of the health care provider required to report who treated the infant's mother for syphilis;
  - ~~4.~~7. The name, address, and telephone number of the individual making the report; and
  8. The name and address of the:
    - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (C)(7); or
    - b. Health care institution or correctional facility, if reporting under subsection (B).
- D. For each unexplained death with a history of fever, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. No change
    - a. No change
    - b. No change
    - c. Date of birth;
    - ~~e.~~d. No change
    - ~~d.~~e. No change
  2. No change
  3. No change
  4. No change
  5. No change
  6. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; ~~and~~
  7. The name, address, and telephone number of the individual making the report; and
  8. The name and address of the:
    - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(7); or
    - b. Health care institution or correctional facility, if reporting under subsection (B).
- E. For each outbreak for which a report is required by subsection (A) or (B) and Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. No change
  2. No change
  3. No change
  4. A description of the location and setting of the outbreak; ~~and~~
  5. The name, address, and telephone number of the individual making the report; and
  6. The name and address of the:
    - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (E)(5); or
    - b. Health care institution or correctional facility, if reporting under subsection (B).
- F. ~~A health care provider who orders an HIV-related test on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV or an administrator of a health care institution in which an HIV related test is ordered on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV shall, either personally or through a representative, report the following to the Department within five working days after receiving the results of the HIV related test:~~
1. The name of the infant;
  2. The name of the infant's mother;

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- 3- ~~The infant's date of birth;~~
- 4- ~~The type of HIV-related test ordered;~~
- 5- ~~The date of the HIV-related test;~~
- 6- ~~The results of the HIV-related test; and~~
- 7- ~~The ordering health care provider's name, address, and telephone number.~~

**F.** When an HIV-related test is ordered for an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:

- 1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
- 2. Include the following information in the report specified in subsection (F)(1):
  - a. The name and date of birth of the infant;
  - b. The residential address, mailing address, and telephone number of the infant;
  - c. The name and date of birth of the infant's mother;
  - d. The date of the last medical evaluation of the infant;
  - e. The types of HIV-related tests ordered for the infant;
  - f. The dates of the infant's HIV-related tests;
  - g. The results of the infant's HIV-related tests; and
  - h. The ordering health care provider's name, address, and telephone number; and
- 3. Include with the report specified in subsection (F)(1) a report for the infant's mother including the following information:
  - a. The name and date of birth of the infant's mother;
  - b. The residential address, mailing address, and telephone number of the infant's mother;
  - c. The date of the last medical evaluation of the infant's mother;
  - d. The types of HIV-related tests ordered for the infant's mother;
  - e. The dates of the HIV-related tests for the infant's mother;
  - f. The results of the HIV-related tests for the infant's mother;
  - g. What HIV-related risk factors the infant's mother has;
  - h. Whether the infant's mother delivered the infant vaginally or by C-section;
  - i. Whether the infant's mother was receiving HIV-related drugs prior to the infant's birth to reduce the risk of perinatal transmission of HIV; and
  - j. The name, address, and telephone number of the health care provider who ordered the HIV-related tests for the infant's mother.

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

- 1. No change
- 2. No change
- 3. No change

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

☒*,O	Amebiasis	☒	Hantavirus infection	Ⓞ	Rubella syndrome, congenital
☎	Anthrax	☎	Hemolytic uremic syndrome	☒*,O	Salmonellosis
☒	Aseptic meningitis: viral	☒*,O	Hepatitis A	O	Scabies
☒	Basidiobolomycosis	☒	Hepatitis B and D	☎	Severe acute respiratory syndrome
☎	Botulism	☒	Hepatitis C	☒*,O	Shigellosis
Ⓞ	Brucellosis	☒*,O	Hepatitis E	☎	Smallpox
☒*,O	Campylobacteriosis	☒	Herpes genitalis	☒	Streptococcal Group A: Invasive disease
☒	<u>Chagas disease (American trypanosomiasis)</u>	☒	HIV infection and related disease	☒	Streptococcal Group B: Invasive disease in infants younger than 90 days of age
☒	Chancroid	Ⓞ	<u>Influenza-associated mortality in a child</u>	☒	<i>Streptococcus pneumoniae</i> (pneumococcal invasive disease)
☒	<del>Chlamydia</del> <u>Chlamydia infection, genital sexually transmitted</u>	☒	Kawasaki syndrome	☒	Syphilis
Ⓞ*	Cholera	☒	Legionellosis (Legionnaires' disease)	☒*,O	Taeniasis

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☒	Coccidioidomycosis (valley fever)	☒	Leptospirosis	☒	Tetanus
☒	Colorado tick fever	☎	Listeriosis	☒	Toxic shock syndrome
O	Conjunctivitis: acute	☒	Lyme disease	☒	Trichinosis
☒	Creutzfeldt-Jakob disease	☒	Lymphocytic choriomeningitis	⓪	Tuberculosis, <u>active disease</u>
☒*,O	Cryptosporidiosis	☒	Malaria	⓪	Tuberculosis <u>latent</u> infection in a child <u>younger than 6 ½</u> years of age or <u>younger</u> (positive <u>screening</u> test result)
☒	<i>Cyclospora</i> infection	☎	Measles (rubeola)	☎	Tularemia
☒	Cysticercosis	☎	Meningococcal invasive disease	☎	Typhoid fever
☒	Dengue	⓪	Mumps	⓪	Typhus fever
O	Diarrhea, nausea, or vomiting	☎	Pertussis (whooping cough)	☎	Unexplained death with a history of fever
☎	Diphtheria	☎	Plague	⓪	Vaccinia-related adverse event
☒	Ehrlichiosis <u>and Anaplasmosis</u>	☎	Poliomyelitis	☒	<del>Vancomycin-resistant <i>Enterococcus</i> spp.</del>
☎	Emerging or exotic disease	☒	Psittacosis (ornithosis)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
⓪	Encephalitis, viral or parasitic	⓪	Q fever	☎	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
☎	Enterohemorrhagic <i>Escherichia coli</i>	☎	Rabies in a human	☒	Varicella (chickenpox)
☎	Enterotoxigenic <i>Escherichia coli</i>	☒	Relapsing fever (borreliosis)	☒*,O	<i>Vibrio</i> infection
☒*,O	Giardiasis	☒	Reye syndrome	☎	Viral hemorrhagic fever
☒	Gonorrhea	☒	Rocky Mountain spotted fever	☎☒	West Nile virus infection
☒	<i>Haemophilus influenzae</i> : invasive disease	⓪*	Rubella (German measles)	☎	Yellow fever
☒	Hansen's disease (Leprosy)			☒*,O	Yersiniosis

**Key:**

- ☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
- \* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
- ⓪ 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.

**R9-6-204. Clinical Laboratory Director Reporting Requirements**

- A. ~~A~~ Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 3 shall, either personally or through a representative, submit a report and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 3 and subsection (B) or (C).
- B. Except as provided in Table 3 and as specified in subsection (D), for each test result for a subject for which a report is required by subsection (A) and Table 3, a clinical laboratory director shall ~~submit a~~ ensure the report ~~that~~ includes:
  1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  - ~~1-3.~~ Unless the test result is from anonymous HIV testing as described in R9-6-339, the The name and, if available, the address and telephone number of the subject;
  - ~~2-4.~~ Unless the test result is from anonymous HIV testing as described in R9-6-339, the The date of birth of the subject;
  5. The gender of the subject;
  - ~~3-6.~~ No change
  - ~~4-7.~~ No change
  - ~~5-8.~~ No change
  9. The date of the result of the test;
  - ~~6-10.~~ No change
  - ~~7-11.~~ No change
  - ~~8-12.~~ The ordering health care provider's name, address, and telephone number.

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- C.** No change  
 1. No change  
 2. No change  
 3. The gender of the subject;  
 3-4. No change  
 4-5. No change  
 5-6. No change  
 6-7. No change  
 7-8. The ordering health care provider's name, address, and telephone number.
- D.** When the Arizona State Laboratory obtains a test result from anonymous HIV testing sent to the Arizona State Laboratory as described in R9-6-1005, the director of the Arizona State Laboratory shall, either personally or through a representative:  
 1. Submit a report to the Department within five working days after obtaining a positive test result; and  
 2. Include in the report the following information:  
 a. The laboratory identification number of the subject;  
 b. The date of birth, gender, race, and ethnicity of the subject;  
 c. The date the specimen was collected;  
 d. The type of tests completed on the specimen;  
 e. The test results, including quantitative values if available; and  
 f. The name, address, and telephone number of the person who submitted the specimen to the Arizona State Laboratory.
- E.** The Department shall supply the director of each clinical laboratory with forms that may be used by the clinical laboratory when making a report required under subsection (A) or (D) and Table 3.
- D-F.** A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection ~~(B)~~ ~~or (C)~~ ~~(B), (C), or (D)~~.

**Table 3. Clinical Laboratory Director Reporting Requirements**

①	Arboviruses	☒,*	<i>Haemophilus influenzae</i> , other, isolated from a normally sterile site	☒	<i>Plasmodium</i> spp.
☒,☒,*	<i>Bacillus anthracis</i>	☒	Hantavirus	☒+	Respiratory syncytial virus
☒,*	<i>Bordetella pertussis</i>	☒ <sup>1</sup>	Hepatitis A virus (anti-HAV-IgM serologies)	☒+	<u>Rubella virus and anti-rubella-IgM serologies</u>
①,*	<i>Brucella</i> spp.	☒ <sup>1</sup>	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface <u>or envelope</u> antigen serologies, <u>and or</u> detection of viral nucleic acid)	①,*	<i>Salmonella</i> spp.
①,*	<u><i>Burkholderia mallei</i> and <i>B. pseudomallei</i></u>	☒ <sup>1</sup>	Hepatitis C virus	☒	SARS-associated corona virus
☒	<i>Campylobacter</i> spp.	☒ <sup>1</sup>	Hepatitis D virus	①,*	<i>Shigella</i> spp.
☒	CD <sub>4</sub> -T-lymphocyte count of fewer than 200 per microliter of whole blood or CD <sub>4</sub> -T-lymphocyte percentage of total lymphocytes of less than 14%	☒ <sup>1</sup> +	Hepatitis E virus ( <u>anti-HEV-IgM serologies</u> )	☒,*	<i>Streptococcus</i> Group A, isolated from a normally sterile site
☒	<i>Chlamydia trachomatis</i>	☒	HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒	<i>Streptococcus</i> Group B, isolated from a normally sterile site in an infant younger than 90 days of age
☒,☒	<i>Clostridium botulinum</i> toxin (botulism)	☒	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒,*	<i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, isolated from a normally sterile site
☒	<i>Coccidioides</i> spp., by culture or serologies	☒+	Influenza virus	☒	<i>Treponema pallidum</i> (syphilis)
①	<i>Coxiella burnetii</i>	☒,*	<i>Legionella</i> spp. (culture or DFA)	☒	<i>Trypanosoma cruzi</i> (Chagas disease)
☒	<i>Cryptosporidium</i> spp.	①,*	<i>Listeria</i> spp., isolated from a normally sterile site	☒	<del>Vancomycin-resistant <i>Enterococcus</i> spp.</del>
①	<i>Cyclospora</i> spp.	☒+	<u>Measles virus and anti-measles-IgM serologies</u>	①,*	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>

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☎,☎,☎	Dengue virus	☎ <sup>1,2</sup>	Methicillin-resistant <i>Staphylococcus aureus</i> , isolated from a normally sterile site	①,*	Vancomycin resistant <i>Staphylococcus epidermidis</i>
☎,☎	Emerging or exotic disease agent	①,+	<u>Mumps virus and anti-mumps-IgM serologies</u>	☎,☎	Variola virus (smallpox)
☎	<i>Entamoeba histolytica</i>	☎,* <sup>2,3</sup>	<i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	①,*	<i>Vibrio</i> spp.
①	<i>Escherichia coli</i> O157:H7			☎,☎	Viral hemorrhagic fever agent
①,*	<i>Escherichia coli</i> , Shiga-toxin producing	☎	<i>Neisseria gonorrhoeae</i>	☎,☎	West Nile virus
☎,☎,*	<i>Francisella tularensis</i>	☎,*	<i>Neisseria meningitidis meningitidis</i> , isolated from a normally sterile site	①,*	<i>Yersinia</i> spp. (other than <i>Y. pestis</i> )
☎,*	<i>Haemophilus influenzae</i> , type B b, isolated from a normally sterile site	☎	<u>Norovirus</u>	☎,☎,*	<i>Yersinia pestis</i> (plague)

**Key:**

- ☎ Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
- ☎ Submit a report within 24 hours after obtaining a positive test result.
- 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 3.
- \* Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
- + A clinical laboratory director may report aggregate numbers of positive test results every five working days rather than submitting individual reports as required in R9-6-204(B). For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.
- <sup>1</sup> 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.
- <sup>2</sup> Submit a report only when an initial positive result is obtained for an individual.
- <sup>3</sup> Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.

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

- A.** ~~The Department shall supply each local health agency with a form to be used by a health care provider or an administrator of a health care institution or correctional facility when making a written report required under R9-6-202(A) or (B) and Table 1. The form shall contain space to provide the information required under R9-6-202(C). A local health agency shall distribute copies of the form as needed to health care providers and administrators of health care institutions and correctional facilities.~~
- B.** ~~For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:~~
  - 1. ~~Within one working day after receiving a report, submit to the Department:~~
    - a. ~~The following information about the deceased individual:~~
      - i. ~~Name;~~
      - ii. ~~Residential address;~~
      - iii. ~~Date of birth;~~
      - iv. ~~Race and ethnicity;~~
      - v. ~~Whether the individual resided on or off a reservation and, if on, the name of the reservation;~~
      - vi. ~~Gender;~~
      - vii. ~~Whether the individual was pregnant and, if so, the outcome of the pregnancy; and~~
      - viii. ~~Occupation;~~
    - b. ~~The approximate date and time of death;~~
    - c. ~~A description of the setting where the death occurred and of the circumstances leading up to the time of death;~~
    - d. ~~The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; and~~
    - e. ~~The name, address, and telephone number of the individual making the report; and~~
  - 2. ~~Within 30 days after receiving the report, submit to the Department a written report of the epidemiologic investigation required under Article 3, including:~~
    - a. ~~The name and date of birth of the deceased individual;~~
    - b. ~~The date of any specimen collection;~~
    - c. ~~Identification of each type of specimen collected;~~
    - d. ~~Identification of each type of laboratory test completed;~~

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- e. A description of the laboratory test results, including quantitative results if available;
  - f. If an autopsy was completed, the autopsy results;
  - g. A hypothesis or conclusion as to the cause of death; and
  - h. Specific recommendations for preventing future deaths, if applicable.
- C.** ~~Within 10 working days after completing an epidemiologic investigation of a case as required under Article 3, if Article 3 does not require a local health agency to complete a disease specific form, a local health agency shall submit to the Department a written report of the epidemiologic investigation, including:~~
- 1. ~~A communicable disease report containing the information described in R9-6-202(C);~~
  - 2. ~~A description of all laboratory test results contributing to the diagnosis;~~
  - 3. ~~A classification of the case according to the case definition;~~
  - 4. ~~A description of the case's outcome;~~
  - 5. ~~A description of the case's specific risk factors for the disease or a hypothesis of how the case acquired the infection that resulted in the disease; and~~
  - 6. ~~A description of how the local health agency provided or arranged for the case to receive education about the nature of the disease and how to prevent transmission or limit disease progression.~~
- D.** ~~A local health agency shall forward to the Department each original report received by the local health agency, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify the current status for each report, as follows:~~
- 1. ~~Case confirmed and epidemiologic investigation not required;~~
  - 2. ~~Case confirmed and report from epidemiologic investigation attached;~~
  - 3. ~~Case under investigation; or~~
  - 4. ~~No action taken.~~
- E.** ~~Within 30 days after completing an epidemiologic investigation of an outbreak as required under this Chapter, a local health agency shall submit to the Department a written summary of the investigation, including:~~
- 1. ~~A description of the outbreak location;~~
  - 2. ~~The date and time that the local health agency was notified of the outbreak;~~
  - 3. ~~A description of how the local health agency verified the outbreak;~~
  - 4. ~~The number of individuals reported to be ill during the outbreak;~~
  - 5. ~~The number of individuals estimated to be at risk for illness as a result of the outbreak;~~
  - 6. ~~The specific case definition used;~~
  - 7. ~~A summary profile of the signs and symptoms;~~
  - 8. ~~An epidemiologic curve;~~
  - 9. ~~A copy of the laboratory evidence collected, including all laboratory test results;~~
  - 10. ~~Hypotheses of how the outbreak occurred;~~
  - 11. ~~A description of the control measures used and the dates they were implemented;~~
  - 12. ~~The conclusions drawn based upon the results of the investigation;~~
  - 13. ~~Specific recommendations for preventing future outbreaks; and~~
  - 14. ~~The name, address, and telephone number of the individual making the report.~~
- F.** ~~A local health agency shall immediately notify the Department when the local health agency receives a report or reports indicating an outbreak or suspect outbreak. The notification shall include:~~
- 1. ~~The location of the outbreak or suspect outbreak;~~
  - 2. ~~If known, the number of cases and suspect cases;~~
  - 3. ~~The date that the outbreak was reported or dates that cases suggestive of an outbreak were reported;~~
  - 4. ~~The setting of the outbreak or suspect outbreak;~~
  - 5. ~~The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak; and~~
  - 6. ~~The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or suspect outbreak.~~
- A.** The Department shall supply each local health agency with forms to be used by:
- 1. A health care provider required to report when making a written report required under R9-6-202(A) and Table 1;
  - 2. An administrator of a health care institution or correctional facility when making a written report required under R9-6-202(B) and Table 1; and
  - 3. An administrator of a school, child care establishment, or shelter when making a written report required under R9-6-203(A) and Table 2.
- B.** A local health agency shall distribute copies of the Department-provided forms specified in subsection (A) as needed to health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters.
- C.** Except as specified in Table 4 and Article 3, a local health agency shall provide to the Department the information contained in each report of a case, suspect case, or occurrence received by the local health agency under R9-6-202 or R9-6-203, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the

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jurisdiction, within five working days after receipt and shall specify:

1. Which of the following best describes the individual identified in each report:
    - a. The individual meets the case definition for a case of the specific disease,
    - b. The individual is a suspect case,
    - c. The individual does not meet the case definition for a case or suspect case of the specific disease, or
    - d. The local health agency has not yet determined the status of the disease in the individual; and
  2. The status of the epidemiologic investigation for each report.
- D.** Except as specified in Table 4 and Article 3, a local health agency shall submit to the Department a written or electronic report, in a format specified by the Department, of an epidemiologic investigation conducted by the local health agency:
1. In response to a report of a case, suspect case, or occurrence:
    - a. Submitted under R9-6-202 or R9-6-203, or
    - b. About which the local health agency was notified by the Department;
  2. Within 30 calendar days after receiving the report submitted under R9-6-202 or R9-6-203 or notification by the Department;
  3. If an epidemiologic investigation is required for the reported disease under Article 3; and
  4. Including in the report of the epidemiologic investigation:
    - a. The information described in:
      - i. R9-6-202(C) for a report submitted under R9-6-202,
      - ii. R9-6-203(B) for a report submitted under R9-6-203, or
      - iii. R9-6-202(C) for a report about which the Department notified the local health agency;
    - b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;
    - c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
    - d. A classification of the case according to the case definition;
    - e. A description of the condition or status of the case at the end of the epidemiologic investigation;
    - f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
    - g. A description of how the local health agency provided or arranged for the case to receive health education about the nature of the disease and how to prevent transmission or limit disease progression;
    - h. A description of the case's specific risk factors for transmitting the disease considered by the local health agency when conducting an assessment of contacts;
    - i. A description of the control measures used by the local health agency to reduce the spread of the disease; and
    - j. The date the report of the case, suspect case, or occurrence was submitted or the Department notified the local health agency.
- E.** For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:
1. Within one working day after receiving a report of unexplained death with a history of fever, submit to the Department in a format specified by the Department:
    - a. The following information about the deceased individual:
      - i. Name;
      - ii. Residential address;
      - iii. Date of birth;
      - iv. Race and ethnicity;
      - v. County of residence;
      - vi. If the individual was living on a reservation at the time of the individual's death, the name of the reservation;
      - vii. Gender;
      - viii. Whether the individual was pregnant and, if so, the result of the pregnancy; and
      - ix. Occupation;
    - b. The date of onset of symptoms;
    - c. The approximate date and time of death;
    - d. A description of the setting where the death occurred and of the circumstances leading up to the time of death;
    - e. The name, residential address, and telephone number of a family member of the deceased individual who may be contacted;
    - f. The name, address, and telephone number of the individual making the report to the local health agency; and
    - g. The name and address of the:
      - i. Health care provider required to report, if:
        - (1) The unexplained death with a history of fever was reported to the local health agency under R9-6-202(A), and

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- (2) The health care provider is different from the individual specified in subsection (E)(1)(f); or
- ii. Health care institution or correctional facility, if the unexplained death with a history of fever was reported to the local health agency under R9-6-202(B); and
- 2. Within 30 calendar days after receiving the report of unexplained death with a history of fever, submit to the Department a written or electronic report of the epidemiologic investigation required under Article 3, in a format specified by the Department, including:
  - a. The name and date of birth of the deceased individual;
  - b. The date of each specimen collection;
  - c. Identification of each type of specimen collected;
  - d. Identification of each type of laboratory test completed;
  - e. A description of the laboratory test results, including quantitative results if available;
  - f. If an autopsy was completed, the autopsy results;
  - g. A hypothesis or conclusion as to the cause of death; and
  - h. Specific recommendations for preventing future deaths, if applicable.
- F. Except as specified in Table 4 and Article 3, for each instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:
  - 1. Within one working day after receiving the report or reports, provide to the Department the following information:
    - a. The location of the outbreak or possible outbreak;
    - b. If known, the number of cases and suspect cases;
    - c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;
    - d. The setting of the outbreak or possible outbreak;
    - e. The name of the disease suspected or known to be the cause of the outbreak or possible outbreak; and
    - f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or possible outbreak; and
  - 2. Within 30 calendar days after receiving the last report or reports associated with the outbreak, submit to the Department a written or electronic report, in a format specified by the Department, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:
    - a. A description of the outbreak location and setting;
    - b. The date that the local health agency was notified of the outbreak;
    - c. A description of how the local health agency verified the outbreak;
    - d. The number of individuals reported to be ill during the outbreak;
    - e. The number of individuals estimated to be at risk for illness as a result of the outbreak;
    - f. The specific case definition used;
    - g. A summary profile of the signs and symptoms;
    - h. An epidemiologic curve;
    - i. A copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;
    - j. Hypotheses of how the outbreak occurred;
    - k. A description of the control measures used and the dates the control measures were implemented;
    - l. The conclusions drawn based upon the results of the epidemiologic investigation;
    - m. Recommendations for preventing future outbreaks; and
    - n. The name, address, and telephone number of the individual making the report to the Department.

**Table 4. Local Health Agency Reporting Requirements**

<b>III</b>	<u>Amebiasis</u>	<b>III</b>	<u>Hantavirus infection</u>	<b>III</b>	<u>Rocky Mountain spotted fever</u>
<b>III,*</b>	<u>Anthrax</u>	<b>III</b>	<u>Hemolytic uremic syndrome</u>	<b>III,S</b>	<u>Rubella (German measles)</u>
<b>O-III</b>	<u>Aseptic meningitis, viral</u>	<b>III</b>	<u>Hepatitis A</u>	<b>III,S</b>	<u>Rubella syndrome, congenital</u>
<b>I</b>	<u>Basidiobolomycosis</u>	<b>III</b>	<u>Hepatitis B and Hepatitis D</u>	<b>III</b>	<u>Salmonellosis</u>
<b>III,S</b>	<u>Botulism</u>	<b>III</b>	<u>Hepatitis C</u>	<b>O-I</b>	<u>Scabies</u>
<b>III,*</b>	<u>Brucellosis</u>	<b>III</b>	<u>Hepatitis E</u>	<b>III</b>	<u>Severe acute respiratory syndrome</u>
<b>III</b>	<u>Campylobacteriosis</u>	<b>None</b>	<u>Herpes genitalis</u>	<b>III</b>	<u>Shigellosis</u>
<b>III</b>	<u>Chagas infection and related disease (American Trypanosomiasis)</u>	<b>III</b>	<u>Human Immunodeficiency Virus (HIV) infection and related disease</u>	<b>III</b>	<u>Smallpox</u>

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<b>III</b>	<u>Chancroid (<i>Haemophilus ducreyi</i>)</u>	<b>III</b>	<u>Influenza-associated mortality in a child</u>	<b>O-III</b>	<u>Streptococcal Group A infection</u>
<b>5-day only</b>	<u>Chlamydia infection, sexually transmitted</u>	<b>☐</b>	<u>Kawasaki syndrome</u>	<b>III</b>	<u>Streptococcal Group B infection in an infant younger than 90 days of age</u>
<b>☐,III</b>	<u>Cholera</u>	<b>III</b>	<u>Legionellosis (Legionnaires' disease)</u>	<b>☐</b>	<u><i>Streptococcus pneumoniae</i> infection</u>
<b>O-III</b>	<u>Coccidioidomycosis (Valley Fever)</u>	<b>III</b>	<u>Leptospirosis</u>	<b>III,O-III</b>	<u>Syphilis</u>
<b>III</b>	<u>Colorado tick fever</u>	<b>III,*</b>	<u>Listeriosis</u>	<b>III</b>	<u>Taeniasis</u>
<b>O-☐</b>	<u>Conjunctivitis: acute</u>	<b>III</b>	<u>Lyme disease</u>	<b>III</b>	<u>Tetanus</u>
<b>☐</b>	<u>Creutzfeldt-Jakob disease</u>	<b>III</b>	<u>Lymphocytic choriomeningitis</u>	<b>III</b>	<u>Toxic shock syndrome</u>
<b>III</b>	<u>Cryptosporidiosis</u>	<b>III</b>	<u>Malaria</u>	<b>III</b>	<u>Trichinosis</u>
<b>III</b>	<u><i>Cyclospora</i> infection</u>	<b>☐,III,S</b>	<u>Measles (rubeola)</u>	<b>III,*</b>	<u>Tuberculosis</u>
<b>☐</b>	<u>Cysticercosis</u>	<b>III,*</b>	<u>Melioidosis</u>	<b>☐,III,*</b>	<u>Tularemia</u>
<b>III</b>	<u>Dengue</u>	<b>☐,III,*</b>	<u>Meningococcal invasive disease</u>	<b>III</b>	<u>Typhoid fever</u>
<b>O-III</b>	<u>Diarrhea, nausea, or vomiting</u>	<b>☐,III,S</b>	<u>Mumps</u>	<b>III</b>	<u>Typhus fever</u>
<b>☐,III</b>	<u>Diphtheria</u>	<b>O-III</b>	<u>Norovirus</u>	<b>☐,III</b>	<u>Unexplained death with a history of fever</u>
<b>III</b>	<u>Ehrlichiosis (Ehrlichiosis and Anaplasmosis)</u>	<b>5-day only</b>	<u>Pediculosis (lice infestation)</u>	<b>III</b>	<u>Vaccinia-related adverse event</u>
<b>☐,III</b>	<u>Emerging or exotic disease</u>	<b>III</b>	<u>Pertussis (whooping cough)</u>	<b>☐,III,*</b>	<u>Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i></u>
<b>☐,III</b>	<u>Encephalitis: viral or parasitic</u>	<b>☐,III,*</b>	<u>Plague</u>	<b>☐,III,*</b>	<u>Vancomycin-resistant <i>Staphylococcus epidermidis</i></u>
<b>III</b>	<u>Enterohemorrhagic <i>Escherichia coli</i></u>	<b>☐,III,S</b>	<u>Poliomyelitis</u>	<b>☐</b>	<u>Varicella (chickenpox)</u>
<b>III</b>	<u>Enterotoxigenic <i>Escherichia coli</i></u>	<b>III</b>	<u>Psittacosis (ornithosis)</u>	<b>III</b>	<u><i>Vibrio</i> infection</u>
<b>O-III</b>	<u>Giardiasis</u>	<b>☐,III</b>	<u>Q Fever</u>	<b>☐,III,S</b>	<u>Viral hemorrhagic fever</u>
<b>5-day only</b>	<u>Gonorrhea</u>	<b>☐,III</b>	<u>Rabies in a human</u>	<b>III</b>	<u>West Nile virus-related syndromes</u>
<b>III</b>	<u><i>Haemophilus influenzae</i>: invasive disease</u>	<b>III</b>	<u>Relapsing fever (borreliosis)</u>	<b>☐,III</b>	<u>Yellow fever</u>
<b>☐</b>	<u>Hansen's disease (Leprosy)</u>	<b>☐</b>	<u>Reye syndrome</u>	<b>☐,III,*</b>	<u>Yersiniosis (enteropathogenic <i>Yersinia</i>)</u>

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

**Key:**

- ☐** Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
- ☐** Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
- III** Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- ☐** Submit an epidemiologic investigation report within 60 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- \*** Ensure that an isolate from a case is submitted to the Arizona State Laboratory.
- S** Ensure that specimens from a case, as specified by the Department, are submitted to the Arizona State Laboratory.
- O** Submit a report after conducting an epidemiological investigation of an outbreak.

**ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS**

**R9-6-301. Definitions**

No change

1. No change
2. No change
3. "Close contact" means an individual who has spent a sufficient amount of time with and who has been within a sufficient proximity to a case to have sustained significant exposure to an infectious agent.
4. "Concurrent disinfection" means the application of measures to disinfect inanimate objects or surfaces after the discharge of body fluids from the body of an infected individual or after the contamination of articles with body fluids.
5. "Contact precautions" means, in addition to Standard precautions, placement of a case in a private room or a cohort room and use of a gown and gloves when in the proximity of the case.

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3. “Contact precautions” means, in addition to use of standard precautions:
  - a. Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual’s bed from the bed of another individual; and
  - b. Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.
- ~~6-4.~~ No change
- ~~7.~~ ~~“Counseling and testing site” means a health facility offering clients HIV counseling and HIV-related testing that meets the standards established in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Revised Guidelines for HIV Counseling, Testing, and Referral (November 2001), published in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Pub. No. RR-19, 50 Morbidity and Mortality Weekly Report (November 9, 2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and available at <http://www.cdc.gov/mmwr/> or <ftp://ftp.cdc.gov/pub/Publications/mmwr/> or from Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333. This incorporation by reference contains no future editions or amendments.~~
- ~~8-5.~~ No change
- ~~9-6.~~ No change
- ~~10.~~ ~~“Droplet precautions” means, in addition to Standard precautions, placement of a case in a private room or cohort room and use of a mask when working within three feet of the case.~~
7. “Droplet precautions” means, in addition to use of standard precautions:
  - a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual’s bed from the bed of another individual;
  - b. Ensuring that the individual wears a mask covering the individual’s mouth and nose, if medically appropriate, when not in the room described in subsection (7)(a); and
  - c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.
- ~~11-8.~~ No change
- ~~12.~~ ~~“Identified individual” means an individual named by a case as an individual who may have been exposed through sexual contact with the case, and for whom a case provides information that enables the local health agency to locate the individual.~~
- ~~13-9.~~ No change
- ~~14-10.~~ No change
- ~~15-11.~~ No change
- ~~16-12.~~ No change
- ~~17-13.~~ No change
- ~~18.~~ ~~“Pupil” means a student attending a school, as defined in A.R.S. § 15-101.~~
- ~~19.~~ ~~“School district personnel” means individuals who work for a “school district,” as defined by A.R.S. § 15-101, whether within a classroom or other setting and whether as employees, contractors, or volunteers.~~
- ~~20.~~ ~~“Sexual contact” means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.~~
- ~~21-14.~~ No change

**R9-6-302. Local Health Agency Control Measures**

No change

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter; ~~and~~
8. Disseminate surveillance information to health care providers;
9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease; and
10. Report to the Department, as specified in R9-6-206 and this Article.

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

- ~~A.~~ When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency shall issue a written order for isolation or quarantine and other control measures to each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual’s parent or guardian, except as provided in subsection (A)(3):
  - ~~1.~~ The written order shall specify:

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- ~~a. The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;~~
- ~~b. The identity of each individual or group of individuals subject to the order;~~
- ~~c. The premises at which each individual or group of individuals is to be isolated or quarantined;~~
- ~~d. The date and time at which isolation or quarantine and other control measure requirements begin; and~~
- ~~e. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts.~~
- ~~2. The written order may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment.~~
- ~~3. If an order applies to a group of individuals, and it would be impractical to provide a copy to each individual, the local health agency may post the order in a conspicuous place at the premises at which the individuals are to be isolated or quarantined.~~
- B.** ~~Within 10 days after issuing a written order described in subsection (A), if a local health agency determines that isolation or quarantine and other control measure requirements need to continue for more than 10 days after the date of the order, the local health agency shall file a petition for a court order authorizing the continuation of isolation or quarantine and other control measure requirements pertaining to an individual or group of individuals. The petition shall:~~
  - ~~1. Include the following:~~
    - ~~a. The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;~~
    - ~~b. The identity of each individual or group of individuals subject to isolation or quarantine and other control measure requirements;~~
    - ~~c. The premises at which each individual or group of individuals is isolated or quarantined;~~
    - ~~d. The date and time at which isolation or quarantine and other control measure requirements began; and~~
    - ~~e. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and~~
  - ~~2. Be accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.~~
- A.** When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency:
  - 1. Shall issue a written order:
    - a. For isolation or quarantine and other control measures;
    - b. To each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(2);
    - c. That specifies:
      - i. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;
      - ii. The identity of each individual or group of individuals subject to the order;
      - iii. The premises at which each individual or group of individuals is to be isolated or quarantined;
      - iv. The date and time at which isolation or quarantine and other control measure requirements begin; and
      - v. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
    - d. That may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment; and
  - 2. May post the written order in a conspicuous place at the premises at which a group of individuals is to be isolated or quarantined if:
    - a. The written order applies to the group of individuals, and
    - b. It would be impractical to provide a copy to each individual in the group.
- B.** Within 10 calendar days after issuing a written order described in subsection (A), if a local health agency determines that isolation or quarantine and other control measure requirements need to continue for more than 10 calendar days after the date of the order, the local health agency shall file a petition for a court order that:
  - 1. Authorizes the continuation of isolation or quarantine and other control measure requirements pertaining to an individual or group of individuals;
  - 2. Includes the following:
    - a. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
    - b. The identity of each individual or group of individuals subject to isolation or quarantine and other control mea-

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sure requirements:

- c. The premises at which each individual or group of individuals is isolated or quarantined;
  - d. The date and time at which isolation or quarantine and other control measure requirements began; and
  - e. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

C. No change

D. No change

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

No change

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

**A.** Case control measures:

1. ~~A local health agency shall exclude an amebiasis case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until treatment with an amebicide is completed and two successive fecal examinations negative for amoebae are obtained from specimens collected at least 24 hours apart.~~
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported amebiasis case or suspect case.~~

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

Case control measures: A local health agency shall:

1. Exclude an amebiasis case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  - a. Treatment with an amebicide is initiated, and
  - b. Two successive stool specimens negative for amoebae are obtained from specimens collected at least 24 hours apart;
2. Conduct an epidemiologic investigation of each reported amebiasis case or suspect case; and
3. For each amebiasis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

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

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

1. Upon receiving a report under R9-6-202 of an anthrax case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported anthrax case or suspect case;
3. For each anthrax case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
4. Ensure that an isolate from each anthrax case is submitted to the Arizona State Laboratory.

**B.** No change

**~~R9-6-306~~, R9-6-307. Aseptic Meningitis; ~~Viral~~**

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

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of aseptic meningitis; and
2. For each outbreak of aseptic meningitis, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).

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

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

Case control measures: A local health agency shall:

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

**~~R9-6-308~~: R9-6-309, Botulism**

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

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52-73, "Guide to Investigation of Infant Botulism" (September 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52-73 provided by the Department.

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

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

1. Upon receiving a report under R9-6-202 of a botulism case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported botulism case or suspect case; and
3. For each botulism case:
  - a. Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);
  - b. Ensure that a specimen from each botulism case is submitted to the Arizona State Laboratory; and
  - c. In consultation with the Department, determine if treatment of the botulism case is required.

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

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

**~~R9-6-309~~: R9-6-310, Brucellosis**

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

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 4-153, "Brucellosis Case Surveillance Report" (November 1980), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 4-153 provided by the Department.

Case control measures: A local health agency shall:

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

**~~R9-6-310~~: R9-6-311, Campylobacteriosis**

**A.** Case control measures:

1. A local health agency shall exclude a campylobacteriosis case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  - a. One of the following occurs:
    - i. A culture negative for *Campylobacter* spp. is obtained from a stool specimen, or
    - ii. Treatment is maintained for 24 hours; and
  - b. Diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case. For each campylobacteriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-A or an electronic equivalent to Exhibit III-A provided by the Department.

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

Case control measures: A local health agency shall:

1. Exclude a campylobacteriosis case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  - a. A culture negative for *Campylobacter* spp. is obtained from a stool specimen, or

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

**R9-6-312. Chagas Infection and Related Disease (American Trypanosomiasis)**

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
- 2. For each Chagas infection or disease case:
  - a. Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - b. Provide to the Chagas infection or disease case or ensure that another person provides to the Chagas infection or disease case health education that includes:
    - i. The treatment options for Chagas infection or disease.
    - ii. Where the Chagas infection or disease case may receive treatment for Chagas infection or disease, and
    - iii. For women of childbearing age, the risks of transmission of Chagas infection or disease to a fetus.

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

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

- 1. Conduct an epidemiologic investigation of each reported chancroid case or suspect case;
- 2. For each chancroid case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
- 3. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chancroid case.

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

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

~~B. Contact control measures: When a chancroid case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.~~

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

~~A. Case control measures:~~

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

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

**R9-6-313; R9-6-315. Cholera**

~~A. Case control measures:~~

- 1. ~~A local health agency shall exclude a cholera case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for *Vibrio cholerae* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics.~~
- 2. ~~A local health agency shall conduct an epidemiologic investigation of each reported cholera case or suspect case. For each cholera case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

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b. ~~An electronic equivalent to Form CDC 52-79 provided by the Department.~~

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

- ~~1. Provide follow-up for each cholera contact for five days after exposure; and~~
- ~~2. Exclude each cholera contact with symptoms of cholera from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for *Vibrio cholerae* are obtained from stool specimens collected at least 24 hours apart.~~

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

- ~~1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;~~
- ~~2. Exclude a cholera case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for *Vibrio cholerae* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics;~~
- ~~3. Conduct an epidemiologic investigation of each reported cholera case or suspect case; and~~
- ~~4. For each cholera case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).~~

~~B. Contact control measures: A local health agency shall provide follow-up for each cholera contact for five calendar days after exposure.~~

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

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

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

- ~~1. Conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis; and~~
- ~~2. For each outbreak of coccidioidomycosis, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).~~

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

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

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

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

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

~~A. No change~~

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

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

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

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

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

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

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

~~Case control measures:~~

- ~~1. A local health agency shall exclude a cryptosporidiosis case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case. For each cryptosporidiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-B or an electronic equivalent to Exhibit III-B provided by the Department.~~

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

- ~~1. Exclude a cryptosporidiosis case or suspect case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has~~

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resolved:

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

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

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

Case control measures: A local health agency shall:

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

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

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

Case control measures: A local health agency shall:

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

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

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

Case control measures: A local health agency shall:

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

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

**A.** No change

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

- ~~1. For each suspected foodborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:
  - ~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.13, "Investigation of a Foodborne Outbreak" (October 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
  - ~~b. An electronic equivalent to Form CDC 52.13 provided by the Department.~~~~
- ~~2. For each suspected waterborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:
  - ~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.12, "Waterborne Diseases Outbreak Report" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~
  - ~~b. An electronic equivalent to Form CDC 52.12 provided by the Department.~~~~
- ~~3. For each outbreak of viral gastroenteritis, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-C or an electronic equivalent to Exhibit III-C provided by the Department.~~

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

1. Conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting;
2. Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F) for:
  - a. Each suspected foodborne illness outbreak,
  - b. Each suspected waterborne illness outbreak, and
  - c. Each outbreak of viral gastroenteritis.

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

**A.** No change

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

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- a. One of the following:
    - i. If the case has pharyngeal diphtheria, two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or
    - ii. If the case has cutaneous diphtheria, two successive cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or
  - b. Fourteen days after initiation of treatment.
2. A local health agency shall conduct an epidemiologic investigation of each reported diphtheria case or suspect case. For each diphtheria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
- a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Diphtheria Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to the "CDC Diphtheria Worksheet" provided by the Department.
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
- a. Isolate and institute droplet precautions for a pharyngeal diphtheria case or suspect case until:
    - i. Two successive sets of cultures negative for *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; or
    - ii. Fourteen calendar days after initiation of treatment; and
  - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until:
    - i. Two successive sets of cultures negative for *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; or
    - ii. Fourteen calendar days after initiation of treatment.
2. A local health agency shall:
- a. Upon receiving a report under R9-6-202 of a diphtheria case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported diphtheria case or suspect case; and
  - c. For each diphtheria case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

**B. No change**

- 1. Exclude each diphtheria contact from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment until a set of cultures negative for *Corynebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
- 2. Quarantine each close contact of a diphtheria case In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the ~~close~~ contact at least 24 hours apart;
- 3. No change
- 4. No change

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

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

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

Case control measures: A local health agency shall:

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

**~~R9-6-325, R9-6-327, Emerging or Exotic Disease~~**

**A. Case control measures:**

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1. A local health agency, in consultation with the Department, shall isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission.
2. A local health agency shall conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case.

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

1. Upon receiving a report under R9-6-202 of an emerging or exotic disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. In consultation with the Department, isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission;
3. Conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case; and
4. For each emerging or exotic disease case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

**B.** No change

**~~R9-6-326, R9-6-328, Encephalitis: Viral or Parasitic~~**

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

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a viral or parasitic encephalitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case; and
3. For each encephalitis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

**A.** Case control measures:

1. A local health agency shall exclude an enterohemorrhagic *Escherichia coli* case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
  - a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - b. Diarrhea has resolved.
2. A local health agency shall conduct an epidemiologic investigation of each reported enterohemorrhagic *Escherichia coli* case or suspect case. For each enterohemorrhagic *Escherichia coli* case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-E or an electronic equivalent to Exhibit III-E provided by the Department.

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

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

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

**B.** Contact control measures: A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.

**C.** Environmental control measures: A local health agency shall:

1. If an animal located in a private residence is suspected to be the source of infection for an enterohemorrhagic *Escherichia coli* case or outbreak, provide health education for the animal's owner about enterohemorrhagic *Escherichia coli* and the risks of becoming infected with enterohemorrhagic *Escherichia coli*; and
2. If an animal located in a setting other than a private residence is suspected to be the source of infection for an entero-

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hemorrhagic *Escherichia coli* case or outbreak:

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

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

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

- ~~1. A local health agency shall exclude an enterotoxigenic *Escherichia coli* case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 
  - a. ~~Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~
  - b. ~~Diarrhea has resolved.~~~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case.~~

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

1. Exclude an enterotoxigenic *Escherichia coli* case or suspect case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 
  - a. Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case; and
3. For each enterotoxigenic *Escherichia coli* case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

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

**A. Case control measures: A local health agency shall exclude a giardiasis case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:**

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

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

- ~~1. A local health agency shall exclude a giardiasis contact with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.~~
- ~~2. A local health agency shall counsel or arrange for a giardiasis contact or, if the contact is a child or incapacitated adult, the parent or guardian of the contact to be counseled about handwashing and concurrent disinfection of contaminated objects.~~

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

**B. Contact control measures: A local health agency shall exclude a giardiasis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.**

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

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

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

**A. No change**

1. No change
2. For the prevention of gonorrheal ophthalmia, a health care provider physician, physician assistant, registered nurse

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practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:

- a. No change
- b. No change

3. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a gonorrhea case that seeks treatment from the local health agency.

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

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

**A.** No change

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a Haemophilus influenzae invasive disease meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.

2. A local health agency shall conduct an epidemiologic investigation of each reported Haemophilus influenzae invasive disease case or suspect case:

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

- i. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
- ii. ~~An electronic equivalent to Form CDC 52.15N provided by the Department.~~

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

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

2. A local health agency shall:

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

**B.** No change

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

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

- 1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.18, "Hansen's Disease Surveillance Form" (March 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
- 2. ~~An electronic equivalent to Form CDC 52.18 provided by the Department.~~

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

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

~~**B.** Contact control measures: In consultation with the Department, a local health agency shall examine close contacts of a Hansen's disease case, if indicated, for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.~~

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

~~Case control measures:~~

- ~~1. A local health agency shall counsel or arrange for a Hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with hantavirus.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case. For each hantavirus infection case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - ~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Hantavirus Pulmonary Syndrome Case Report Form" (November 2002) and a Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Individual Questionnaire" (January 1996), which are incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~
  - ~~b. Electronic equivalents to the "Hantavirus Pulmonary Syndrome Case Report Form" and "Individual Questionnaire" provided by the Department.~~

Case control measures: A local health agency shall:

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

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

~~A. Case control measures:~~

- ~~1. A local health agency shall exclude a hemolytic uremic syndrome case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~
  - ~~a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~
  - ~~b. Diarrhea has resolved.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case.~~

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

1. Exclude a hemolytic uremic syndrome case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
  - a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case; and
3. For each hemolytic uremic syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

- B.** Contact control measures: A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

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

~~A. Case control measures:~~

- ~~1. A local health agency shall exclude a hepatitis A case from working as a food handler or attending a child care establishment during the first 14 days of illness or for seven days after onset of jaundice.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis A case or suspect case. For each hepatitis A case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-G or an electronic equivalent to Exhibit III-G provided by the Department.~~

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

1. Exclude a hepatitis A case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and

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

**B.** No change

1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. For 45 days after exposure, provide follow up to a food handler who is a contact of a hepatitis A case during the infectious period; and
2. For 45 calendar days after exposure, monitor a food handler who was a contact of a hepatitis A case during the infectious period for symptoms of hepatitis A; and
3. No change

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

**A.** No change

1. ~~A local health agency shall evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated.~~
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported hepatitis B case or suspect case.~~
  - a. ~~For each acute hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III H or an electronic equivalent to Exhibit III H provided by the Department.~~
  - b. ~~For each perinatal hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III I or an electronic equivalent to Exhibit III I provided by the Department.~~
1. A local health agency shall:
  - a. Evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated;
  - b. Conduct an epidemiologic investigation of each reported case or suspect case of hepatitis B or hepatitis B co-infected with hepatitis D; and
  - c. For each acute case of hepatitis B or hepatitis B co-infected with hepatitis D or case of perinatal hepatitis B, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~3-2.~~ No change

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

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

1. Refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series, and
2. Provide health education related to the progression of hepatitis B disease and the prevention of transmission of hepatitis B infection to each non-immune hepatitis B contact.

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

No change

1. ~~A local health agency shall conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case.~~
1. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case; and
  - b. For each acute hepatitis C case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
2. The Department shall provide health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection to each reported non-acute hepatitis C case or suspect case.

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

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

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

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Case control measures: A local health agency shall:

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

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

**A. No change**

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

1. A local health agency shall:

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

2. No change

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

- a. ~~Age;~~
- b. ~~Race and ethnicity;~~
- e. ~~Gender;~~
- d. ~~County of residence; and~~
- e. ~~HIV-associated risk behaviors.~~

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

- a. ~~The Department receives the report of risk in a document that includes the following:~~
  - i. ~~The name and address of the identifiable third party;~~
  - ii. ~~The name and address of the individual placing the identifiable third party at risk;~~
  - iii. ~~The name and address of the individual making the report; and~~
  - iv. ~~The type of exposure placing the identifiable third party at risk;~~
- b. ~~The individual making the report is in possession of confidential HIV-related information; and~~
- e. ~~The Department determines that the information provided in the report is accurate and sufficient to warrant notification of the identifiable third party.~~

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

- a. ~~The local health agency determines by consulting with the Department that the pupil places others in the school setting at risk for HIV infection; and~~
- b. ~~The school district has an HIV policy that includes the following provisions:~~
  - i. ~~That a school shall not exclude an infected pupil from attending school or school functions or from participating in school activities solely due to HIV infection;~~
  - ii. ~~That the school district shall establish a group to determine on a case-by-case basis whether an infected pupil should be permitted to attend school by considering the risks and benefits to the pupil and to others if the pupil attends school;~~
  - iii. ~~That the group described in subsection (A)(5)(b)(ii) shall include the superintendent of the school district, the parents or guardians of a minor pupil, the pupil if the pupil is not a minor or is emancipated, the pupil's physician, and the local health officer, and may include an administrator of a school, a school nurse, and a teacher or counselor of the pupil;~~
  - iv. ~~That school district personnel who are informed of the pupil's HIV infection shall keep that information confidential;~~
  - v. ~~That the school district shall provide HIV education programs to pupils, parents or guardians of pupils, and school district personnel through age appropriate curricula, workshops, or in service training sessions; and~~
  - vi. ~~That school district personnel who handle blood or body fluids shall comply with Elizabeth A. Bolyard et al., Guideline for Infection Control in Health Care Personnel, 1998 (1998), incorporated by reference; on file with the Department and the Office of the Secretary of State; available from National Technical Information Service, 5285 Port Royal Road,~~

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

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

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- B.** Contact control measures: The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection under A.R.S. § 36-664(J) as specified in R9-6-1006(A).
- C.** Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

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

Case control measures: A local health agency shall:

1. Confirm that influenza was the cause of death for each reported case or suspect case of influenza-associated mortality in a child; and
2. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C).

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

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

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

Case control measures: A local health agency shall:

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

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

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

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

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

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

**B.** No change

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

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

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

Case control measures: A local health agency shall:

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

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

Case control measures: A local health agency shall:

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

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~~guardian of the case about the risks of contracting listeriosis from cold deli meats and unpasteurized dairy products.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

**~~R9-6-347. R9-6-350. Measles (Rubella)~~**

~~A. No change~~

- ~~1. No change~~
    - ~~a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth calendar day after the rash appears; and~~
    - ~~b. No change~~
  - ~~2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for a measles case from onset of illness through the fourth calendar day after the rash appears.~~
  - ~~3. A local health agency shall conduct an epidemiologic investigation of each reported measles case or suspect case. For each measles case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
    - ~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Measles Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~
    - ~~b. An electronic equivalent to the "Measles Surveillance Worksheet" provided by the Department.~~
- ~~3. A local health agency shall:~~
    - ~~a. Upon receiving a report under R9-6-202 or R9-6-203 of a measles case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;~~

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- b. Conduct an epidemiologic investigation of each reported measles case or suspect case;
- c. For each measles case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
- d. Ensure that specimens from each measles case, as required by the Department, are submitted to the Arizona State Laboratory.

B. No change

- 1. No change
  - a. No change
  - b. No change
- 2. No change
- 3. An administrator of a health care institution shall ensure that a A paid or volunteer ~~full-~~ full-time or part-time worker at a health care institution ~~shall~~ does not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
  - a. No change
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to measles; or
  - c. No change

**R9-6-351. Melioidosis**

Case control measures: A local health agency shall:

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

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

A. No change

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.
- 2. ~~A local health agency shall conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case. For each meningococcal invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference in R9-6-331; or~~
  - b. ~~An electronic equivalent to Form CDC 52.15N provided by the Department.~~
- 2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a meningococcal invasive disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case;
  - c. For each meningococcal invasive disease case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

B. No change

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

A. No change

- 1. ~~An administrator of a school or child care establishment, either personally or through a representative, shall exclude a mumps case from the school or child care establishment for nine days after the onset of glandular swelling.~~
- 2. ~~A health care provider shall use droplet precautions with a mumps case for nine days after the onset of glandular swelling.~~
- 3. ~~A local health agency shall conduct an epidemiologic investigation of each reported mumps case or suspect case. For each mumps case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Mumps Surveillance Worksheet" (May 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

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- ~~b. An electronic equivalent to the "Mumps Surveillance Worksheet" provided by the Department.~~
- ~~1. An administrator of a school or child care establishment, either personally or through a representative, shall:~~
  - ~~a. Exclude a mumps case from the school or child care establishment for five calendar days after the onset of glandular swelling; and~~
  - ~~b. Exclude a mumps suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.~~
- ~~2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions with a mumps case for five calendar days after the onset of glandular swelling.~~
- ~~3. A local health agency shall:~~
  - ~~a. Upon receiving a report under R9-6-202 or R9-6-203 of a mumps case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;~~
  - ~~b. Conduct an epidemiologic investigation of each reported mumps case or suspect case;~~
  - ~~c. For each mumps case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and~~
  - ~~d. Ensure that specimens from each mumps case, as required by the Department, are submitted to the Arizona State Laboratory.~~
- ~~**B. Contact control measures:** When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:~~
  - ~~1. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and~~
  - ~~2. Comply with the local health agency's recommendations for exclusion.~~
- ~~**B. Contact control measures:**~~
  - ~~1. When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:~~
    - ~~a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and~~
    - ~~b. Comply with the local health agency's recommendations for exclusion.~~
  - ~~2. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a mumps case or suspect case unless the worker is able to provide evidence of immunity to mumps through one of the following:~~
    - ~~a. A record of immunization against mumps with two doses of live virus vaccine given on or after the first birthday and at least one month apart; or~~
    - ~~b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to mumps.~~
  - ~~3. A local health agency shall determine which contacts will be:~~
    - ~~a. Excluded from a school or child care establishment, and~~
    - ~~b. Advised to obtain an immunization against mumps.~~

**R9-6-354. Norovirus**

- ~~**A. Outbreak control measures:** A local health agency shall:~~
  - ~~1. Conduct an epidemiologic investigation of each reported norovirus outbreak; and~~
  - ~~2. Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).~~
- ~~**B. Environmental control measures:** A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each water, sewage, or food preparation facility associated with a norovirus outbreak.~~

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

No change

- 1. No change
- 2. No change

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

~~A. No change~~

- ~~1. No change~~
  - ~~a. Exclude a pertussis case from the school or child care establishment for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and~~
  - ~~b. No change~~
- ~~2. No change~~
  - ~~a. Exclude a pertussis case from working at the health care institution for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and~~

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- b. No change
- 3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate use droplet precautions for a pertussis case for five calendar days after the date of initiation of antibiotic treatment for pertussis.
- 4. ~~A local health agency shall conduct an epidemiologic investigation of each reported pertussis case or suspect case. For each pertussis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Pertussis Surveillance Worksheet" (November 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
  - b. ~~An electronic equivalent to the "Pertussis Surveillance Worksheet" provided by the Department.~~
- 4. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
  - b. For each pertussis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

**B. No change**

- 1. No change
  - a. No change
  - b. No change
- 2. A local health agency shall identify ~~close~~ contacts of a pertussis case and, if indicated, shall provide or arrange for a ~~each close~~ contact to receive antibiotic prophylaxis.

**~~R9-6-352, R9-6-357, Plague~~**

**A. No change**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a pneumonic plague case or suspect case with droplet precautions until 72 hours of antibiotic therapy have been completed with favorable clinical response.
- 2. No change
- 3. ~~A local health agency shall conduct an epidemiologic investigation of each reported plague case or suspect case. For each plague case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 56.37, "Plague Case Investigation Report" (May 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Vector Borne Infectious Diseases, P.O. Box 2087 (Foothills Campus), Fort Collins, CO 80522, including no future editions or amendments; or~~
  - b. ~~An electronic equivalent to Form CDC 56.37 provided by the Department.~~
- 3. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a plague case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported plague case or suspect case;
  - c. For each plague case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate from each plague case is submitted to the Arizona State Laboratory.

- B. Contact control measures:** A local health agency shall provide follow-up to pneumonic plague contacts for seven calendar days after last exposure to a pneumonic plague case.

**~~R9-6-353, R9-6-358, Poliomyelitis~~**

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

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

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a poliomyelitis case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;

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

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

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

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

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

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

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

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

1. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a private residence:
  - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis, and
  - b. Advise the bird's owner to obtain treatment for the bird; and
2. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a setting other than a private residence:
  - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis.
  - b. Ensure that the bird is treated or destroyed and any contaminated structures are disinfected, and
  - c. Require the bird's owner to isolate the bird from contact with members of the public and from other birds until treatment of the bird is completed or the bird is destroyed.

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

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

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

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a Q fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Q fever case or suspect case; and
3. For each Q fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

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

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

1. Upon receiving a report under R9-6-202 of a human rabies case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported human rabies case or suspect case; and
3. For each human rabies case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

**~~B.~~** No change

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

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

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

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

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

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

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.8, "CDC Reye Syndrome Case Investigation Report" (March 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C 09, Atlanta, GA 30333, including no future editions or amendments; or~~
- ~~2. An electronic equivalent to Form CDC 55.8 provided by the Department.~~

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

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

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

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

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference in R9-6-324; or~~
- ~~2. An electronic equivalent to Form CDC 55.1 provided by the Department.~~

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

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

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

~~A. No change~~

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

~~1. An administrator of a school or child care establishment, either personally or through a representative, shall:~~

- ~~a. Exclude a rubella case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the seventh calendar day after the rash appears; and~~
- ~~b. Exclude a rubella suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.~~

~~2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a rubella case through the seventh calendar day after the rash appears.~~

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

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

~~3. A local health agency shall:~~

- ~~a. Upon receiving a report under R9-6-202 or R9-6-203 of a rubella case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;~~
- ~~b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;~~
- ~~c. For each rubella case, submit to the Department, as specified in Article 2, Table 4, the information required under~~

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R9-6-206(D); and

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

**B.** No change

1. An administrator of a health care institution shall ensure that a A paid or volunteer ~~full-~~ full-time or part-time worker at a health care institution ~~shall~~ does not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
  - a. No change
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to rubella.
2. No change
  - a. No change
  - b. No change
3. A local health agency shall provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

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

**A.** No change

1. ~~A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until a negative virus culture is obtained.~~
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case. For each congenital rubella syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 71.17, "Congenital Rubella Syndrome Case Report" (March 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A 30, Atlanta, GA 30333, including no future editions or amendments; or~~
  - b. ~~An electronic equivalent to Form CDC 71.17 provided by the Department.~~
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until:
  - a. The infant congenital rubella syndrome case reaches one year of age, or
  - b. Two successive negative virus cultures are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
  - c. For each congenital rubella syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - d. Ensure that specimens from each congenital rubella syndrome case, as required by the Department, are submitted to the Arizona State Laboratory.

**~~B.~~** ~~Contact control measures: A paid or volunteer full- or part-time worker at a health care institution who is known to be pregnant shall not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-360(B)(1).~~

**B.** Contact control measures: An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution who is known to be pregnant does not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-365(B)(1).

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

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

1. ~~A local health agency shall exclude a salmonellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:~~
  - a. ~~Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or~~
  - b. ~~Diarrhea has resolved.~~

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- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported salmonellosis case or suspect case. For each salmonellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III L or an electronic equivalent to Exhibit III L provided by the Department.~~
  1. Exclude a salmonellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:
    - a. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or
    - b. Diarrhea has resolved;
  2. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
  3. For each salmonellosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
- B. Contact control measures:** A local health agency shall exclude a salmonellosis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:
1. No change
  2. No change
- C. Environmental control measures:** A local health agency shall:
1. If an animal infected with *Salmonella* spp. is located in a private residence, provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
  2. If an animal infected with *Salmonella* spp. is located in a setting other than a private residence:
    - a. Provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
    - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about salmonellosis and methods to reduce the risk of transmission.

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

- A.** No change
1. No change
  2. No change
  3. No change
- B.** No change
- C.** No change
1. No change
  2. Provide health education and consultation regarding prevention, control, and treatment of scabies to individuals affected by the outbreak; ~~and~~
  3. When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak; ~~and~~
  4. For each scabies outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).

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

- A.** Case control measures: A local health agency shall:
- ~~1. A local health agency, in consultation with the Department, shall isolate a severe acute respiratory syndrome case or suspect case as necessary to prevent transmission.~~
  - ~~2. A local health agency shall conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case.~~
  1. Upon receiving a report under R9-6-202 of a severe acute respiratory syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. In consultation with the Department, ensure the isolation of and the institution of both airborne precautions and contact precautions for a severe acute respiratory syndrome case or suspect case to prevent transmission;
  3. Conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case; and
  4. For each severe acute respiratory syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
- B.** No change

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

- A.** Case control measures: A local health agency shall:
1. ~~A local health agency shall exclude~~ Exclude a shigellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:

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- a. Two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
- b. Treatment is maintained for 24 hours and diarrhea has resolved;
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported shigellosis case or suspect case. For each shigellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III M or an electronic equivalent to Exhibit III M provided by the Department.~~
  2. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
  3. For each shigellosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
- ~~B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart. If a culture is positive for *Shigella* spp., a local health agency shall reclassify a contact as a case.~~
- B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea of unknown cause from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  1. Two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart,  
or
  2. Treatment has been maintained for 24 hours and diarrhea has resolved.

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

- ~~A. Case control measures: A local health agency shall:~~
  1. ~~A local health agency, in consultation with the Department, shall isolate a smallpox case or suspect case as necessary to prevent transmission.~~
  2. ~~A local health agency, in consultation with the Department, shall conduct an epidemiologic investigation of each reported smallpox case or suspect case.~~
    1. Upon receiving a report under R9-6-202 of a smallpox case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
    2. In consultation with the Department:
      - a. Ensure the isolation of and the institution of both airborne precautions and contact precautions for a smallpox case or suspect case to prevent transmission; and
      - b. Conduct an epidemiologic investigation of each reported smallpox case or suspect case; and
    3. For each smallpox case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
- ~~B. Contact control measures: A local health agency, in consultation with the Department, shall:~~
  1. ~~quarantine~~ Quarantine a smallpox contact as necessary to prevent transmission; and
  2. ~~shall monitor~~ Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

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

- ~~A. No change~~

Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending or working in a school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal infection.
- ~~B. No change~~

~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection.~~

Outbreak control measures: A local health agency shall:

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

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

- Case control measures: A local health agency shall:
1. Confirm the diagnosis of streptococcal group B infection for each reported case or suspect case of streptococcal group B infection in an infant younger than 90 days of age; and

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2. For each case of streptococcal group B infection in an infant younger than 90 days of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C).

**R9-6-374. Streptococcus pneumoniae Infection**

Case control measures: A local health agency shall:

1. If a reported *Streptococcus pneumoniae* infection case or suspect case is five or more years of age:
  - a. Confirm the diagnosis of *Streptococcus pneumoniae* infection for each reported *Streptococcus pneumoniae* infection case or suspect case who is five or more years of age; and
  - b. For each *Streptococcus pneumoniae* infection case who is five or more years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C); and
2. If a reported *Streptococcus pneumoniae* infection case or suspect case is under five years of age:
  - a. Conduct an epidemiologic investigation for each reported *Streptococcus pneumoniae* infection case or suspect case who is under five years of age; and
  - b. For each *Streptococcus pneumoniae* infection case who is under five years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

A. No change

1. ~~A syphilis case shall obtain serologic testing for syphilis three months, and six months, and one year after initiating treatment.~~
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported syphilis case or suspect case, confirming the stage of the disease.~~
2. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported syphilis case or suspect case, confirming the stage of the disease;
  - b. For each syphilis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);
  - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsection (A)(1); and
  - d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
3. No change

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

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

B. Contact control measures: When a syphilis case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

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

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

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

~~Case control measures: A local health agency shall exclude a taeniasis case with *Taenia solium* from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation.~~

Case control measures: A local health agency shall:

1. Exclude a taeniasis case with *Taenia* spp. from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation;
2. Conduct an epidemiologic investigation of each reported taeniasis case; and
3. For each taeniasis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

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

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suspect case. For each tetanus case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

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

Case control measures: A local health agency shall:

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

**R9-6-374, R9-6-378. Toxic Shock Syndrome**

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

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

Case control measures: A local health agency shall:

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

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

Case control measures: A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case of vancomycin-resistant *Enterococcus* spp.

**R9-6-372, R9-6-379. Repealed Trichinosis**

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

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

Case control measures: A local health agency shall:

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

**R9-6-373, R9-6-380. Tuberculosis**

A. No change

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

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- b. ~~Anti-tuberculosis treatment is initiated; and~~
- e. ~~Clinical signs and symptoms of active tuberculosis are improved.~~
- 4. A local health agency shall conduct an epidemiologic investigation of each reported tuberculosis case or suspect case. For each tuberculosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
  - a. ~~One of the following:~~
    - i. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of TB Elimination, 1600 Clifton Rd., NE, Mailstop E-10, Atlanta, GA 30333, including no future editions or amendments; or~~
    - ii. ~~An electronic equivalent to Form CDC 72.9A and B provided by the Department; and~~
  - b. ~~Exhibit III-N or an electronic equivalent to Exhibit III-N provided by the Department.~~
- 3. A local health agency shall:
  - a. Exclude an individual with infectious active tuberculosis or a suspect case from working, unless the individual's work setting has been approved by a tuberculosis control officer, until:
    - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken 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;
    - iii. Clinical signs and symptoms of active tuberculosis are improved; and
    - iv. For a case of multi-drug resistant active tuberculosis, a tuberculosis control officer has approved the release of the case from airborne precautions;
  - b. Conduct an epidemiologic investigation of each reported tuberculosis case or suspect case;
  - c. For each tuberculosis case or suspect case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);
  - d. Ensure that an isolate from each tuberculosis case is submitted to the Arizona State Laboratory; and
  - e. Comply with the requirements specified in R9-6-1202.

B. No change

- 1. ~~Except as provided in subsection (B)(7), for each individual with infectious active tuberculosis, a local health agency shall identify contacts and provide or arrange for evaluation of each contact's tuberculosis status. A local health agency shall conduct the initial contact investigation interview within three working days after receiving a tuberculosis case report.~~
- 2. ~~An individual who has been exposed to an individual with infectious active tuberculosis shall allow a local health agency to evaluate the individual's tuberculosis status.~~
- 3. ~~A local health agency shall exclude a tuberculosis contact with symptoms suggestive of tuberculosis from working until the contact has been evaluated by a physician, physician assistant, or registered nurse practitioner and determined by the physician, physician assistant, or registered nurse practitioner not to be an individual with infectious active tuberculosis.~~
- 4. ~~Except as provided in subsection (B)(5), a local health agency shall arrange for a tuberculosis contact to have an approved test for tuberculosis.~~
- 5. ~~If a tuberculosis contact is known to have had a prior positive result on an approved test for tuberculosis, post-exposure testing is not required. A local health agency shall question the contact about symptoms of active tuberculosis and, if the contact has symptoms of active tuberculosis, provide or arrange for the contact to receive a chest x-ray.~~
- 6. ~~If a tuberculosis contact tests negative for tuberculosis, a local health agency shall arrange for reevaluation three months after the contact's last exposure to an individual with infectious active tuberculosis.~~
- 7. ~~For exposures to an individual with infectious active tuberculosis occurring in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, in consultation with a local health agency, shall have the primary responsibility for identifying and evaluating tuberculosis contacts.~~
- 8. ~~A health care provider or an administrator of a health care institution or correctional facility that has identified and evaluated tuberculosis contacts shall release information gathered regarding the contacts, including personal identifying information, to a local health agency or to the Department upon request.~~
  - 1. A contact of an individual with infectious active tuberculosis shall allow a local health agency to evaluate the contact's tuberculosis status.
  - 2. A local health agency shall comply with the tuberculosis contact control measures specified in R9-6-1202.

C. No change

**R9-6-374: R9-6-381. Tularemia**

No change

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a repre-

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sentative, shall isolate a pneumonic tularemia case ~~with droplet precautions~~ until ~~48~~ 72 hours of antibiotic therapy have been completed with favorable clinical response.

- 2- A local health agency shall conduct an epidemiologic investigation of each reported tularemia case or suspect case.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a tularemia case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;
  - c. For each tularemia case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate from each tularemia case is submitted to the Arizona State Laboratory.

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

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

- 1- ~~A local health agency shall exclude a typhoid fever case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until at least one month after the date of onset of illness and three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy. If a culture is positive for *Salmonella typhi*, a local health agency shall enforce the exclusions until three successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness. If a positive culture is obtained on a stool specimen collected at least 12 months after onset, a local health agency shall redesignate a case as a carrier.~~
- 2- ~~A local health agency shall exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.~~
- 3- ~~A local health agency shall conduct an epidemiologic investigation of each reported typhoid fever case or suspect case. For each typhoid fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a- ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.5, "Typhoid Fever Surveillance Report" (June 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
  - b- ~~An electronic equivalent to Form CDC 52.5 provided by the Department.~~

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

1. Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
2. For each typhoid fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);
3. Exclude a typhoid fever case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  - a. At least one month after the date of onset of illness, and
  - b. After three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy;
4. If a culture from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(3) until three successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness;
5. If a positive culture is obtained on a stool specimen collected at least 12 months after onset of illness from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
6. Exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.

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

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

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

Case control measures: A local health agency shall:

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

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

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

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

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of unexplained death with a history of fever, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of unexplained death with a history of fever; and
3. For each case of unexplained death with a history of fever, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(E).

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

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

1. One of the following:
  - a. A Food and Drug Administration, U.S. Department of Health and Human Services, Form VAERS-1, "Vaccine Adverse Event Reporting System" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
  - b. An electronic equivalent to VAERS-1 provided by the Department;
2. One of the following:
  - a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
  - b. An electronic equivalent to "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" provided by the Department; and
3. One of the following:
  - a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine VAERS Report Follow up Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100; or
  - b. An electronic equivalent to "Smallpox Vaccine VAERS Report Follow up Worksheet" provided by the Department.

Case control measures: A local health agency shall:

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

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

No change

1. No change
2. A local health agency, in consultation with the Department, shall isolate a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* as necessary to prevent transmission.
2. A local health agency, in consultation with the Department, shall:
  - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Isolate a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* as necessary to prevent transmission;
  - c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*;
  - d. For each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - e. Ensure that an isolate from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

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

Case control measures: A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report.
  - b. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.
  - c. For each case of vancomycin-resistant *Staphylococcus epidermidis*, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate from each case of vancomycin-resistant *Staphylococcus epidermidis* is submitted to the Arizona State Laboratory.

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

A. No change

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment and from school- or child-care-establishment-sponsored events until lesions are dry and crusted.
2. An administrator of a health care institution, either personally or through a representative, shall place isolate and implement airborne precautions for a varicella case in airborne infection isolation until the case is no longer infectious.
3. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported case of death due to varicella infection; and
  - b. For each reported case of death due to varicella infection, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~B. Contact control measures: When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:~~

- ~~1. Consult with a local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and~~
- ~~2. Comply with the local health agency's recommendations for exclusion.~~

**B. Contact control measures:**

1. When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall determine which contacts of a varicella case will be:
  - a. Excluded from a school or child care establishment, and
  - b. Advised to obtain an immunization against varicella.

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

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

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference in R9-6-313; or~~
2. An electronic equivalent to Form CDC 52.79 provided by the Department.

Case control measures: A local health agency shall:

1. Exclude a *Vibrio* infection case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:
  - a. Two successive cultures negative for *Vibrio* spp. are obtained from stool specimens collected at least 24 hours apart, or

- b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
3. For each *Vibrio* infection case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

**A.** No change

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement both droplet precautions and contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case.~~
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a viral hemorrhagic fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case;
  - c. For each viral hemorrhagic fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
  - d. Ensure that specimens from each viral hemorrhagic fever case are submitted to the Arizona State Laboratory.

**B.** No change

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

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

Case control measures: A local health agency shall:

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

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

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

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a yellow fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported yellow fever case or suspect case; and
3. For each yellow fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

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

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

Case control measures: A local health agency shall:

1. Exclude a yersiniosis case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:
  - a. Two successive cultures negative for enteropathogenic *Yersinia* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - b. Diarrhea has resolved;
2. Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;
4. For each yersiniosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
5. Ensure that an isolate from each yersiniosis case is submitted to the Arizona State Laboratory.

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

EXHIBIT III-A

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

Campylobacter Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

- >3 loose stools # days (>3 loose stools) # episodes in 24 hours Blood in stools Abdominal cramps Nausea Vomiting Fever highest temperature Chills Headache Muscle aches Fatigue Other: Yes No Yes No Yes No Yes No Yes No Yes No

- 2. When did your symptoms start? Date Time a.m. p.m.
3. What date did the diarrhea start? Date Time a.m. p.m.
4. Were you hospitalized? Yes No Adm Date # days
5. How long did your illness last? # of days to full recovery

Occupation

- 6. Work at or attend child care? Yes No
7. Food handler (work or volunteer)? Yes No Household member is a food handler? Yes No
8. Provide patient care? Yes No

Food Habits

- 9. Are you a vegetarian? Yes No Type

Medical History

- 10. Have existing chronic medical problem(s) or any medical condition(s)? Yes No Describe

Within the last month:

- 11. Antibiotics Name dosage, # of days Yes No
12. Antacids (Tums, Mylanta, Tegamet, Prilosec, Peppid, Zantac, Pepto bismol)? Yes No

Risk factors:

In the 7 days prior to your illness, were you exposed to any of the following:

- 13. Contact with: Farm animals, Petting zoo animal, Pets, What kind of animal(s), When? Where? Were any ill?
14. Any travel? Where? From? to? Airline? Flight No. Foods eaten on: outbound flight, return flight

- 15. Contact to someone with diarrhea? Yes No Name & relationship? When?
16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? Yes No When? Where?
17. Get your face wet in the ocean, a lake, pool or river? Yes No Where?

**Arizona Administrative Register / Secretary of State**  
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Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

ADHS Campylobacter Investigation Form

Page two

**Food History**

**During the 7 days prior to your illness give the day and date to orient the patient :**

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? if restaurant, list location
	Breakfast Lunch Dinner Snacks	
	B L D S	

**In the 7 days prior to your illness, did you consume any of the following:**

19. Fresh (not pasteurized) eggs?  Yes  No  
 Runny yolk?  Yes  No  
 Where? \_\_\_\_\_

22. Untreated or raw water?  Yes  No  
 Where? \_\_\_\_\_

20. Poultry (chicken, turkey, etc)?  Yes  No  
 Brand/Where bought? \_\_\_\_\_

21. Raw (unpasteurized) milk or dairy product?  
 Yes  No  
 Brand/Where bought? \_\_\_\_\_

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Send or Fax to: ADHS Infectious Disease Epidemiology  
 150 North 18<sup>th</sup> Ave, Suite 140  
 Phoenix, Arizona 85007-3237  
 (602) 364-3676  
 (602) 364-3199 Fax

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

EXHIBIT III-B

Arizona Department of Health Services State ID:  
Fax completed form to:  
Infectious Disease Epidemiology Section  
(602) 364-3199  
CRYPTOSPORIDIOSIS INVESTIGATION FORM

Patient's Name \_\_\_\_\_  
Last First

Length of symptoms: \_\_\_\_ days

RISK INFORMATION

In the last 12 days before onset of symptoms, has the patient...

- Y N Unk Attended or worked in a day care  
Location: \_\_\_\_\_
  - Y N Unk Contact to a cryptosporidiosis case
  - Y N Unk Contact to farm animals
  - Y N Unk Drank unpasteurized milk/dairy products
  - Y N Unk Drank unpasteurized fruit cider/juice
  - Y N Unk Drank unpotable water: Source: \_\_\_\_\_
  - Y N Unk Swimming, wading, or other recreational water contact  
Location: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Y N Unk Food handler;  
Location: \_\_\_\_\_
  - Y N Unk Immunosuppressed;
2. Are there other symptomatic contacts?
- Y N Unk in the Household: Number \_\_\_\_
  - Y N Unk in the Day care; Number \_\_\_\_
  - Y N Unk at Work Number \_\_\_\_

symptomatic contacts:	O & P taken
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
5. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
6. _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk

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



EXHIBIT III-C

[For State Use Only]

ID \_\_\_\_\_

EFORS \_\_\_\_\_

SUSPECTED VIRAL GASTROENTERITIS OUTBREAK FORM

Infectious Disease Epidemiology Section  
Arizona Department of Health Services  
150 N 18<sup>th</sup> Ave, Suite 140  
Phoenix, AZ 85007-3237

Telephone (602) 364-3676  
Facsimile (602) 364-3199

General Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Primary contact person for epidemiologic investigation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Facsimile \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

Outbreak Information

Date of first case \_\_\_\_/\_\_\_\_/\_\_\_\_ Date health department notified \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

Date of last case \_\_\_\_/\_\_\_\_/\_\_\_\_ Outbreak ongoing? Yes No  
mm dd yy

Location(s) of outbreak City \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_

Institution or event (if applicable) \_\_\_\_\_ Date of event \_\_\_\_/\_\_\_\_/\_\_\_\_  
(e.g., nursing home, restaurant, bus tour, wedding, catered meal) mm dd yy

Institution or event contact person \_\_\_\_\_ Telephone \_\_\_\_\_

Illness Characteristics

Number of persons ill \_\_\_\_\_ Duration of illness (mean/median/range) \_\_\_\_\_

Number of persons susceptible \_\_\_\_\_ Incubation of illness (mean/median/range) \_\_\_\_\_

Predominant symptoms (frequencies if available)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of persons who sought medical care \_\_\_\_\_ Number of persons admitted to a hospital \_\_\_\_\_  
(e.g., emergency room, doctor's office, medical clinic)

Suspected source(s) of exposure \_\_\_\_\_  
e.g., water, specific food(s), ice, person, object

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**Specimen Collection**

Contact person for specimen collection and handling \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Number of **stool** specimens collected \_\_\_\_\_ Number of **vomit** specimens collected \_\_\_\_\_

Tested for bacteria? Yes No Results (if known) \_\_\_\_\_

Tested for ova and parasites? Yes No Results (if known) \_\_\_\_\_  
*Stool and vomitus specimens collected from ill persons should be stored in watertight containers (e.g., urine specimen cups) and refrigerated (not frozen), and shipped on ice, accompanied by CDC form 50.34.*

Date specimens shipped to CDC     /    /     Specimen type \_\_\_\_\_  
mm dd yy

Date specimens shipped to CDC     /    /     Specimen type \_\_\_\_\_  
mm dd yy

Date specimens shipped to CDC     /    /     Specimen type \_\_\_\_\_  
mm dd yy

Comments:

THANK YOU

Revised 8/03

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**RECOMMENDATIONS REGARDING SPECIMEN COLLECTION FOR DIAGNOSIS OF NLVs\***

**Clinical Specimens**

***Stool***

**Timing.** Specimen collection for viral testing should begin on day 1 of the epidemiologic investigation. Any delays to await testing results for bacterial or parasitic agents could preclude establishing a viral diagnosis. Ideally, specimens should be obtained during the acute phase of illness (i.e., within 48--72 hours after onset) while the stools are still liquid or semisolid because the level of viral excretion is greatest then. With the development of sensitive molecular assays, the ability to detect viruses in specimens collected later in the illness has been improved. In specific cases, specimens might be collected later during the illness (i.e., 7--10 days after onset), if the testing is necessary for either determining the etiology of the outbreak or for epidemiologic purposes (e.g., a specimen obtained from an ill foodhandler who might be the source of infection). If specimens are collected late in the illness, the utility of viral diagnosis and interpretation of the results should be discussed with laboratory personnel before tests are conducted.

**Number and Quantity.** Ideally, specimens from  $\geq 10$  ill persons should be obtained during the acute phase of illness. Bulk samples (i.e., 10--50 ml of stool placed in a stool cup or urine container) are preferred, as are acute diarrhea specimens that are loose enough to assume the shape of their containers. Serial specimens from persons with acute, frequent, high-volume diarrhea are useful as reference material for the development of assays. The smaller the specimen and the more formed the stool, the lower the diagnostic yield. Rectal swabs are of limited or no value because they contain insufficient quantity of nucleic acid for amplification.

**Storage and Transport.** Because freezing can destroy the characteristic viral morphology that permits a diagnosis by EM, specimens should be kept refrigerated at 4 C. At this temperature, specimens can be stored without compromising diagnostic yield for 2--3 weeks, during which time testing for other pathogens can be completed. If the specimens have to be transported to a laboratory for testing, they should be bagged and sealed and kept on ice or frozen refrigerant packs in an insulated, waterproof container. If facilities for testing specimens within 2--3 weeks are not available, specimens can be frozen for antigen or PCR testing.

***Vomit***

Vomiting is the predominant symptom among children, and specimens of vomitus can be collected to supplement the diagnostic yield from stool specimens during an investigation. Recommendations for collection, storage, and shipment of vomitus specimens are the same as those for stool specimens.

***Serum***

**Timing.** If feasible, acute- and convalescent-phase serum specimens should be obtained to test for a diagnostic  $\geq 4$ -fold rise in IgG titer to NLVs. Acute-phase specimens should be obtained during the first 5 days of symptoms, and the convalescent-phase specimen should be collected from the third to sixth week after resolution of symptoms.

**Number and Quantity.** Ideally, 10 pairs of specimens from ill persons (i.e., the same persons submitting stool specimens) and 10 pairs from well persons (controls) should be obtained. Adults should provide 5--7 ml of blood, and children should provide 3--4 ml.

**Storage.** Specimens should be collected in tubes containing no anticoagulant, and the sera should be spun off and frozen. If a centrifuge is not available, a clot should be allowed to form, and the serum should be decanted and frozen. If this step cannot be accomplished, the whole blood should be refrigerated but not frozen.

***Environmental Specimens***

NLVs cannot be detected routinely in water, food, or environmental specimens. Nevertheless, during recent outbreaks (33-36), NLVs have been detected successfully in vehicles epidemiologically implicated as the source of infection. If a food or water item is strongly suspected as the source of an outbreak, then a sample should be obtained as early as possible and stored at 4 C. If the epidemiologic investigation confirms the link, a laboratory with the capacity to test these specimens should be contacted for further testing. If drinking water is suspected, special filtration (45) of large volumes (i.e., 5--100 liters) of water can concentrate virus to facilitate its detection.

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

EXHIBIT III-D

**Arboviral Case Investigation Form**

County/IHS ID number:		State ID Number	Patient's name (Last) (First) (Middle Initial)
<b>Diagnosis at presentation:</b> <input type="checkbox"/> Uncomplicated Fever <input type="checkbox"/> Meningitis <input type="checkbox"/> Encephalitis <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Viremic Blood Donor <input type="checkbox"/> Other: _____		<b>Symptoms (Check all that apply – circle primary symptom):</b> <input type="checkbox"/> Headache <input type="checkbox"/> Fever (> 38°C or 100°F) Max. temp. : _____ <input type="checkbox"/> Neck pain/stiffness <input type="checkbox"/> Arthralgia or Myalgia <input type="checkbox"/> Photophobia <input type="checkbox"/> Rash <input type="checkbox"/> Seizure <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Tremors <input type="checkbox"/> Extreme fatigue <input type="checkbox"/> Nausea/vomiting/diarrhea <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Flaccid paralysis <input type="checkbox"/> Spastic paralysis <input type="checkbox"/> Profound muscle weakness <input type="checkbox"/> Altered mental status <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other – specify: _____	
<b>Patient hospitalized?</b> <input type="checkbox"/> Yes, Admit date: ___/___/___ <input type="checkbox"/> No		<b>Risk factor assessment:</b> Within 14 days of onset of symptoms, did the patient... 1) have known mosquito exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___ Location: _____ Date: ___/___/___ Location: _____ 2) travel outside county of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates From: ___/___/___ To: ___/___/___ Location: _____ Dates From: ___/___/___ To: ___/___/___ Location: _____ 3) travel outside Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates From: ___/___/___ To: ___/___/___ Location: _____ Dates From: ___/___/___ To: ___/___/___ Location: _____ 4) travel outside US ? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates From: ___/___/___ To: ___/___/___ Location: _____ Dates From: ___/___/___ To: ___/___/___ Location: _____ 5) donate blood? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___ 6) donate an organ or tissue? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___	
<b>Is patient breastfeeding a child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Is patient a breastfed child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		7) did the patient receive blood or blood product? <input type="checkbox"/> Yes <input type="checkbox"/> No 8) did the patient receive an organ or tissue transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Past medical history:</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes: type: _____ <input type="checkbox"/> Viral Hepatitis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Immunosuppressive Condition <input type="checkbox"/> Pulmonary Disease <input type="checkbox"/> Mosquito-borne illness: Dengue, Yellow fever, Japanese encephalitis, WNV, SLE, flavivirus		<b>Vaccination history:</b> <input type="checkbox"/> Yellow fever Date: ___/___/___ <input type="checkbox"/> Japanese encephalitis Date: ___/___/___ <input type="checkbox"/> Tick-borne encephalitis Date: ___/___/___	
<b>Contact or person providing patient information, if other than patient:</b> Name: _____ Telephone: _____ Relationship: _____			
Please FAX above information as soon as completed to: ADHS VBZD Section – 602-364-3199 or 602-364-3198			
<b>Acquired:</b> in utero? <input type="checkbox"/> Yes <input type="checkbox"/> No in a laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No occupationally (non lab)? <input type="checkbox"/> Yes <input type="checkbox"/> No  Length of illness: _____ days Date of discharge, if hospitalized: ___/___/___		<b>Treatment (check all that apply):</b> <input type="checkbox"/> Immunoglobulin <input type="checkbox"/> Antiviral <input type="checkbox"/> Interferon <input type="checkbox"/> Supportive care only <input type="checkbox"/> None	
<b>Outcome:</b> <input type="checkbox"/> Died Date: ___/___/___ <input type="checkbox"/> Full Recovery <input type="checkbox"/> Recovery with sequelae (describe): _____		<b>Case Classification:</b> <input type="checkbox"/> Confirmed case <input type="checkbox"/> Probable case <input type="checkbox"/> Suspect <input type="checkbox"/> Ruled out/ Non case  <b>Case acquisition:</b> <input type="checkbox"/> Out of county <input type="checkbox"/> Out of state <input type="checkbox"/> Out of US <input type="checkbox"/> Unknown	
Investigator: _____		Date initiated ___/___/___ Date completed: ___/___/___	

ADHS ARBOCIF 4/2004

**Notices of Final Rulemaking**

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

**EXHIBIT III-E**

*E. coli* O157:H7 Investigation Form  
Arizona Department of Health Services

State I.D. Number: \_\_\_\_\_

**\*\*Please attach Communicable Disease Report (CDR) to this form\*\***

Reporting State: _____ County: _____	
<b>I. DEMOGRAPHIC INFORMATION</b>	
1. Name-Last _____ First _____	2. Date of Birth: ____/____/____ or Age: ____ years ____ months mo day yr
<b>II. ISOLATE INFORMATION</b>	
3. Source of Specimen: <input type="checkbox"/> 1 Stool (whole, stool swab, rectal swab) <input type="checkbox"/> 2 Other (specify): _____ <input type="checkbox"/> 3 Not Isolated <input type="checkbox"/> 4 Unknown	8. This case reported by: <input type="checkbox"/> 1 Hospital lab <input type="checkbox"/> 6 State Lab <input type="checkbox"/> 2 Other lab <input type="checkbox"/> 7 Other (specify): _____ <input type="checkbox"/> 3 Physician <input type="checkbox"/> 4 Infection Control Practitioner <input type="checkbox"/> 5 School
4. Date of Specimen Collection: ____/____/____ mo day yr	
5. Was identification of the O157 serogroup confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	Reporting laboratorian's name: _____ Telephone: ( ) _____ - _____
6. Was identification of the H7 serotype confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	Physician's name: _____ Telephone: ( ) _____ - _____
7. Was Shiga-like toxin production confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
<b>III. CLINICAL INFORMATION</b>	
9. Date of Illness Onset: ____/____/____ <input type="checkbox"/> Unknown mo day yr	13. Did the patient: (please check one answer for each question)
10. Did the patient have: (please check one answer for each question)	Yes 1 No 2 Unknown 3
Diarrhea <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	have Hemolytic Uremic Syndrome? (i.e. hemolytic anemia, low platelet count, kidney impairment): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vomiting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	have Thrombotic Thrombocytopenic Purpura? (i.e. hemolytic anemia, low platelet count, kidney impairment, central nervous system involvement, fever): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Visible blood in stools <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	undergo dialysis? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fever (or felt feverish) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	have surgery? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Abdominal cramps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	die? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Was the patient admitted overnight to a hospital for this illness? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown if yes, name of hospital: _____	
12. Was the patient treated with antibiotics? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown if yes, name and dose: _____	
<b>IV. PUBLIC HEALTH INFORMATION</b>	
14. Does the patient attend or work in:	15. Is the patient usually employed as:
Yes 1 No 2 Unknown 3	Yes 1 No 2 Unknown 3
a child day care center? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a health care worker? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
an institution? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a food handler? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
if yes, where: _____	if yes, where: _____
<b>V. DATA COLLECTOR INFORMATION</b>	
Person Completing This Form: _____ Agency: _____	Phone Number: _____ Date: ____/____/____ mo day yr
( ) _____ - _____	

**\*Note: If patient was hospitalized, please attach copy of discharge summary if possible.**

**Arizona Administrative Register / Secretary of State**  
**Notices of Final Rulemaking**

VI. EPIDEMIOLOGIC INFORMATION																																																																													
<p>16. In the 7 days before the illness began, did the patient eat at:</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes 1</td> <td style="text-align: center;">No 2</td> <td style="text-align: center;">Unknown 3</td> </tr> <tr> <td>a fast food restaurant?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>another restaurant?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>if yes, name and location of restaurant(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		Yes 1	No 2	Unknown 3	a fast food restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	another restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>22. In the 7 days before the illness began, did the patient:</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes 1</td> <td style="text-align: center;">No 2</td> <td style="text-align: center;">Unknown 3</td> </tr> <tr> <td>visit or live on a farm?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>have contact with any cows or cattle?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>touch any cow manure?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>have contact with any children who attend a day care center?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>change any diapers?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>have contact with any children who use diapers?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>go swimming?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>if yes, where?</td> <td colspan="3">_____</td> </tr> <tr> <td>travel to another state?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>if yes, where?</td> <td colspan="3">_____</td> </tr> <tr> <td>travel to another country?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>if yes, where?</td> <td colspan="3">_____</td> </tr> <tr> <td>From? _____ / _____ / _____ to _____ / _____ / _____</td> <td colspan="3"></td> </tr> </table>		Yes 1	No 2	Unknown 3	visit or live on a farm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have contact with any cows or cattle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	touch any cow manure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have contact with any children who attend a day care center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	change any diapers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have contact with any children who use diapers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	go swimming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, where?	_____			travel to another state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, where?	_____			travel to another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, where?	_____			From? _____ / _____ / _____ to _____ / _____ / _____											
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<p>17. In the 7 days before the illness began, did the patient eat or drink any of the following items at home, in a restaurant, or in any other place?</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes 1</td> <td style="text-align: center;">No 2</td> <td style="text-align: center;">Unknown 3</td> </tr> <tr> <td>raw (unpasteurized) milk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>other dairy products made from raw (unpasteurized) milk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>well water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>other unchlorinated water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>apple cider</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>any ground beef or hamburger</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>pink or red ground beef or hamburger</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>any steak or roast beef</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>pink or red steak or roast beef</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>if yes, please list brand names and location where purchased:</p> <p>_____</p> <p>_____</p> <p>_____</p>		Yes 1	No 2	Unknown 3	raw (unpasteurized) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other dairy products made from raw (unpasteurized) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	well water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other unchlorinated water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	apple cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any ground beef or hamburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pink or red ground beef or hamburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any steak or roast beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pink or red steak or roast beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>23. Did anyone else in the patient's home have diarrhea in the 7 days before or after this patient's illness began?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown  1                      2                      3</p> <p>if yes, please obtain the following information on these people:</p> <table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Sex</th> <th colspan="3" style="text-align: center;">Bloody Stools?</th> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Yes 1</td> <td style="text-align: center;">No 2</td> <td style="text-align: center;">Unknown 3</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Name	Age	Sex	Bloody Stools?						Yes 1	No 2	Unknown 3	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																								
<p>24. Does the patient know anyone else who has had a similar illness in the past 3 weeks?      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown  1                      2                      3</p> <p>if yes, please obtain names and telephone numbers of persons with similar illnesses: _____</p> <p>_____</p> <p>_____</p>																																																																													
<p>25. Did this case occur as part of an outbreak (two or more cases of <i>coli</i> O157:H7 infection associated by time and place)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown  1                      2                      3</p> <p>if yes, please describe: _____</p> <p>_____</p> <p>_____</p>																																																																													
<p><b>VII. COMMENTS</b></p> <p>_____</p> <p>_____</p> <p>_____</p>																																																																													

Notices of Final Rulemaking

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

EXHIBIT III-F

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

Giardiasis Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

- >3 loose stools [ ] Yes [ ] No
# days (>3 loose stools) \_\_\_\_\_
# episodes in 24 hours \_\_\_\_\_
Blood in stools [ ] Yes [ ] No
Pale/Greasy [ ] Yes [ ] No
Abdominal cramps [ ] Yes [ ] No
Nausea [ ] Yes [ ] No
Vomiting [ ] Yes [ ] No
Fever [ ] Yes [ ] No
highest temperature \_\_\_\_\_ date \_\_\_\_\_
Chills [ ] Yes [ ] No
Headache [ ] Yes [ ] No
Backache [ ] Yes [ ] No
Muscle aches [ ] Yes [ ] No
Fatigue [ ] Yes [ ] No
Other: \_\_\_\_\_

- 2. When did your symptoms start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.
3. What date did the diarrhea start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.
4. Were you hospitalized? [ ] Yes [ ] No Adm Date \_\_\_\_\_ # days \_\_\_\_\_
5. How long did your illness last? \_\_\_\_\_ # of days to full recovery

Occupation

- 6. Work at or attend child care? [ ] Yes [ ] No
7. Food handler (work or volunteer)? [ ] Yes [ ] No
Household member is a food handler? [ ] Yes [ ] No
8. Provide patient care? [ ] Yes [ ] No

Food Habits

- 9. Are you a vegetarian? [ ] Yes [ ] No
Type \_\_\_\_\_

Medical History

- 10. Have existing chronic medical problem(s) or any medical condition(s)? [ ] Yes [ ] No
Describe \_\_\_\_\_

Within the last month:

- 11. Antibiotics [ ] Yes [ ] No
Name \_\_\_\_\_ dosage, # of days \_\_\_\_\_
12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? [ ] Yes [ ] No

Risk factors:

In the 7 days prior to your illness, were you exposed to any of the following:

- 13. Contact with :
Farm animals [ ] Yes [ ] No
Petting zoo animal [ ] Yes [ ] No
Pets (including hedgehogs) [ ] Yes [ ] No
What kind of animal(s) \_\_\_\_\_
When? \_\_\_\_\_ Where? \_\_\_\_\_
If the pet is a dog was it exposed to untreated water? [ ] Yes [ ] No
Were any pets ill with diarrhea? [ ] Yes [ ] No
14. Any travel? [ ] Yes [ ] No
Where? \_\_\_\_\_
From? \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
Airline? \_\_\_\_\_ Flight No. \_\_\_\_\_
Foods eaten on:
Outbound Flight \_\_\_\_\_
Return Flight \_\_\_\_\_

- 15. Contact to someone with diarrhea? [ ] Yes [ ] No

Name & relationship? \_\_\_\_\_
When? \_\_\_\_\_

- 16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? [ ] Yes [ ] No
When? \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_
When? \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_

- 17. Get your face wet in the a lake, river, pool or spa? [ ] Yes [ ] No
Where? \_\_\_\_\_

**Arizona Administrative Register / Secretary of State**  
**Notices of Final Rulemaking**

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

ADHS Giardiasis Investigation Form

Page two

**Food History**

**During the 7 days prior to your illness (give the day and date to orient the patient):**

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant, list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	

**In the 7 days prior to your illness, did you consume any of the following:**

- |   |   |
|---|---|
| 19. Raw sprouts (alfalfa, clover)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Brand/Where bought? _____                | 24. Who supplies your water? _____  |
| 20. Raw (unpasteurized) milk or dairy product?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Brand/Where bought? _____ | That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance. |
| 21. Untreated or raw water? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where? _____                                    |   |
| 22. Use water from a well? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| 23. Is your water filtered? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Interviewer: _____ Date: _____  |

Send or Fax to:	ADHS Infectious Disease Epidemiology 150 North 18 <sup>th</sup> Ave, Suite 140 Phoenix, Arizona 85007-3237 (602) 364-3676 (602) 364-3199 Fax
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**Notices of Final Rulemaking**

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

**EXHIBIT III-G**

**Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control**

State ID \_\_\_\_\_

**HEPATITIS A CASE REPORT**

The following questions should be asked for every case of Hepatitis A

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 SSN # (optional) \_\_\_\_\_  
 State: \_\_\_\_\_ County: \_\_\_\_\_ Date Reported to Health Department \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEMOGRAPHIC INFORMATION**

<b>RACE (check all that apply):</b> <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race, specify _____	<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic ..... <input type="checkbox"/> Non-hispanic .. <input type="checkbox"/> Other/Unknown
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	<b>PLACE OF BIRTH:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<b>DATE OF BIRTH:</b> ____/____/____ <b>AGE:</b> _____ (years) (00=<1yr, 99= Unk )	

**CLINICAL & DIAGNOSTIC DATA**

**REASON FOR TESTING:** (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Symptoms of acute hepatitis   | <input type="checkbox"/> Prenatal screening                   |
| <input type="checkbox"/> Screening of asymptomatic patient with reported risk factors                      | <input type="checkbox"/> Blood / organ donor screening        |
| <input type="checkbox"/> Screening of asymptomatic patient with no risk factors (e.g., patient requested ) | <input type="checkbox"/> Evaluation of elevated liver enzymes |
| <input type="checkbox"/> Follow-up testing for previous marker of viral hepatitis                          | <input type="checkbox"/> Unknown                              |
| <input type="checkbox"/> Other: specify: _____   |   |

<b>CLINICAL DATA:</b> Diagnosis Date: ____/____/____ Is patient symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, onset date: ____/____/____ Did the patient have Jaundice: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Hospitalized for Hepatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Did the patient die from Hepatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Date of death: : ____/____/____	<b>DIAGNOSTIC TESTS: CHECK ALL THAT APPLY</b> <table border="1"> <thead> <tr> <th></th> <th>Pos</th> <th>Neg</th> <th>Unk</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Total antibody to Hepatitis A (total anti-HAV)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>IgM antibody to Hepatitis A virus (IgM anti-HAV)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Hepatitis B surface antigen (HBsAg)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>IgM antibody to hepatitis B core antigen (IgM anti HBc)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Antibody to hepatitis E virus (anti-HEV)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>		Pos	Neg	Unk	Date	Total antibody to Hepatitis A (total anti-HAV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	IgM antibody to Hepatitis A virus (IgM anti-HAV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis B surface antigen (HBsAg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	IgM antibody to hepatitis B core antigen (IgM anti HBc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Antibody to hepatitis E virus (anti-HEV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Pos	Neg	Unk	Date																											
Total antibody to Hepatitis A (total anti-HAV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
IgM antibody to Hepatitis A virus (IgM anti-HAV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
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Antibody to hepatitis E virus (anti-HEV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
<b>VACCINATION HISTORY</b> Has the patient ever received the <b>hepatitis A vaccine</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> If yes, how many doses? <input type="checkbox"/> 1 <input type="checkbox"/> 2 In what year was the last dose received? _____ Has the patient ever received <b>immune globulin</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> If yes, when was the last dose received? ____/____/____	<b>LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS</b> ALT (SGPT) Result _____ Upper limit normal _____ Date of ALT Result _____ AST (SGOT) Result _____ Upper limit normal _____ Date of AST Result _____																														
If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an <b>epidemiologic link</b> between this patient and a laboratory confirmed hepatitis A case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																															

**Arizona Department of Health Services  
 Bureau of Epidemiology and Disease Control**

State ID \_\_\_\_\_

**PATIENT HISTORY-ACUTE HEPATITIS A**

**Patient history: Contacts**

	Yes	No	Unk
In the <b>2-6 weeks</b> before symptom onset			
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the contact (check one)			
household member (non-sexual)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sexual partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child cared for by this patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
babysitter of this patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playmate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient			
a child or employee in a day care center, nursery, or preschool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a household contact of a child or employee in a day care center, nursery or preschool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes for either of these, was there an identified hepatitis A case in the childcare facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Patient history: Travel**

	Yes	No	Unk
In the <b>2-6 weeks</b> before symptom onset			
Did the patient travel <b>outside</b> of the U.S.A. or Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where? 1) _____ 2) _____			
(Country) 3) _____			
In the <b>3 months</b> before symptom onset			
Did anyone in the patient's household travel outside of the U.S.A. or Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where? 1) _____ 2) _____			
(Country) 3) _____			

**Patient history: Food/Water**

	Yes	No	Unk
Is the patient suspected of being part of a common-source outbreak?			
If yes, was the outbreak			
Foodborne - associated with an infected food handler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodborne - NOT associated with an infected food handler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify food item _____			
Waterborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source not identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient employed as a food handler during the <b>TWO WEEKS</b> prior to onset of symptoms or while ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Patient history: Sexual partners/Drug use (if appropriate)**

<b>Please ask both of the following questions regardless of the patient's gender.</b>	<b>0</b>	<b>1</b>	<b>2-5</b>	<b>&gt;5</b>	<b>Unk</b>	<b>N/A</b>
In the <b>2-6 weeks</b> before symptom onset how many						
Male sex partners did the patient have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female sex partners did the patient have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unprotected sex?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Unk <input type="checkbox"/>	
In the <b>2-6 weeks</b> before symptom onset	<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>N/A</b>		
Did the patient inject drugs not prescribed by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Did the patient use street drugs but not inject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Notices of Final Rulemaking

Arizona Department of Health Services
Bureau of Epidemiology and Disease Control

State ID \_\_\_\_\_

SUPPLEMENTARY INFORMATION

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Employed by \_\_\_\_\_ Work phone \_\_\_\_\_

Report physician's name, address, and phone # \_\_\_\_\_

If patient was hospitalized for hepatitis, give name of hospital \_\_\_\_\_

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES

IF APPLICABLE:

1. Name, address and phone # of child care center \_\_\_\_\_

2. Name and address of school, grade, classroom attended \_\_\_\_\_

3. Name, address and phone # of restaurant where food handler worked \_\_\_\_\_

4. Food history of patient for the 2-6 weeks prior to onset:

a. name and location of restaurants \_\_\_\_\_

b. name and location of food stores \_\_\_\_\_

c. name and location of bakery \_\_\_\_\_

d. group meals attended (e.g., reception, church, meeting, etc) \_\_\_\_\_

e. location raw shellfish purchased \_\_\_\_\_

5. Name, address, and phone # of known hepatitis A contacts \_\_\_\_\_

Relationship \_\_\_\_\_

6.

CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A

Table with 5 columns: Name, Date of Birth, Relationship to Case, IG, Vaccine. Contains 4 empty rows for data entry.

7. If transfused, NOTIFY BLOOD CENTER! Name of Blood Center \_\_\_\_\_

a. number of units of whole blood, packed RBC or frozen RBC received \_\_\_\_\_

b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc) \_\_\_\_\_

8. IF DONOR, name, address, and phone # of donor or plasmapheresis center \_\_\_\_\_

Date \_\_\_\_\_

9. Name, address, and phone # of dialysis center \_\_\_\_\_

10. Name, address, and phone # of dentist or oral surgeon \_\_\_\_\_

11. If other surgery performed, name, address, and phone # of location \_\_\_\_\_

12. Name, address, and phone # of acupuncturist or tattoo parlor \_\_\_\_\_

13. Is patient currently pregnant? \_\_\_\_\_ If yes, give obstetrician's name, address and phone # \_\_\_\_\_

a. estimated date and location of delivery \_\_\_\_\_

COMMENTS \_\_\_\_\_

INVESTIGATOR'S NAME AND TITLE \_\_\_\_\_

DATE OF INTERVIEW \_\_\_\_\_

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

**EXHIBIT III-H**

**Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control**

State ID \_\_\_\_\_

**ACUTE HEPATITIS B and D CASE REPORT**

The following questions should be asked for every case of Acute Hepatitis B and D

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Preferred Name (nickname): \_\_\_\_\_ Maiden: \_\_\_\_\_  
 Address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 SSN # (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 State: \_\_\_\_\_ County: \_\_\_\_\_ Date Reported to Health Department \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEMOGRAPHIC INFORMATION**

<b>RACE (check all that apply):</b> <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race, specify _____	<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic ....., <input type="checkbox"/> Non-hispanic .. <input type="checkbox"/> Other/Unknown
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	<b>PLACE OF BIRTH:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<b>DATE OF BIRTH:</b> ____/____/____ <b>AGE:</b> _____ (years) (00=<1yr, 99= Unk )	

**CLINICAL & DIAGNOSTIC DATA**

**REASON FOR TESTING:** (Check all that apply)

<input type="checkbox"/> Symptoms of acute hepatitis	<input type="checkbox"/> Prenatal screening
<input type="checkbox"/> Screening of asymptomatic patient with reported risk factors	<input type="checkbox"/> Blood / organ donor screening
<input type="checkbox"/> Screening of asymptomatic patient with no risk factors (e.g., patient requested )	<input type="checkbox"/> Evaluation of elevated liver enzymes
<input type="checkbox"/> Follow-up testing for previous marker of viral hepatitis	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other: specify: _____	

CLINICAL DATA:	DIAGNOSTIC TESTS: CHECK ALL THAT APPLY	Pos	Neg	Unk
Diagnosis Date: ____/____/____	Total antibody to Hepatitis A (total anti-HAV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is patient symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, onset date: ____/____/____	IgM antibody to Hepatitis A virus (IgM anti-HAV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient Jaundiced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Hospitalized for Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Hepatitis B surface antigen (HBsAg) First Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Due date: ____/____/____	Total antibody to hepatitis B core antigen (total anti-HBc) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the patient die from Hepatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Date of death: ____/____/____	IgM antibody to hepatitis B core antigen (IgM anti HBc) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS</b>	<b>If IgM anti-HBc is negative, STOP. Do not use this form. Use the Chronic Hepatitis B Case Report</b>			
ALT (SGPT) Result _____ Upper limit normal _____ Date of ALT Result ____/____/____	Antibody to hepatitis C virus (anti-HCV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AST (SGOT) Result _____ Upper limit normal _____ Date of AST Result ____/____/____	Anti-HCV signal to cut-off ratio _____ Supplemental anti-HCV assay (e.g., RIBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilirubin Result _____ Date of Bilirubin Result ____/____/____	HCV RNA (e.g., PCR) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Antibody to hepatitis D virus (anti-HDV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Antibody to hepatitis E virus (anti-HEV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control

State ID \_\_\_\_\_

PATIENT HISTORY-ACUTE HEPATITIS B and D

<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?</p> <p>If yes, type of contact</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td>Sexual</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Household [Non-sexual]</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Unk	Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household [Non-sexual]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask both of the following questions regardless of the patient's gender</p> <p>In the <b>6 months</b> before symptom onset how many</p> <table border="0"> <tr> <td></td> <td>0</td> <td>1</td> <td>2-5</td> <td>&gt;5</td> <td>Unk</td> </tr> <tr> <td>male sex partners did the patient have?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>female sex partners did the patient have?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>unprotected sex?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Was the patient <b>EVER treated</b> for a sexually-transmitted disease?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>If yes, what is the date of the most recent treatment? _____</p> <p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms did patient</p> <p>inject drugs not prescribed by a doctor?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>use street drugs but not inject?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		0	1	2-5	>5	Unk	male sex partners did the patient have?	<input type="checkbox"/>	female sex partners did the patient have?	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																			
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<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms,</p> <p>Did the patient- undergo hemodialysis?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>have an accidental stick or puncture with a needle or other object contaminated with blood?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>receive blood or blood products [transfusion]?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>if yes, when? ____/____/____</p> <p>have other exposure to someone else's blood? specify: _____</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>During the <b>6 weeks - 6 months</b> prior to onset of symptoms</p> <p>Was the patient employed in a medical or dental field involving direct contact with human blood?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>If yes, frequency of direct blood contact?</p> <table border="0"> <tr> <td><input type="checkbox"/> Frequent (several times weekly)</td> <td><input type="checkbox"/> Infrequent</td> </tr> </table> <p>Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>If yes, frequency of direct blood contact?</p> <table border="0"> <tr> <td><input type="checkbox"/> Frequent (several times weekly)</td> <td><input type="checkbox"/> Infrequent</td> </tr> </table> <p>Did the patient receive a tattoo?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>where was the tattooing performed? (select all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> commercial parlor / shop</td> <td><input type="checkbox"/> correctional facility</td> <td><input type="checkbox"/> other _____</td> </tr> </table>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent (several times weekly)	<input type="checkbox"/> Infrequent		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent (several times weekly)	<input type="checkbox"/> Infrequent		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> commercial parlor / shop	<input type="checkbox"/> correctional facility	<input type="checkbox"/> other _____	<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms</p> <p>Did the patient have any part of their body pierced (other than ear)?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>if yes, where was the piercing performed? 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(other than oral surgery)?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Was the patient- <b>Check all that apply</b></p> <p>hospitalized?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>a resident of a long term care facility ?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>incarcerated for longer than 24 hours ?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>if yes, what type of facility (check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> prison</td> <td><input type="checkbox"/> jail</td> <td><input type="checkbox"/> juvenile facility</td> </tr> </table> <p>During his/her lifetime, was the patient <b>EVER</b> incarcerated for longer than 6 months?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>If yes, what year was the most recent incarceration? ____/____/____</p> <p>for how long? _____ months</p>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> commercial parlor / shop	<input type="checkbox"/> correctional facility	<input type="checkbox"/> other _____		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> prison	<input type="checkbox"/> jail	<input type="checkbox"/> juvenile facility		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>VACCINATION HISTORY</b>																																			
<p>Did the patient ever receive hepatitis B vaccine?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>If yes, how many shots?</p> <table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3+</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>When was the last shot received? ____/____/____</p>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	2	3+		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>If yes, was the serum anti-HBs = 10mIU/ml? (answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unk</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Arizona Administrative Register / Secretary of State  
Notices of Final Rulemaking

Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control

State ID \_\_\_\_\_

SUPPLEMENTARY INFORMATION

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Employed by \_\_\_\_\_ Work phone \_\_\_\_\_

Report physician's name, address, and phone # \_\_\_\_\_

If patient was hospitalized for hepatitis, give name of hospital \_\_\_\_\_

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES

IF APPLICABLE:

1. Name, address and phone # of child care center \_\_\_\_\_

2. Name and address of school, grade, classroom attended \_\_\_\_\_

3. Name, address, and phone # of known hepatitis B contacts \_\_\_\_\_

Relationship \_\_\_\_\_

4.

CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS B

Name	Date of Birth	Relationship to Case	HBIG	Vaccine

5. If transfused, **NOTIFY BLOOD CENTER!** Name of Blood Center \_\_\_\_\_

a. number of units of whole blood, packed RBC or frozen RBC received \_\_\_\_\_

b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc) \_\_\_\_\_

6. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center \_\_\_\_\_

Date \_\_\_\_\_

7. Name, address, and phone # of dialysis center \_\_\_\_\_

8. Name, address, and phone # of dentist or oral surgeon \_\_\_\_\_

9. If other surgery performed, name, address, and phone # of location \_\_\_\_\_

10. Name, address, and phone # of acupuncturist or tattoo parlor \_\_\_\_\_

11. Is patient currently pregnant? \_\_\_\_\_ If yes, give obstetrician's name, address and phone # \_\_\_\_\_

a. estimated date and location of delivery \_\_\_\_\_

COMMENTS

INVESTIGATOR'S NAME AND TITLE \_\_\_\_\_

DATE OF INTERVIEW \_\_\_\_\_

Notices of Final Rulemaking

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

EXHIBIT III-I

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Public Health Services  
Arizona Immunization Program Office  
Perinatal Hepatitis B Program  
(602) 364-3630

CONFIDENTIAL

Case Identification #: \_\_\_\_\_

(ADHS use only)

Date Initiated: \_\_\_\_\_

Perinatal Hepatitis B Case Management Report

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street address (if different from mailing address): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Mother's language: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Refugee program: \_\_\_\_ Yes \_\_\_\_ No

Race/Ethnicity: American Indian/Alaskan Native \_\_\_\_ White \_\_\_\_ Black \_\_\_\_

Hispanic Group \_\_\_\_ Asian/Pacific Island Group \_\_\_\_ Other \_\_\_\_ Unknown \_\_\_\_

Name of facility/provider filing report: \_\_\_\_\_

Date of HBsAg test #1: \_\_\_\_\_ Results: \_\_\_\_ Pos \_\_\_\_ Neg \_\_\_\_\_ Lab

Date of HBsAg test #2: \_\_\_\_\_ Results: \_\_\_\_ Pos \_\_\_\_ Neg \_\_\_\_\_ Lab

Diagnosed: \_\_\_\_ Acute \_\_\_\_ Carrier \_\_\_\_ Unknown

Obstetrical care provider: \_\_\_\_\_ Provider's phone #: \_\_\_\_\_

Planned delivery hospital: \_\_\_\_\_ EDC: \_\_\_\_\_

**When complete please mail or fax to:**  
Arizona Department of Health Services  
Perinatal Hepatitis B Program  
150 N. 18<sup>th</sup> Avenue, Suite 120  
Phoenix, AZ 85007-3233  
Fax Number - (602) 364-3274

Notices of Final Rulemaking

**Infant Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First) (MI) (Last)

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Actual delivery hospital: \_\_\_\_\_

Guardian name (if different than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Pediatrician/ well child provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Report within 15 days of birth)

**Infant Immunization Record**

HBIG given: \_\_\_\_\_  
(Date)

Hep B #2 given: \_\_\_\_\_  
(Date)

Hep B #1 given: \_\_\_\_\_  
(Date)

Hep B #3 given: \_\_\_\_\_  
(Date)

**Post-vaccination Follow-up Serology**

HBsAg test date: \_\_\_\_\_

Results: \_\_\_\_\_ Pos \_\_\_\_\_ Neg

Anti-HBs test date: \_\_\_\_\_

Results: \_\_\_\_\_ Pos \_\_\_\_\_ Neg

Additional doses of Hep B needed: \_\_\_\_\_ If yes, dates received: \_\_\_\_\_

Comments/notes:  
\_\_\_\_\_  
\_\_\_\_\_

Household/sexual contacts:  
(Use *Household Contacts Form* to list contacts)

Date Identified: \_\_\_\_\_

Comments/Notes:

Case worker/PHN signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notices of Final Rulemaking**

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

**EXHIBIT III-J**

**Listeriosis Investigation Form**  
Arizona Department of Health Services

State ID: \_\_\_\_\_

**\*\*Please attach Communicable Disease Report (CDR) to this form\*\***

County: _____		Interviewer: _____		Interview Date: ___/___/___	
<b>I. Patient Information</b>					
Name: Last _____		First _____		Date of Birth: ___/___/___	
<b>II. Isolate Information</b>					
Source of Specimen:			Type of Infection:		
<input type="checkbox"/> Blood		<input type="checkbox"/> Tissue		<input type="checkbox"/> Bacteremia	
<input type="checkbox"/> CSF		<input type="checkbox"/> Other		<input type="checkbox"/> Neonatal Sepsis	
<input type="checkbox"/> Vaginal		Specify: _____		<input type="checkbox"/> Meningitis	
				Specify: _____	
Date of first positive culture: ___/___/___		Lab test type:			
		<input type="checkbox"/> Culture		<input type="checkbox"/> Other (specify): _____	
<b>III. Clinical Information</b>					
Date of symptom onset: ___/___/___			Health Care Provider Information:		
Was the case hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.			Provider Name: _____		
Hospital: _____			Provider Address: _____		
Admit Date: ___/___/___			Provider Phone: (____) _____		
Total days hospitalized: _____			Chart #: _____ Record #: _____		
Outcome: (check all that apply) <input type="checkbox"/> Died <input type="checkbox"/> Survived <input type="checkbox"/> Miscarriage <input type="checkbox"/> Still birth <input type="checkbox"/> Unknown					
Was the case diagnosed while pregnant or within 2 weeks of delivery or miscarriage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, please indicate the outcome of the pregnancy:					
<input type="checkbox"/> Normal		Date of delivery: ___/___/___			
<input type="checkbox"/> Still birth		Date of stillbirth: ___/___/___			
<input type="checkbox"/> Miscarriage		Date of miscarriage: ___/___/___			
<input type="checkbox"/> On-going		Expected delivery date: ___/___/___			
<input type="checkbox"/> Other (please specify): _____					
Was the case a newborn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes: Was the mother tested for listeriosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Date of mother's positive test result (if applicable) _____ <input type="checkbox"/> Unknown					
Mother's Name: Last Name _____ First Name _____					
<b>IV. Exposure History</b>					
Did the case (or mother of a newborn case) consume any of the following food items within 3 weeks prior to symptom onset. <i>If asymptomatic, use the date of specimen collection (or the delivery date, if a newborn case) as the date of onset.</i>					
Hot Dogs:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Pre-packaged or sliced deli meats:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Soft/Mexican cheese:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Unpasteurized milk (or products made from unpasteurized milk):		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Any other high risk foods?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, please specify: _____					

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

EXHIBIT III-K

Lyme Disease Case Report Form

• Complete Communicable Disease Report form and this two-page form for each case.

Case's name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Symptoms and Signs of Current Episode (Please mark each question):

**DERMATOLOGIC** manifestation and date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_:

yes no unknown Erythema migrans (physician diagnosed EM at least 5cm. in diameter)?

**RHEUMATOLOGIC** manifestation and date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_:

yes no unknown Arthritis characterized by brief attacks of joint swelling?

**NEUROLOGIC** manifestation(s) and first date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_:

yes no unknown Bell's palsy or other cranial neuritis?

yes no unknown Radiculoneuropathy?

yes no unknown Lymphocytic meningitis?

yes no unknown Encephalitis/Encephalomyelitis?

yes no unknown CSF tested for antibodies to *B. burgdorferi*?

yes no unknown Antibody to *B. burgdorferi* higher in CSF than serum?

**CARDIOLOGIC** manifestation and date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_:

yes no unknown 2<sup>nd</sup> or 3<sup>rd</sup> degree atrioventricular block?

Hospitalization:

yes no unknown Was the patient hospitalized?

If yes, where (hospital name and city): \_\_\_\_\_

Treatment:

Antibiotic(s) used: \_\_\_\_\_ Duration: \_\_\_\_\_

Exposure Information

yes no unknown History of tick bite in month prior to illness?

If Yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_ and location: \_\_\_\_\_

yes no unknown Was the tick found? If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tick identification (Genus and species): \_\_\_\_\_

If No, please ask the following questions

yes no unknown Was there potential exposure to a tick endemic area?

If Yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_ and location: \_\_\_\_\_

yes no unknown History of travel out-of-state or country in month preceding onset?

If Yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_ and location: \_\_\_\_\_

Lyme Disease Case Report Form  
page two

**Laboratory Information**

<b>Specimen Type</b>	<b>Date Collected</b>	<b>Specific Test Type</b>	<b>Test Results/Values</b>	<b>Laboratory name/ telephone number</b>
<input type="checkbox"/> blood <input type="checkbox"/> CSF <input type="checkbox"/> other: _____				
<input type="checkbox"/> blood <input type="checkbox"/> CSF <input type="checkbox"/> other: _____				
<input type="checkbox"/> blood <input type="checkbox"/> CSF <input type="checkbox"/> other: _____				
<input type="checkbox"/> blood <input type="checkbox"/> CSF <input type="checkbox"/> other: _____				<b>State Laboratory confirmation</b>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax or send completed form to: Vector Borne and Zoonotic Disease Section  
150 N. 18<sup>th</sup> Avenue, Suite 140  
Phoenix, AZ 85007  
FAX: (602) 364-3198

Notices of Final Rulemaking

Exhibit III-L. Salmonellosis Investigation Form Repealed

EXHIBIT III-L

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

Salmonellosis Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

- >3 loose stools # days (>3 loose stools) # episodes in 24 hours Blood in stools Constipation Abdominal cramps Nausea Vomiting
Fever highest temperature date Chills Headache Backache Muscle aches Fatigue Other:
Yes No Yes No Yes No Yes No Yes No Yes No Yes No

- 2. When did your symptoms start? Date Time a.m. p.m.
3. What date did the diarrhea start? Date Time a.m. p.m.
4. Were you hospitalized? Yes No Adm Date # days
5. How long did your illness last? # of days to full recovery

Occupation

- 6. Work at or attend child care? Yes No
7. Food handler (work or volunteer)? Yes No
8. Household member is a food handler? Yes No
9. Provide patient care? Yes No

Food Habits

- 10. Are you a vegetarian? Yes No
Type \_\_\_\_\_

Medical History

- 11. Have existing chronic medical problem(s) or any medical condition(s)? Yes No
Describe \_\_\_\_\_

Within the last month:

- 12. Antibiotics Name dosage, # of days Yes No
13. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? Yes No

Risk factors:

In the 7 days prior to your illness, were you exposed to any of the following:

- 14. Contact with: Reptiles (turtles, iguanas, snakes) Amphibians (frogs, salamanders) Farm animals Petting zoo animal Pets (including hedgehogs) What kind of animal(s) When? Where?
15. Any travel? Where? From? to? Airline? Flight No. Foods eaten on: outbound flight return flight
16. Contact to someone with diarrhea? Name & relationship? When?
17. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? When? Where?
18. Get your face wet in the ocean, a lake, river, pool or spa? Where?

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Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

ADHS Salmonella Investigation Form

Page two

**Food History**

**During the 7 days prior to your illness (give the day and date to orient the patient):**

19. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	

**In the 7 days prior to your illness, did you consume any of the following:**

20. Fresh (not pasteurized) eggs?  Yes  No  
 Runny yolk?  Yes  No  
 Where? \_\_\_\_\_

24. Raw (unpasteurized) milk or dairy product?  Yes  No  
 Brand/Where bought? \_\_\_\_\_

21. Poultry (chicken, turkey, etc)?  Yes  No  
 Brand/Where bought? \_\_\_\_\_

25. Untreated or raw water?  Yes  No  
 Where? \_\_\_\_\_

22. Raw sprouts (alfalfa, clover)?  Yes  No  
 Brand/Where bought? \_\_\_\_\_

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

23. Beverage containing unpasteurized/fresh juice?  Yes  No  
 Brand/Where bought? \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Send or Fax to:	ADHS Infectious Disease Epidemiology 150 North 18 <sup>th</sup> Ave, Suite 140 Phoenix, Arizona 85007-3237 (602) 364-3676 (602) 364-3199 Fax
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Exhibit III-M. ~~Shigellosis Investigation Form~~ Repealed

EXHIBIT III-M

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

Shigellosis Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

Diarrhea # days (>3 loose stools) # episodes in 24 hours
Blood in stools Mucous in stools Watery stools Constipation Abdominal cramps Nausea Vomiting
Fever highest temperature Chills Headache Backache Muscle aches Fatigue Joint Pain Anorexia/weight loss Other:
Yes No Yes No

2. When did your symptoms start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.
3. What date did the diarrhea start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.
4. Were you hospitalized? Yes No Adm Date \_\_\_\_\_ # days \_\_\_\_\_
5. How long did your illness last? \_\_\_\_\_ # of days to full recovery

Occupation

6. Work at or attend child care? Yes No
7. Food handler (work or volunteer)? Yes No
8. Household member is a food handler? Yes No
9. Provide patient care? Yes No

Medical History

10. Have existing chronic medical problem(s) or any medical condition(s)? Yes No
Describe \_\_\_\_\_

Within the last month:

11. Antibiotics Yes No Name dosage, # of days
12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? Yes No
13. Did the patient survive? Yes No Date of Death: \_\_\_/\_\_\_/\_\_\_

Risk factors:

In the 7 days prior to your illness, were you exposed to any of the following:

14. Any travel? Yes No Where? From? \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Airline? Flight No. Foods eaten on: outbound flight return flight
15. Contact with someone with similar symptoms? Yes No Name & relationship? When? Phone #
16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? Yes No When? \_\_\_/\_\_\_/\_\_\_ Where? When? \_\_\_/\_\_\_/\_\_\_ Where?
17. Get your face wet in the ocean, a lake, river, pool, or spa? Yes No Where?
15. Change any diapers? Yes No
16. Contact with human or primate feces? Yes No

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Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

ADHS Shigella Investigation Form

Page two

**Food History**

**During the 7 days prior to your illness (give the day and date to orient the patient):**

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	

**In the 7 days prior to your illness, did you consume any of the following:**

19. What type of water did you drink?  
Public Well Bottled Other

20. Raw or untreated water? Yes No  
 Where? \_\_\_\_\_

21. Raw (unpasteurized) milk or dairy products? Yes No  
 Brand/Where bought? \_\_\_\_\_

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Send or Fax to: ADHS Infectious Disease Epidemiology 150 North 18 <sup>th</sup> Ave, Suite 140 Phoenix, Arizona 85007-3237 (602) 364-3676 (602) 364-3199 Fax
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**Exhibit III-N. ~~RVCT Addendum Form for TB Reporting~~ Repealed**

**EXHIBIT III-N**

**Arizona Department of Health Services  
RVCT Addendum Form for TB Reporting**

Pt Name _____ County _____	2. Name of Case Manager: _____
5. Alien number for Class B and INS detainees: A - - - - -	6. Is the county providing housing or funds for housing assistance? YES NO UNKNOWN
7. Name of tribe if Native American: _____	8. Name of Indian Health Service site where counted: _____
<b><i>The following four questions pertain to persons diagnosed with TB while residing in a correctional facility:</i></b>	
9. Name of correctional facility: _____	10. Date most recently admitted to prison system: _____ / _____ / _____
11. Prisoner number state or federal prisoners (BOP): _____	12. Is inmate an INS detainee? YES NO UNKNOWN
13. Is this patient on directly-observed therapy (DOT)? YES NO UNKNOWN	14. If not on DOT, please select one of the following reasons: A. Patient refused B. Site of disease is extrapulmonary C. Inadequate staff to provide DOT for this pt. D. Medication given by family member E. Other _____
15. Is this patient diabetic? YES NO UNKNOWN	16. Is the patient a student? A. Not a student B. Primary (grade K – 6) C. Middle (grade 7 - 8) D. High School E. College / University F. Unknown
17. Has the patient ever received treatment for latent tuberculosis infection (LTBI)? A. No B. Complete C. Partial D. Unknown	18. Year of treatment for latent tuberculosis infection: - - - - -
19. Name of source case (if known) and relationship to patient: _____	
Is the physician who performed diagnostic TB evaluation (choose one) 20. acting as a public health physician name _____ 21. a private medical provider name _____	Is the physician providing current TB treatment and monitoring (choose one) 22. acting as a public health physician name _____ 23. a private medical provider name _____
24. Stop reason other than "completed" A. deportation B. voluntarily moved to foreign country C. other _____	25. Extended treatment (>1 year) rationale: A. Lost during treatment while on DOT B. Clinical indication _____ C. Cannot tolerate first line drugs D. Physician preference E. Patient non-compliant on self-administered meds F. Other _____
26. Binational status due to (circle one only): A. Diagnostic / clinical / treatment information exchange with Mexico B. Contacts only (this case has contacts living in Mexico or this case was a contact to a Mexico case) C. Both A and B D. Binational case ONLY due to laboratory / radiologic testing E. Not a binational case F. Unknown	

Revised 11/04/2003

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

**R9-6-801. Definitions**

No change

1. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
2. "Agent" means a virus or bacterium that causes a disease or syndrome in a human.
3. "Average window period" means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
4. "Chief medical officer" means the senior health care provider or that individual's designee who is also a health care provider.
5. "Emergency medical technician" means one of the following who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court:
  - a. A "basic emergency medical technician," defined in A.R.S. § 36-2201;
  - b. An "emergency paramedic," defined in A.R.S. § 36-2201; or
  - c. An "intermediate emergency medical technician," defined in A.R.S. § 36-2201.
6. "Employer" means an individual in the senior leadership position with the agency or entity for which the officer, firefighter, or emergency medical technician works or that individual's designee.
7. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
8. "Facility" means an institution in which a subject is incarcerated or detained.
9. "Firefighter" means an individual who is a member of a state, federal, tribal, city, county, district, or private fire department and who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
10. "Health care provider" means:
  - a. An individual licensed as a doctor of:
    - i. Allopathic medicine under A.R.S. Title 32, Chapter 13;
    - ii. Naturopathic medicine under A.R.S. Title 32, Chapter 15;
    - iii. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
    - iv. Homeopathic medicine under A.R.S. Title 32, Chapter 29;
  - b. A physician assistant, as defined in A.R.S. § 32-2501;
  - c. A registered nurse, as defined in A.R.S. § 32-1601; or
  - d. A registered nurse practitioner, as defined in A.R.S. § 32-1601.
11. "Laboratory report" means a document, produced by a laboratory that conducts a test or tests on a subject's blood, that shows the outcome of each test and includes personal identifying information about the subject.
12. "Medical examiner" means an individual:
  - a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-591, or
  - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
13. "Occupational health care provider" means a health care provider who provides medical services for work-related health conditions for an agency or entity for which an officer, firefighter, or emergency medical technician works.
14. "Officer" means a law enforcement officer, probation officer, surveillance officer, correctional service officer, detention officer, or private prison security officer who is named as the victim of a subject's assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
15. "Officer in charge" means the individual in the senior leadership position or that individual's designee.
16. "Personal notice" means informing an individual by speaking directly to the individual while physically present with the individual.
17. "Petition" means a formal written application to a court requesting judicial action on a matter.
18. "Subject" means an individual:
  - a. Whom a court orders, under A.R.S. § 13-1210, to provide samples of blood for testing; or
  - b. From whom, under A.R.S. § 13-1210, a medical examiner draws samples of blood for testing.
19. "Telephonic notice" means informing an individual by speaking directly to the individual on the telephone, but does not include a message left on a recording device or with another individual.
20. "Test results" means information about the outcome of a laboratory analysis and does not include personal identifying information about the subject.
21. "Written notice" means a document that:
  - a. Describes each test result;
  - b. Identifies a subject only by court docket number; and
  - c. Is provided to an individual:
    - i. In person;

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- ii. ~~By delivery service,~~
- iii. ~~By facsimile transmission,~~
- iv. ~~By electronic mail, or~~
- v. ~~By mail.~~

22. ~~“Work” means to labor with or without compensation.~~

- 1. “Employer” means an individual in the senior leadership position with an agency or entity for which a named public safety employee or volunteer works or that individual’s designee.
- 2. “Named public safety employee or volunteer” means the public safety employee or volunteer who is listed as the assaulted individual in a petition filed under A.R.S. § 13-1210 and granted by a court.
- 3. “Occupational health provider” means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a named public safety employee or volunteer works.
- 4. “Public safety employee or volunteer” means the same as in A.R.S. § 13-1210.

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

- ~~A. Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject’s blood, the health care provider shall provide:~~
  - 1. ~~A copy of the laboratory report to the chief medical officer of the facility in person, by delivery service, by facsimile transmission, or by mail; and~~
  - 2. ~~Written notice to the occupational health care provider.~~
- ~~B. Within 30 days after the date of receipt of a laboratory report, the chief medical officer of the facility shall provide:~~
  - 1. ~~Personal notice, telephonic notice, or written notice to the subject;~~
  - 2. ~~If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and~~
  - 3. ~~Personal notice, telephonic notice, or written notice to the officer in charge of the facility.~~
- ~~C. Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.~~
- A. Within 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 subject, officer, firefighter, or emergency medical technician as required under subsection (B) or (C) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:~~
- D. An individual who provides notice to a court-ordered subject or named public safety employee or volunteer as required under subsection (A), (B), or (C) shall describe the test results and provide or arrange for the court-ordered subject or named public safety employee or volunteer to receive the following information about each agent for which the court-ordered subject was tested:
  - 1. No change
  - 2. No change
  - 3. No change
  - 4. No change

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5. No change
  6. No change
  7. No change
  8. The confidential nature of the court-ordered subject's test results.
- ~~E.~~ An individual who provides notice to the employer or the officer in charge of the facility as required under subsection (B) or (C) shall describe the test results and provide or arrange for the employer or the officer in charge of the facility to receive the following information about each agent for which the subject's test results indicate the presence of infection:
- ~~E.~~ An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to an employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:
1. No change
  2. No change
  3. No change
  4. No change
  5. The confidential nature of the court-ordered subject's test results.
- ~~F.~~ An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the chief medical officer of the facility or the subject.
- ~~E.~~ An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.
- ~~G.~~ An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.
- ~~H.~~ A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.
- ~~I.~~ A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:
1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
  2. The court-ordered subject does not contact the ordering health care provider.
- ~~H.J.~~ A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

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

- ~~A.~~ Within 30 days after the date of receipt of a laboratory report for a test ordered by a health care provider on a subject's blood, the health care provider shall provide:
1. Unless the subject is deceased, personal notice, telephonic notice, or written notice to the subject;
  2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and
  3. Written notice to the occupational health care provider.
- ~~B.~~ Within 30 days after the date of receipt of written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer, firefighter, or emergency medical technician and the employer.
- ~~C.~~ An individual who provides notice to a subject, officer, firefighter, or emergency medical technician as required under subsection (A) or (B) shall describe the test results and provide or arrange for the subject, officer, firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. The average window period for the agent;
  4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
  5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
  6. That it is necessary to notify others of the possibility of exposure to the agent by the individual receiving notice;
  7. The availability of assistance from local health agencies or other resources; and
  8. The confidential nature of the subject's test results.
- ~~D.~~ An individual who provides notice to the employer as required under subsection (B) shall describe the test results and pro-

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vide or arrange for the employer to receive the following information about each agent for which the subject's test results indicate the presence of infection:

1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. Measures to reduce the likelihood of transmitting the agent to others;
4. The availability of assistance from local health agencies or other resources; and
5. The confidential nature of the subject's test results.

- ~~E.~~ An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the subject.
- ~~F.~~ An individual who provides notice under this Section shall protect the confidentiality of the subject's personal identifying information and test results.
- ~~G.~~ A health care provider who orders a test on a subject's blood may, at the time the subject is seen by the health care provider, present the subject with a telephone number and instruct the subject to contact the health care provider after a stated period of time for telephonic notice of the test results. Providing a telephone number and instructions as allowed by this subsection does not satisfy the health care provider's obligation to notify under subsection (A) if the subject does not contact the health care provider and receive telephonic notice.
- ~~H.~~ A health care provider who orders a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

**ARTICLE 9. RECODIFIED HEALTH PROFESSIONAL EXPOSURES**

**R9-6-901. Recodified Definitions**

In this Article, unless otherwise specified:

1. "Employer" means an individual in the senior leadership position with the agency or entity for which a health professional works or that individual's designee.
2. "Health professional" means the same as in A.R.S. § 32-3201.
3. "Occupational health provider" means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a health professional works.
4. "Petitioner" means a health professional who petitions a court, under A.R.S. § 32-3207, to order testing of an individual.

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

- ~~A.~~ Within 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

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- window period has passed is necessary to rule out infection:
5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
  6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
  7. The availability of assistance from local health agencies or other resources; and
  8. The confidential nature of the court-ordered subject's test results.
- E.** An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to the petitioner's employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. Measures to reduce the likelihood of transmitting the agent to others;
  4. The availability of assistance from local health agencies or other resources; and
  5. The confidential nature of the court-ordered subject's test results.
- F.** An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.
- G.** An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.
- H.** A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.
- I.** A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:
1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
  2. The court-ordered subject does not contact the ordering health care provider.
- J.** A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

**ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION**

**R9-6-1001. Definitions**

No change

1. "Health professional" has the same meaning as "health care provider" in A.R.S. § 36-661.
2. "Hospital" means a health care institution licensed by the Department as a general hospital, a rural general hospital, or a special hospital under 9 A.A.C. 10.
1. "Governing board" means a group of individuals, elected as specified in A.R.S. Title 15, Chapter 4, Article 2, to carry out the duties and functions specified in A.R.S. Title 15, Chapter 3, Article 3.
- 3-2. No change
3. "Physician" means an individual licensed as a doctor of:
  - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
  - b. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
  - c. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
4. "School district" means the same as in A.R.S. § 15-101.
5. "Superintendent of a school district" means an individual appointed by the governing board of a school district to oversee the operation of schools within the school district.
6. "Works" means materials, such as cotton balls or a spoon, required when preparing or using a drug that requires injection.

**R9-6-1002. Local Health Agency Requirements**

For each HIV-infected individual or suspect case, a local health agency shall comply with the requirements in R9-6-341.

~~R9-6-1002.~~ **R9-6-1003. Consent for HIV-related Testing**

- ~~A.~~ An individual ordering an HIV-related test shall obtain consent for the test, unless the test has been ordered by a court under A.R.S. §§ 8-341, or 13-1210, 13-1415 or falls under A.R.S. § 36-663(D).

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1. ~~If the test is ordered in a hospital, the individual ordering the test shall obtain written informed consent as specified in subsection (B).~~
  2. ~~If the test is ordered outside a hospital by a physician, a registered nurse practitioner, or a physician's assistant, the individual ordering the test shall obtain either written informed consent as specified in subsection (B) or oral informed consent.~~
  3. ~~If the test is ordered outside a hospital by a health professional licensed under A.R.S. Title 32, but not listed in subsection (A)(2), who is authorized to provide HIV-related tests within the health professional's scope of practice, the individual ordering the test shall obtain written informed consent as specified in subsection (B).~~
  4. ~~If the HIV related test is performed anonymously, the individual ordering the test shall obtain oral consent and shall not make a record containing personal identifying information about the subject.~~
- B.** ~~An individual obtaining written, informed consent for an HIV-related test shall use the form shown in Exhibit A (English) or Exhibit B (Spanish).~~
1. ~~Except as described in subsection (A)(4), an individual using the consent form may add the following information in the Identifying Information section of the form:~~
    - a. ~~The subject's name and identifying number;~~
    - b. ~~Facility identifying information;~~
    - e. ~~Facility processing codes;~~
    - d. ~~The subject's race and ethnicity;~~
    - e. ~~The subject's address; and~~
    - f. ~~The subject's date of birth and sex.~~
  2. ~~This form may be reproduced to accommodate a multiple copy or carbonless form.~~
- A.** An individual ordering an HIV-related test shall:
1. Obtain written informed consent for the HIV-related test as specified in subsection (B):
    - a. If the HIV-related test is ordered in a hospital, or
    - b. If the HIV-related test is ordered by a health care provider not listed in subsection (A)(2)(b):
  2. Obtain either written informed consent as specified in subsection (B) or oral informed consent if the HIV-related test is:
    - a. Not ordered in a hospital; and
    - b. Ordered by a physician, registered nurse practitioner, or physician assistant;
  3. Obtain oral consent and make a record that contains only the information about the subject authorized in A.R.S. § 36-663(A) if the HIV-related test is performed through anonymous HIV-related testing as specified in R9-6-1004; and
  4. Not request consent from the subject if the HIV-related test:
    - a. Was ordered by a court under A.R.S. §§ 8-341, 13-1210, 13-1415, or 32-3207; or
    - b. Falls under A.R.S. § 36-663(D).
- B.** When an individual obtains written informed consent from a subject for an HIV-related test, the individual shall:
1. If the HIV-related test is performed as part of an application for insurance, use the form prescribed by A.R.S. § 20-448.01; and
  2. If the HIV-related test is performed for any other purpose:
    - a. Use the form shown in Exhibit A or an equivalent of the form translated into a language understood by the subject.
    - b. Complete the information on the form specified in subsection (B)(2)(a), and
    - c. Obtain the dated signature of the subject.

Exhibit A. ~~CONSENT FOR HIV-RELATED TESTING~~ HIV-related Test Information and Consent Form

EXHIBIT A. CONSENT FOR HIV-RELATED TESTING

**Consent for HIV-related Testing Information on HIV**

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion) or sexual fluids (semen and vaginal secretions) and sometimes through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth.

**HIV-related Testing**

There are several laboratory tests for HIV. The most common is the antibody test, which is a blood test that detects antibodies produced by the body in response to infection with HIV.

A positive antibody test consists of a repeatedly reactive (the same specimen testing positive twice) enzyme immunoassay (EIA) and a reactive Western blot or other confirmatory test. A positive antibody test means that an individual is infected with HIV; however, this does not always mean that the individual has AIDS. Research indicates that early and regular medical care is important to the health of an individual with HIV. Certain treatments are now available to treat HIV-associated illnesses.

A negative antibody test indicates that no detectable antibodies are present in the blood. An individual may not have antibodies because the individual is not infected with HIV or because detectable antibodies have not yet been made in response to infection. The production of these antibodies could take 3 months or longer. Therefore, in certain cases, an individual may be infected with HIV and yet test negative. Individuals with a history of HIV risk behaviors within the past 3 to 6 months should consider retesting.

Like any test, HIV-related testing is not accurate 100% of the time and may occasionally produce both false positive and false negative results.

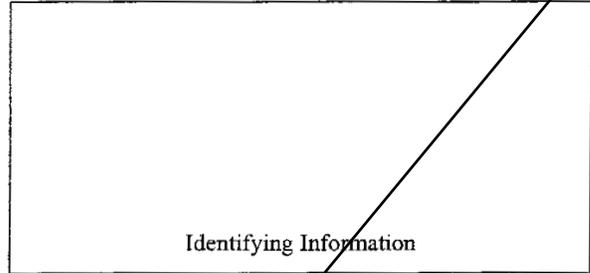
**Means to Reduce Risk for Contracting or Spreading HIV**

Risk of contracting or spreading HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods of decreasing the risk of contracting or spreading HIV include abstaining from sexual intercourse, using methods that limit exposure to body fluids during intercourse (such as the proper use of condoms), not engaging in injecting drug use, not sharing needles, or using bleach and water to clean needles and syringes. The use of certain medications by an HIV-infected woman during pregnancy may reduce the chances of HIV transmission from mother to child.

**Disclosure of Test Results**

I understand that if the HIV test results are positive, the physician or facility representative conducting the test will make reasonable efforts to notify me of the results at the address or phone number I have provided, and will provide or arrange for counseling as required by Arizona state laws and regulations regarding (1) HIV, (2) AIDS, and (3) appropriate precautions to reduce the likelihood of transmission of the virus to others. I agree to assume all risks that may result if I cannot be contacted.

I understand that Arizona law and regulations require that if my test results are positive, they will be submitted to local and state health departments. Information received by these health departments may only be released: (1) if there is written authorization from the individual being tested, (2) for statistical purposes without individual identifying information, or (3) as otherwise required or allowed by law.



I also understand that the physician or facility may report to the Arizona Department of Health Services identifiable 3rd parties such as a spouse or sex partner who may be at risk of contracting the virus if I do not release this information. Finally, I understand that the test results may be placed in a medical record kept by the facility or person administering the test and that persons involved in providing or paying for my health care may have access to that information.

**Additional Sources of Information on HIV**

Additional information regarding testing for HIV is available through your county health department and, in the Phoenix metropolitan area, (602) 234-2752, the Tucson metropolitan area, (520) 791-7676, or outside the Phoenix area, 1-800-334-1540. National Hotline: English, 1-800-342-2437; Spanish, 1-800-344-7432; TTY/TDD, 1-800-243-7012.

**Consent**

I have been given the opportunity to ask questions regarding this information and have had my questions answered to my satisfaction. I understand that this test can be performed anonymously at a public health agency. I also understand that I may withdraw my consent at any time before a blood sample is taken in order to conduct a test, and that I may be asked to put my decision to withdraw my consent in writing if I have signed this consent. I also understand that this is a voluntary test and that I have a right to refuse to be tested.

My signature below indicates that I have received and understand the information I have been given and voluntarily consent to and request HIV-related testing.

\_\_\_\_\_  
Patient/Subject Name (Printed)

\_\_\_\_\_  
Patient/Subject or Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**NOTICE**

The Arizona Department of Health Services does not discriminate on the basis of disability in the administration of its programs and services as prescribed by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. If you need this publication in an alternative format, please contact the ADHS Office of HIV/STD Services at (602) 230-5819 or 1-800-367-8939 (state TDD/TTY Relay).

ADHS2002

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**HIV-RELATED TEST INFORMATION AND CONSENT FORM**  
**Information on HIV**

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion) or sexual fluids (semen and vaginal secretions) and through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth.

The immune system is the body's defense system, which fights off infection and other diseases. HIV attacks and destroys the disease-fighting cells of the immune system, leaving the body with a weakened defense against infections and cancer. If you have HIV in your body and do not receive treatment, HIV will damage your immune system and HIV infection can progress to AIDS.

**HIV-Related Testing**

The purpose of the test you are requesting is to see if you are infected with HIV. The test may look for the HIV virus, parts of the HIV virus, or your body's reaction to the HIV virus.

The test being offered to you is a \_\_\_\_\_

*(enter information about the type of HIV-test being offered to the subject)*

**Meaning of a Positive Result**

If you are given a screening test for HIV, you may receive a preliminary positive result, and will need an additional test to confirm whether you are infected with HIV. A positive test result on the confirmatory test means that you are infected with HIV, but not that you have AIDS.

**Meaning of a Negative Result**

A negative test result indicates that HIV, parts of the HIV virus, or your body's reaction to the HIV virus were not found in your body at the time of the test. In some cases, you may be infected with HIV and yet still test negative. You can have a negative test result either because you are not infected with HIV or because not enough time has passed since you were infected for the signs of an HIV infection to be found in your body. If you have had unprotected sex, used drugs that require an injection, or shared needles, syringes, or works within the past 1 to 3 months and your test result is negative, you should consider getting retested at a later time.

**Test Accuracy**

HIV-related testing occasionally produces both false positive and false negative results.

**Treatment for HIV**

If you test positive for HIV, early and regular medical care is important to your health. Medications are now available to help keep you healthy. Treatment can help you at all stages of HIV disease, but cannot cure your HIV infection. HIV treatment is most effective when tailored to your individual needs.

**Ways to Reduce Risk for Contracting or Spreading HIV**

Risk of infection or transmission of HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods to decrease your risk of infection or transmission of HIV include not having sex, limiting contact with body fluids during sex (such as by properly using condoms), not using drugs that require an injection, and not sharing needles, syringes, or works. If you are pregnant, certain medicines can reduce your chances of transmitting HIV to your unborn child.

**Subject Information**

Subject ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**Notification and Disclosure of a Test Result**

If you test positive for HIV, we will try to notify you of the result using the information you provide on this form. State law requires that a positive test result be reported to a public health agency and allows the Arizona Department of Health Services to contact and notify someone who is at risk of contracting HIV from you. Your test result may also be released to persons involved in providing or paying for your health care.

Otherwise, unless you consent to its release, information on your test result may only be released as permitted under state or federal law.

**Additional Sources of Information on HIV**

Additional information regarding HIV-related testing is available through the local health department and the National AIDS Hotline.

English: 1-800-342-AIDS (2437)

Spanish: 1-800-344-7432

TTY/TDD: 1-800-243-7012

**Consent**

My checkmarks and signature below indicate that:

- I have been given the opportunity to ask questions regarding the information on this form, have had my questions answered to my satisfaction, and understand this information;
- I understand that HIV-related testing can be performed anonymously through a public health agency;
- I understand that I may withdraw my consent in writing at any time before a specimen is taken to conduct a test;
- I understand that this is a voluntary test and that I have a right to refuse to be tested;
- I understand that if I do not provide correct and current information on this form about how I can be contacted, I may not receive my test results because someone will be unable to notify me; and
- I voluntarily consent to and request HIV-related testing.

\_\_\_\_\_  
Subject Name (Printed)

\_\_\_\_\_  
Subject or Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Facility Name

Exhibit B. ~~Consentimiento para la Prueba de VIH Repealed~~  
EXHIBIT B. CONSENTIMIENTO PARA LA PRUEBA DE VIH

**Consentimiento Para la Prueba de VIH**  
**Información sobre el VIH**

El virus de Inmunodeficiencia Humana (VIH) es el virus que causa el Síndrome de Inmunodeficiencia Adquirida (SIDA). VIH se transmite a través del contacto con sangre (incluyendo la transfusión) o fluidos sexuales (semen y secreciones vaginales) y en algunas ocasiones a través de la leche materna. VIH puede ser transmitido de la madre al bebé durante el embarazo o al momento del parto.

**La prueba del VIH**

Existen pruebas de laboratorio para saber si una persona está infectada con el VIH. La más común es la prueba de anticuerpos. Esta es un examen de sangre que detecta los anticuerpos producidos por el cuerpo al reaccionar contra la infección por VIH.

Un examen de anticuerpos positivo consiste de una prueba por inmunoanálisis enzimático (EIA) (realizada dos veces en cada espécimen) y una prueba reactiva por Western Blot u otras pruebas confirmatorias. El resultado positivo a la prueba de anticuerpos quiere decir que el individuo está infectado con el VIH; sin embargo, esto no siempre quiere decir que el individuo tenga el SIDA. Investigaciones médicas señalan que atención médica temprana y continua es importante para la salud de una persona con el VIH. Hoy en día se dispone de tratamientos para retardar las enfermedades asociadas con el SIDA.

Un examen de anticuerpos negativo indica que no se han detectado anticuerpos en la sangre. Un individuo puede no tener anticuerpos por que el individuo no está infectado(a) o porque aún no se han producido suficientes anticuerpos contra la infección. Estos anticuerpos pueden tardar tres meses o más para ser producidos. De tal manera, en ciertos casos, un individuo puede estar infectado con el VIH y su prueba resultar negativa. Los individuos que han tenido comportamiento de alto riesgo en los últimos tres a seis meses deberían pensar en repetir la prueba.

Como cualquier prueba, la prueba del VIH no es 100% segura y en alguna ocasión puede producir resultados falsos ya sea positivos o negativos.

**Maneras de reducir el riesgo de infección o transmisión del VIH**

El riesgo de contraer o transmitir el VIH se puede reducir al evitar contacto con la sangre y fluidos sexuales (semen y secreciones vaginales). Algunos métodos para disminuir el riesgo de infección o transmisión del VIH incluyen: abstinencia sexual, usar métodos que limitan el contacto de fluidos corporales durante la relaciones sexuales (como el uso correcto de condones), no usar drogas intravenosas, no compartir agujas, y usar "cloro" (blanqueador) y agua para limpiar las jeringas y las agujas. En mujeres infectadas con VIH, el uso de ciertos medicamentos durante el embarazo, puede reducir el riesgo del transmisión del VIH de madre a hijo.

**El resultado de la prueba**

Entiendo que si el resultado de la prueba del VIH es positivo, el doctor o el representante de la institución que hizo el examen va a hacer esfuerzos suficientes para notificarme del resultado a la dirección (domicilio) o al teléfono que he proporcionado y que me dará información, cumpliendo con los requisitos de la ley estatal de Arizona, sobre (1) el VIH, (2) el SIDA, y (3) las precauciones necesarias para reducir la posibilidad de transmisión del virus a otras personas. Estoy de acuerdo en asumir todos los riesgos que resultarán de no poder contactarme.

Entiendo que la ley estatal de Arizona exige que si el resultado de mi prueba es positivo, éste se reportará a los departamentos de salud local y estatal. La información que estos departamentos reciben solamente puede ser revelada a otras personas: (1) si hay una autorización por escrito de la persona que se ha hecho la prueba, (2) por razones de estudios estadísticos sin revelar la identidad del individuo, o (3) por

Identifying Information/Datos de Identidad

cualquier otra razón que la ley permita.

También entiendo que el doctor o la institución puede reportar al Departamento de Salud del Estado de Arizona, la identidad de terceras personas como: los esposos(as) o los compañeros(as) sexuales que pueden estar en riesgo de contraer con el virus si decido no darles esta información. Por último, entiendo que el resultado de la prueba puede guardarse con el resto de mi información médica en la agencia o por la persona que hizo el examen; y que las personas encargadas de proveer o pagar por el cuidado de mi salud pueden tener acceso a esta información.

**Otras fuentes de información sobre el VIH**

Información adicional sobre el examen del VIH está disponible a través del departamento de salud de su condado. En el área metropolitana de Phoenix llame al (602) 234-2752, en el área metropolitana de Tucson (520) 791-7676, y en el resto de Arizona 1-800-334-1540. Líneas telefónicas a nivel nacional son: en inglés 1-800-342-2437; en español 1-800-344-7432. (TTY/TDD) Transmisión de voz 1-800-243-7012.

**Consentimiento**

Se me ha dado la oportunidad de hacer preguntas respecto a esta información y me han sido contestadas satisfactoriamente. Entiendo que este examen se puede hacer de forma anónima en una agencia de salud pública. También entiendo que puedo retirar mi consentimiento en cualquier momento antes de que me saquen la sangre para hacer la prueba y que me pueden pedir que ponga por escrito mi decisión de retirar mi consentimiento si ya habí firmado este permiso. Entiendo también que este examen es voluntario y que tengo el derecho a negarme a que se me haga la prueba.

Mi firma indica que he recibido y he entendido la información que se me ha proporcionado y que voluntariamente autorizo y solicito la prueba del VIH.

Nombre del paciente (letra imprenta)

Firma del paciente o de su representante legal

Fecha

Testigo

**AVISO**

El Departamento de Salud del Estado de Arizona no discrimina basado en los impedimentos de las personas en la administración de los programas y servicios ordenado por la ley de 1990: Americanos con Impedimentos, Título II y la Sección 504 de la ley de Rehabilitación de 1973. Si usted necesita esta publicación por otros medios de comunicación, favor ponerse en contacto con el Departamento de Salud del Estado de Arizona, Oficina de Servicios de VIH/ETS al 1-800-842-4681 (transmisión de voz estatal) or 1-800-367-8939 (transmisión TDD/TYY estatal).

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~~R9-6-1003~~ **R9-6-1004. Court-ordered HIV-related Testing**

- ~~A.~~ An individual who tests a specimen of blood or another body fluid to detect HIV antibody under court order issued under A.R.S. §§ 8-341 or 13-1415 shall use a test licensed by the United States Food and Drug Administration for use in HIV screening. If a specimen is reactive two or more times according to the test manufacturer's recommendations, the individual shall retest the specimen using a licensed supplemental or confirmatory assay or as recommended by the original test manufacturer's package insert.
- A.** A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 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.
- ~~B.E.~~ The individual A person who performs a test described in subsection (D) shall report each test result the test results for each subject directly to the Department to the submitting entity within five working days after obtaining the test results.
- E.** 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;

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- b. The information specified in R9-6-802(D); and
- c. A written copy of the test results; or
- 2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect HIV infection.

**R9-6-1005. Anonymous HIV Testing**

- A.** A local health agency and the Department shall offer anonymous HIV testing to individuals.
- B.** If an individual requests anonymous HIV testing, the Department or a local health agency shall:
  - 1. Provide to the individual requesting anonymous HIV testing health education about HIV, the meaning of HIV test results, and the risk factors for becoming infected with HIV or transmitting HIV to other individuals;
  - 2. Record in a format 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
    - e. The name, address, and telephone number of the person collecting the blood specimen; and
  - 5. Before the individual leaves the building occupied by the Department or local health agency:
    - a. Test the individual's specimen of blood using a screening test for HIV;
    - b. Provide the results of the screening test to the individual;
    - c. Record the test results on the form specified in subsection (B)(4); and
    - d. If the test results from the screening test on the specimen of blood indicate that the individual may be HIV-infected, submit the specimen of blood to the Arizona State Laboratory for confirmatory testing by:
      - i. Assigning to the blood specimen an identification number corresponding to the pre-printed number on the form specified in subsection (B)(4);
      - ii. Giving the individual requesting anonymous HIV testing the identification number assigned to the blood specimen and information about how to obtain the results of the confirmatory test; and
      - iii. Sending the blood specimen and the form specified in subsection (B)(4) to the Arizona State Laboratory for confirmatory testing.

**R9-6-1006. Notification**

- A.** The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection, as required under A.R.S. § 36-664(J), if all of the following conditions are met:
  - 1. The Department receives the report of risk for HIV infection in a document that includes the following:
    - a. The name and address of the individual reported to be at risk for HIV infection or enough other identifying information about the individual to enable the individual to be recognized and located.
    - b. The name and address of the HIV-infected individual placing the individual named under subsection (A)(1)(a) at risk for HIV infection.
    - c. The name and address of the individual making the report, and
    - d. The type of exposure placing the individual named under subsection (A)(1)(a) at risk for HIV infection;
  - 2. The individual making the report is in possession of confidential HIV-related information; and
  - 3. The Department determines that the information provided in the report is accurate and contains sufficient detail to:
    - a. Indicate that the exposure described as required in subsection (A)(1)(d) constitutes a significant exposure for the individual reported to be at risk for HIV infection, and
    - b. Enable the individual reported to be at risk for HIV infection to be recognized and located.
- B.** As authorized under A.R.S. § 36-136(L), the Department shall notify the superintendent of a school district in a confidential document that a pupil of the school district tested positive for HIV if the Department determines that:
  - 1. The pupil places others in the school setting at risk for HIV infection; and
  - 2. The school district has an HIV policy that includes the following provisions:
    - a. That a school shall not exclude a pupil who tested positive for HIV from attending school or school functions or from participating in school activities solely due to HIV infection;
    - b. That school district personnel who are informed that a pupil tested positive for HIV shall keep the information confidential; and
    - c. That the school district shall provide HIV-education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions.

**ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION**

**R9-6-1101. Definitions**

In this Article, unless otherwise specified:

1. “Primary syphilis” means the initial stage of syphilis infection characterized by the appearance of one or more open sores in the genital area, anus, or mouth of an infected individual.
2. “Secondary syphilis” means the stage of syphilis infection occurring after primary syphilis and characterized by a rash that does not itch, fever, swollen lymph glands, and fatigue in an infected individual.
3. “Sexually transmitted diseases” means the same as in A.R.S. § 13-1415.
4. “STD” means a sexually transmitted disease or other disease that may be transmitted through sexual contact.

**R9-6-1102. Health Care Provider Requirements**

When a laboratory report for a test ordered by a health care provider for a subject indicates that the subject is infected with an STD, the ordering health care provider or the ordering health care provider’s designee shall:

1. Describe the test results to the subject;
2. Provide or arrange for the subject to receive the following information about the STD for which the subject was tested:
  - a. A description of the disease or syndrome caused by the STD, including its symptoms;
  - b. Treatment options for the STD and where treatment may be obtained;
  - c. A description of how the STD is transmitted to others;
  - d. A description of measures to reduce the likelihood of transmitting the STD to others and that it is necessary to continue the measures until the infection is eliminated;
  - e. That it is necessary for the subject to notify individuals who may have been infected by the subject that the individuals need to be tested for the STD;
  - f. The availability of assistance from local health agencies or other resources; and
  - g. The confidential nature of the subject’s test results;
3. Report the information required in R9-6-202 to a local health agency; and
4. If the subject is pregnant and is a syphilis case, inform the subject of the requirement in R9-6-375 that the subject obtain serologic testing for syphilis three months, six months, and one year after initiating treatment for syphilis.

**R9-6-1103. Local Health Agency Requirements**

**A.** For each STD case, a local health agency shall:

1. Comply with the requirements in:
  - a. R9-6-313(A)(1) and (2) for each chancroid case reported to the local health agency, and
  - b. R9-6-375(A)(2)(a) through (c) for each syphilis case reported to the local health agency;
2. Offer or arrange for treatment for each STD case that seeks treatment from the local health agency for symptoms of:
  - a. Chancroid,
  - b. Chlamydia infection,
  - c. Gonorrhea, or
  - d. Syphilis;
3. Provide information about the following to each STD case that seeks treatment from the local health agency:
  - a. A description of the disease or syndrome caused by the applicable STD, including its symptoms;
  - b. Treatment options for the applicable STD;
  - c. A description of measures to reduce the likelihood of transmitting the STD to others and that it is necessary to continue the measures until the infection is eliminated; and
  - d. The confidential nature of the STD case’s test results; and
4. Inform the STD case that:
  - a. A chlamydia or gonorrhea case must notify each individual, with whom the chlamydia or gonorrhea case has had sexual contact within 60 days preceding the onset of chlamydia or gonorrhea symptoms up to the date the chlamydia or gonorrhea case began treatment for chlamydia or gonorrhea infection, of the need for the individual to be tested for chlamydia or gonorrhea; and
  - b. The Department or local health agency will notify, as specified in subsection (B), each contact named by a chancroid or syphilis case.

**B.** For each contact named by a chancroid or syphilis case, the Department or a local health agency shall:

1. Notify the contact named by a chancroid or syphilis case of the contact’s exposure to chancroid or syphilis and of the need for the contact to be tested for:
  - a. Chancroid, if the chancroid case has had sexual contact with the contact within 10 days preceding the onset of chancroid symptoms up to the date the chancroid case began treatment for chancroid infection; or
  - b. Syphilis, if the syphilis case has had sexual contact with the contact within:
    - i. 90 days preceding the onset of symptoms of primary syphilis up to the date the syphilis case began treatment for primary syphilis infection;

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- ii. Six months preceding the onset of symptoms of secondary syphilis up to the date the syphilis case began treatment for secondary syphilis infection; or
        - iii. 12 months preceding the date the syphilis case was diagnosed with syphilis if the syphilis case cannot identify when symptoms of primary or secondary syphilis began;
  - 2. Offer or arrange for each contact named by a chancroid or syphilis case to receive testing and, if appropriate, treatment for chancroid or syphilis; and
  - 3. Provide information to each contact named by a chancroid or syphilis case about:
    - a. The characteristics of the applicable STD,
    - b. The syndrome caused by the applicable STD,
    - c. Measures to reduce the likelihood of transmitting the applicable STD, and
    - d. The confidential nature of the contact's test results.
- C. For each contact of a chlamydia or gonorrhea case who seeks treatment from a local health agency for symptoms of chlamydia or gonorrhea, the local health agency shall:
  - 1. Offer or arrange for treatment for chlamydia or gonorrhea;
  - 2. Provide information to each contact of a chlamydia or gonorrhea case about:
    - a. The characteristics of the applicable STD,
    - b. The syndrome caused by the applicable STD,
    - c. Measures to reduce the likelihood of transmitting the applicable STD, and
    - d. The confidential nature of the contact's test results.

**R9-6-1104. Court-ordered STD-related Testing**

- A. A health care provider who receives the results of a test, ordered by the health care provider to detect an STD and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 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:
  - 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

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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.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
ADMINISTRATION

[R08-109]

PREAMBLE

**1. Sections Affected**

R9-22-101  
R9-22-117  
R9-22-1406  
R9-22-1408  
R9-22-1410  
R9-22-1410  
R9-22-1413  
R9-22-1428  
R9-22-1431  
R9-22-1701  
R9-22-1701  
R9-22-1702  
R9-22-1702  
R9-22-1703  
R9-22-1703  
R9-22-1704  
R9-22-1704  
R9-22-1705

**Rulemaking Action**

Amend  
Repeal  
Amend  
Amend  
Repeal  
New Section  
Amend  
Amend  
Amend  
Repeal  
New Section  
Repeal  
New Section  
Repeal  
New Section  
Repeal  
New Section  
New Section

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

Authorizing statute: A.R.S. § 36-2903.01

Implementing statute: A.R.S. § 36-2903.01

**3. The effective date of the rules:**

May 31, 2008

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

Notice of Rulemaking Docket Opening: 13 A.A.R. 2853, August 17, 2007

Notice of Proposed Rulemaking: 13 A.A.R. 4456, December 21, 2007

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

Name: Mariaelena Ugarte  
Address: AHCCCS  
Office of Administrative Legal Services  
701 E. Jefferson St., Mail Drop 6200  
Phoenix, AZ 85034  
Telephone: (602) 417-4693  
Fax: (602) 253-9115  
E-mail: AHCCCSRules@azahcccs.gov

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

A.R.S. § 36-2901, as amended in 2007, requires the Administration to update the eligibility income limit to 150 percent of the Federal Poverty Level (FPL) for a pregnant woman. The Administration is also proposing amendments to the rules to revise, reorganize, and clarify the enrollment requirements as specified in the Section 1115 Waiver with Centers for Medicare and Medicaid Services (CMS).

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

No study was reviewed during this rulemaking and the Agency does not anticipate reviewing any studies.

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

Not applicable

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

It is anticipated that the contractors, private sector, members, providers, small businesses, political subdivisions, the Department, and the Administration will be minimally impacted by the changes to the rule language. The areas of rule that describe the Sixth Omnibus Reconciliation Act (SOBRA) pregnant woman's federal poverty level will be changed from 133% to 150%. This increase in FPL will allow more uninsured pregnant women to meet the income requirements and qualify for medical assistance. The Administration is proposing amendments to the rules to revise, reorganize, and clarify the enrollment requirements as specified in the Section 1115 waiver. The enrollment rule updates will have minimal to no impact since the changes provide further detail and clarity. Where the member was given 16 days to choose a plan, they now have 30 days. This increase in time to choose a plan will have a minimal impact to the Administration, where system changes will be required to allow for this change. The member will benefit from the additional time to decide which plan they prefer.

**10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**

No substantive changes have been made between the proposed rules and the final rules. The Administration made the rules more clear, concise, and understandable by making grammatical, verb tense, punctuation, and structural changes throughout the rules.

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

The Administration did not receive any comments regarding the rules.

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

Not applicable

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

Not applicable

**14. Was this rule previously adopted as an emergency rule?**

No

**15. The full text of the rules follows:**

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
ADMINISTRATION

Notices of Final Rulemaking

ARTICLE 1. DEFINITIONS

Section

- R9-22-101. Location of Definitions
- R9-22-117. ~~Enrollment Related Definitions~~ Repealed

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS

Section

- R9-22-1406. Application Process
- R9-22-1408. Applicant and Member Responsibility
- R9-22-1410. ~~Eligibility Interview or Home Visit~~ Department Responsibilities
- R9-22-1413. Time-frames, Approval, Discontinuance, or Denial of an Application
- R9-22-1428. Eligibility for a Person Not Eligible as a Family
- R9-22-1431. Family Planning Services Extension Program (FPEP)

ARTICLE 17. ENROLLMENT

Section

- R9-22-1701. ~~Enrollment of a Member with an AHCCCS Contractor~~ Enrollment-Related Definitions
- R9-22-1702. ~~Effective Date of Enrollment with a Contractor and Notification to the Contractor~~ Enrollment of a Member with an AHCCCS Contractor
- R9-22-1703. ~~Newborn Enrollment~~ Effective Date of Enrollment with a Contractor
- R9-22-1704. ~~Guaranteed Enrollment Period~~ Newborn Enrollment
- R9-22-1705. Guaranteed Enrollment Period

ARTICLE 1. DEFINITIONS

**R9-22-101. Location of Definitions**

A. Location of definitions. Definitions applicable to this Chapter are found in the following:

Definition	Section or Citation
“Accommodation”	R9-22-701
“Act”	R9-22-101
“ADHS”	R9-22-101
“Administration”	A.R.S. § 36-2901
“Adverse action”	R9-22-101
“Affiliated corporate organization”	R9-22-101
“Aged”	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
“Aggregate”	R9-22-701
“AHCCCS”	R9-22-101
“AHCCCS inpatient hospital day or days of care”	R9-22-701
“AHCCCS registered provider”	R9-22-101
“Ambulance”	A.R.S. § 36-2201
“Ancillary department”	R9-22-701
“Ancillary service”	R9-22-701
“Anticipatory guidance”	R9-22-201
“Annual enrollment choice”	<del>R9-22-117</del> <u>R9-22-1701</u>
“APC”	R9-22-701
“Appellant”	R9-22-101
“Applicant”	R9-22-101
“Application”	R9-22-101
“Assessment”	R9-22-1101
“Assignment”	R9-22-101
“Attending physician”	R9-22-101
“Authorized representative”	R9-22-101
“Authorization”	R9-22-201

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“Auto-assignment algorithm”	<del>R9-22-117</del> <u>R9-22-1701</u>
“AZ-NBCCEDP”	R9-22-2001
“Baby Arizona”	R9-22-1401
“Behavior management services”	R9-22-1201
“Behavioral health adult therapeutic home”	R9-22-1201
“Behavioral health therapeutic home care services”	R9-22-1201
“Behavioral health evaluation”	R9-22-1201
“Behavioral health medical practitioner”	R9-22-1201
“Behavioral health professional”	R9-22-1201
“Behavioral health recipient”	R9-22-201
“Behavioral health service”	R9-22-1201
“Behavioral health technician”	R9-22-1201
“BHS”	R9-22-1401
“Billed charges”	R9-22-701
“Blind”	R9-22-1501
“Burial plot”	R9-22-1401
“Business agent”	R9-22-701 and R9-22-704
“Calculated inpatient costs”	R9-22-712.07
“Capital costs”	R9-22-701
“Capped fee-for-service”	R9-22-101
“Caretaker relative”	R9-22-1401
“Case management”	R9-22-1201
“Case record”	R9-22-101
“Case review”	R9-22-101
“Cash assistance”	R9-22-1401
<del>“Categorically eligible”</del> <u>“Categorically eligible”</u>	R9-22-101
“CCR”	R9-22-712
“Certified psychiatric nurse practitioner”	R9-22-1201
“Charge master”	R9-22-712
“Child”	R9-22-1503 and R9-22-1603
“Children’s Rehabilitative Services” or “CRS”	<del>R9-22-102</del> <u>R9-22-201</u>
“Claim”	R9-22-1101
“Claims paid amount”	R9-22-712.07
“Clean claim”	A.R.S. § 36-2904
“Clinical supervision”	R9-22-201
“CMDP”	<del>R9-22-117</del> <u>R9-22-1701</u>
“CMS”	R9-22-101
“Continuous stay”	R9-22-101
“Contract”	R9-22-101
<u>“Contract year”</u>	<u>R9-22-101</u>
“Contractor”	A.R.S. § 36-2901
“Copayment”	R9-22-701, R9-22-711 and R9-22-1603
“Cost avoid”	R9-22-1201
“Cost-To-Charge Ratio”	R9-22-701
“Covered charges”	R9-22-701
“Covered services”	R9-22-101
“CPT”	R9-22-701

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“Creditable coverage”	R9-22-2003 and 42 U.S.C. 300gg(c)
“Critical Access Hospital”	R9-22-701
“CRS”	R9-22-1401
“Cryotherapy”	R9-22-2001
“Customized DME”	R9-22-212
“Day”	R9-22-101 and R9-22-1101
“Date of the Notice of Adverse Action”	R9-22-1441
“DBHS”	R9-22-201
“DCSE”	R9-22-1401
“De novo hearing”	42 CFR 431.201
“Dentures” and “Denture services”	R9-22-201
“Department”	A.R.S. § 36-2901
“Dependent child”	A.R.S. § 46-101
“DES”	R9-22-101
“Diagnostic services”	R9-22-101
“Director”	R9-22-101
“Disabled”	R9-22-1501
“Discussion”	R9-22-101
“Disenrollment”	<del>R9-22-117</del> <u>R9-22-1701</u>
“DME”	R9-22-101
“DRI inflation factor”	R9-22-701
“E.P.S.D.T. services”	42 CFR 440.40(b)
“Eligibility posting”	R9-22-701
“Eligible person”	A.R.S. § 36-2901
“Emergency behavioral health condition for the non-FES member”	R9-22-201
“Emergency behavioral health services for the non-FES member”	R9-22-201
“Emergency medical condition for the non-FES member”	R9-22-201
“Emergency medical services for the non-FES member”	R9-22-201
“Emergency medical or behavioral health condition for a FES member”	R9-22-217
“Emergency services costs”	A.R.S. § 36-2903.07
“Encounter”	R9-22-701
“Enrollment”	<del>R9-22-117</del> <u>R9-22-1701</u>
“Enumeration”	R9-22-101
“Equity”	R9-22-101
“Experimental services”	R9-22-101
“Existing outpatient service”	R9-22-701
“Expansion funds”	R9-22-701
“FAA”	R9-22-1401
“Facility”	R9-22-101
“Factor”	R9-22-701 and 42 CFR 447.10
“FBR”	R9-22-101
“Federal financial participation” or “FFP”	42 CFR 400.203
“Federal poverty level” or “FPL”	A.R.S. § 36-2981
“Fee-For-Service” or “FFS”	R9-22-101

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“FES member”	R9-22-101
“FESP”	R9-22-101
“First-party liability”	R9-22-1001
“File”	R9-22-1101
“Fiscal agent”	R9-22-210
“Fiscal intermediary”	R9-22-701
“Foster care maintenance payment”	42 U.S.C. 675(4)(A)
“FQHC”	R9-22-101
“Free Standing Children’s Hospital”	R9-22-701
“Fund”	R9-22-712.07
“Graduate medical education (GME) program”	R9-22-701
“Grievance”	R9-34-202
“GSA”	R9-22-101
“HCPCS”	R9-22-701
“Health care practitioner”	R9-22-1201
“Hearing aid”	R9-22-201
“HIPAA”	R9-22-701
“Home health services”	R9-22-201
“Homebound”	R9-22-1401
“Hospital”	R9-22-101
“In-kind income”	R9-22-1420
“Insured entity”	R9-22-720
“Intermediate Care Facility for the Mentally Retarded” or “ICF-MR”	42 USC <u>U.S.C.</u> 1396d(d)
“ICU”	R9-22-701
“IHS”	<del>R9-22-117</del> <u>R9-22-101</u>
“IHS enrolled” or “enrolled with IHS”	R9-22-708
“IMD” or “Institution for Mental Diseases”	42 CFR 435.1010 and R9-22-201
“Income”	R9-22-1401 and R9-22-1603
“Indigent”	R9-22-1401
“Individual”	R9-22-211
“Inmate of a public institution”	42 CFR 435.1010
“Inpatient covered charges”	R9-22-712.07
“Interested party”	R9-22-101
“Intern and Resident Information System”	R9-22-701
“LEEP”	R9-22-2001
“Legal representative”	R9-22-101
“Level I trauma center”	R9-22-2101
“License” or “licensure”	R9-22-101
“Licensee”	R9-22-1201
“Liquid assets”	R9-22-1401
“Mailing date”	R9-22-101
“Medical education costs”	R9-22-701
“Medical expense deduction” or “MED”	R9-22-1401
“Medical record”	R9-22-101
“Medical review”	R9-22-701
“Medical services”	A.R.S. § 36-401

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“Medical supplies”	R9-22-201
“Medical support”	R9-22-1401
“Medically necessary”	R9-22-101
“Medicare claim”	R9-22-101
“Medicare HMO”	R9-22-101
“Member”	A.R.S. § 36-2901
“Mental disorder”	A.R.S. § 36-501
“Milliman study”	R9-22-712.07
“Monthly equivalent”	R9-22-1421 and R9-22-1603
“Monthly income”	R9-22-1421 and R9-22-1603
“National Standard code sets”	R9-22-701
“New hospital”	R9-22-701
“NICU”	R9-22-701
“Noncontracted Hospital”	R9-22-718
“Noncontracting provider”	A.R.S. § 36-2901
“Non-FES member”	R9-22-201
“Non-IHS Acute Hospital”	R9-22-701
“Nonparent caretaker relative”	R9-22-1401
“Notice of findings”	R9-22-109
“Nursing facility” or “NF”	42 U.S.C. 1396r(a)
“OBHL”	R9-22-1201
“Observation day”	R9-22-701
“Occupational therapy”	R9-22-201
“Offeror”	R9-22-101
“Operating costs”	R9-22-701
“Organized health care delivery system”	R9-22-701
“Outlier”	R9-22-701
“Outpatient hospital service”	R9-22-701
“Ownership change”	R9-22-701
“Ownership interest”	42 CFR 455.101
“Parent”	R9-22-1603
“Partial Care”	R9-22-1201
“Participating institution”	R9-22-701
“Peer group”	R9-22-701
“Peer-reviewed study”	R9-22-2001
“Penalty”	R9-22-1101
“Pharmaceutical service”	R9-22-201
“Physical therapy”	R9-22-201
“Physician”	R9-22-101
“Physician assistant”	R9-22-1201
“Post-stabilization services”	R9-22-201 or 42 CFR 422.113
“PPC”	R9-22-701
“PPS bed”	R9-22-701
“Practitioner”	R9-22-101
“Pre-enrollment process”	R9-22-1401
“Premium”	R9-22-1603
“Prescription”	R9-22-101

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“Primary care provider” or “PCP”	R9-22-101
“Primary care provider services”	R9-22-201
“Prior authorization”	R9-22-101
“Prior period coverage” or “PPC”	R9-22-701
“Procedure code”	R9-22-701
“Proposal”	R9-22-101
“Prospective rates”	R9-22-701
“Psychiatrist”	R9-22-1201
“Psychologist”	R9-22-1201
“Psychosocial rehabilitation services”	R9-22-201
“Public hospital”	R9-22-701
“Qualified alien”	A.R.S. § 36-2903.03
“Qualified behavioral health service provider”	R9-22-1201
“Quality management”	R9-22-501
“Radiology”	R9-22-101
“RBHA” or “Regional Behavioral Health Authority”	R9-22-201
“Reason to know”	R9-22-1101
“Rebase”	R9-22-701
“Referral”	R9-22-101
“Rehabilitation services”	R9-22-101
“Reinsurance”	R9-22-701
“Remittance advice”	R9-22-701
“Resident”	R9-22-701
“Residual functional deficit”	R9-22-201
“Resources”	R9-22-1401
“Respiratory therapy”	R9-22-201
“Respite”	R9-22-1201
“Responsible offeror”	R9-22-101
“Responsive offeror”	R9-22-101
“Revenue Code”	R9-22-701
“Review”	R9-22-101
“Review month”	R9-22-101
“RFP”	R9-22-101
“Rural Contractor”	R9-22-718
“Rural Hospital”	R9-22-712.07 and R9-22-718
“Scope of services”	R9-22-201
“Section 1115 Waiver”	A.R.S. § 36-2901
“Service location”	R9-22-101
“Service site”	R9-22-101
“SOBRA”	R9-22-101
“Specialist”	R9-22-101
“Specialty facility”	R9-22-701
“Speech therapy”	R9-22-201
“Spendthrift restriction”	R9-22-1401
“Sponsor”	R9-22-1401
“Sponsor deemed income”	R9-22-1401
“Sponsoring institution”	R9-22-701

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“Spouse”	R9-22-101
“SSA”	42 CFR 1000.10
“SSDI Temporary Medical Coverage”	R9-22-1603
“SSI”	42 CFR 435.4
“SSN”	R9-22-101
“Stabilize”	42 U.S.C. 1395dd
“Standard of care”	R9-22-101
“Sterilization”	R9-22-201
“Subcontract”	R9-22-101
“Submitted”	A.R.S. § 36-2904
“Substance abuse”	R9-22-201
“SVES”	R9-22-1401
“Therapeutic foster care services”	R9-22-1201
“Third-party”	R9-22-1001
“Third-party liability”	R9-22-1001
“Tier”	R9-22-701
“Tiered per diem”	R9-22-701
“Title IV-D”	R9-22-1401
“Title IV-E”	R9-22-1401
“Total Inpatient payments”	R9-22-712.07
“Trauma and Emergency Services Fund”	A.R.S. § 36-2903.07
“TRBHA” or “Tribal Regional Behavioral Health Authority”	R9-22-1201
“Treatment”	R9-22-2004
“Tribal Facility”	A.R.S. § 36-2981
“Unrecovered trauma center readiness costs”	R9-22-2101
“Urban Contractor”	R9-22-718
“Urban Hospital”	R9-22-718
“USCIS”	R9-22-1401
“Utilization management”	R9-22-501
“WWHP”	R9-22-2001

**B.** General definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

“Act” means the Social Security Act.

“ADHS” means the Arizona Department of Health Services.

“Adverse action” means an action taken by the Department or Administration to deny, discontinue, or reduce medical assistance.

“Affiliated corporate organization” means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

“AHCCCS” means the Arizona Health Care Cost Containment System, which is composed of the Administration, contractors, and other arrangements through which health care services are provided to a member.

“AHCCCS registered provider” means a provider or noncontracting provider who:

Enters into a provider agreement with the Administration under R9-22-703(A), and

Meets license or certification requirements to provide covered services.

“Appellant” means an applicant or member who is appealing an adverse action by the Department or Administration.

“Applicant” means a person who submits or whose authorized representative submits; a written, signed, and dated application for AHCCCS benefits.

“Application” means an official request for AHCCCS medical coverage made under this Chapter.

“Assignment” means enrollment of a member with a contractor by the Administration.

“Attending physician” means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

“Authorized representative” means a person who is authorized to apply for medical assistance or act on behalf of another person.

“Capped fee-for-service” means the payment mechanism by which a provider of care is reimbursed upon submission of a valid claim for a specific covered service or equipment provided to a member. A payment is made in accordance with an upper, or capped, limit established by the Director. This capped limit can be either a specific dollar amount or a percentage of billed charges.

“Case record” means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

“Case review” means the Administration’s evaluation of an individual’s or family’s circumstances and case record in a review month.

~~“Categorically eligible”~~ “Categorically eligible” means a person who is eligible under A.R.S. §§ 36-2901(6)(a)(i), (ii), or (iii) or 36-2934.

“CMS” means the Centers for Medicare and Medicaid Services.

“Continuous stay” means a period during which a member receives inpatient hospital services without interruption beginning with the date of admission and ending with the date of discharge or date of death.

“Contract” means a written agreement entered into between a person, an organization, or other entity and the Administration to provide health care services to a member under A.R.S. Title 36, Chapter 29, and this Chapter.

“Contract year” means the period beginning on October 1 of a year and continuing until September 30 of the following year.

“Covered services” means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.

“Day” means a calendar day unless otherwise specified.

“DES” means the Department of Economic Security.

“Diagnostic services” means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

“Director” means the Director of the Administration or the Director’s designee.

“Discussion” means an oral or written exchange of information or any form of negotiation.

“DME” means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

“Enumeration” means the assignment of a nine-digit identification number to a person by the Social Security Administration.

“Equity” means the county assessor full cash value or market value of a resource minus valid liens, encumbrances, or both.

“Experimental services” means services that are associated with treatment or diagnostic evaluation and that are not generally and widely accepted as a standard of care in the practice of medicine in the United States unless:

The weight of the evidence in peer-reviewed articles in medical journals published in the United States supports the safety and effectiveness of the service; or

In the absence of peer-reviewed articles, for services that are rarely used, novel, or relatively unknown in the general professional medical community, the weight of opinions from specialists who provide the service attests to the safety and effectiveness of the service.

“Facility” means a building or portion of a building licensed or certified by the Arizona Department of Health Services as a health care institution under A.R.S. Title 36, Chapter 4, to provide a medical service, a nursing service, or other health care or health-related service.

“FBR” means Federal Benefit Rate, the maximum monthly Supplemental Security Income payment rate for a member or a married couple.

“Fee-For-Service” or “FFS” means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

“FES member” means a person who is eligible to receive emergency medical and behavioral health services through

the FESP under R9-22-217.

“FESP” means the federal emergency services program under R9-22-217 which covers services to treat an emergency medical or behavioral health condition for a member who is determined eligible under A.R.S. § 36-2903.03(D).

“FQHC” means federally qualified health center.

“GSA” means a geographical service area designated by the Administration within which a contractor provides, directly or through a subcontract, a covered health care service to a member enrolled with the contractor.

“Hospital” means a health care institution that is licensed as a hospital by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4, Article 2, and certified as a provider under Title XVIII of the Social Security Act, as amended, or is currently determined, by the Arizona Department of Health Services as the CMS designee, to meet the requirements of certification.

“IHS” means Indian Health Service.

“Interested party” means an actual or prospective offeror whose economic interest may be directly affected by the issuance of an RFP, the award of a contract, or by the failure to award a contract.

“Legal representative” means a custodial parent of a child under 18, a guardian, or a conservator.

“License” or “licensure” means a nontransferable authorization that is granted based on established standards in law by a state or a county regulatory agency or board and allows a health care provider to lawfully render a health care service.

“Mailing date” when used in reference to a document sent first class, postage prepaid, through the United States mail, means the date:

Shown on the postmark;

Shown on the postage meter mark of the envelope, if no postmark; or

Entered as the date on the document if there is no legible postmark or postage meter mark.

“Medical record” means a document that relates to medical or behavioral health services provided to a member by a physician or other licensed practitioner of the healing arts and that is kept at the site of the provider.

“Medically necessary” means a covered service is provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.

“Medicare claim” means a claim for Medicare-covered services for a member with Medicare coverage.

“Medicare HMO” means a health maintenance organization that has a current contract with Centers for Medicare and Medicaid Services for participation in the Medicare program under 42 CFR 417 Subpart L.

“Offeror” means an individual or entity that submits a proposal to the Administration in response to an RFP.

“Physician” means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Practitioner” means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

“Prescription” means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

“Primary care provider” or “PCP” means an individual who meets the requirements of A.R.S. § 36-2901(12) or (13), and who is responsible for the management of a member’s health care.

“Prior authorization” means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services contingent on the medical necessity of the services.

“Prior period coverage” means the period prior to the member’s enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, whichever is later, and continues until the day the member is enrolled with a contractor.

“Proposal” means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

“Radiology” means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

“Referral” means the process by which a member is directed by a primary care provider or an attending physician to another appropriate provider or resource for diagnosis or treatment.

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“Rehabilitation services” means physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level.

“Responsible offeror” means an individual or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

“Responsive offeror” means an individual or entity that submits a proposal that conforms in all material respects to an RFP.

“Review” means a review of all factors affecting a member’s eligibility.

“Review month” means the month in which the individual’s or family’s circumstances and case record are reviewed.

“RFP” means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

“Service location” means a location at which a member obtains a covered service provided by a physician or other licensed practitioner of the healing arts under the terms of a contract.

“Service site” means a location designated by a contractor as the location at which a member is to receive covered services.

“SOBRA” means Section 9401 of the Sixth Omnibus Budget Reconciliation Act, 1986, amended by the Medicare Catastrophic Coverage Act of 1988, 42 U.S.C. 1396a(a)(10)(A)(i)(IV), 42 U.S.C. 1396a(a)(10)(A)(i)(VI), and 42 U.S.C. 1396a(a)(10)(A)(i)(VII).

“Specialist” means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

“Spouse” means a person who has entered into a contract of marriage recognized as valid by this state.

“SSN” means Social Security number.

“Standard of care” means a medical procedure or process that is accepted as treatment for a specific illness, injury, or medical condition through custom, peer review, or consensus by the professional medical community.

“Subcontract” means an agreement entered into by a contractor with any of the following:

A provider of health care services who agrees to furnish covered services to a member,

A marketing organization, or

Any other organization or person ~~who~~ that agrees to perform any administrative function or service for the contractor specifically related to securing or fulfilling the contractor’s obligation to the Administration under the terms of a contract.

**R9-22-117. ~~Enrollment Related Definitions Repealed~~**

~~In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:~~

~~“Annual enrollment choice” means the annual opportunity for a person to change contractors.~~

~~“Auto-assignment algorithm” means the mathematical formula used by the Administration to assign persons to the various contractors.~~

~~“CMDP” means Comprehensive Medical and Dental Program.~~

~~“Disenrollment” means the discontinuance of a person’s entitlement to receive covered services from a contractor of record.~~

~~“Enrollment” means the process by which an eligible person becomes a member of a contractor’s plan.~~

~~“IHS” means Indian Health Service.~~

**ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR FAMILIES AND INDIVIDUALS**

**R9-22-1406. Application Process**

**A.** Right to apply. A person ~~identified in subsection (B)~~ may apply for AHCCCS medical coverage by submitting a ~~signed Department approved or an~~ Administration-approved written application to the Administration, an FAA office, or one of the following outstation locations ~~under 42 CFR 435.904:~~

1. A BHS site ~~as provided in A.R.S. § 36-3431;~~

2. A CRS site ~~as provided in A.R.S. § 36-264~~ A facility contracted with CRS Administration;

3. A Baby Arizona-approved provider’s office, if the applicant is a pregnant woman;

4. A Federally Qualified Health Center or disproportionate share hospital under 42 U.S.C. 1396r-4; or

5. Any other site, including a hospital, approved by the Department or the Administration.

~~**B.** Who may apply for a person. Any of the following may submit an application for an applicant:~~

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1. The applicant's legal representative;
2. The applicant;
3. The applicant's spouse;
4. The applicant's parent;
5. The applicant's authorized representative, designated by the applicant either in writing or verbally in the presence of an employee of the Administration or Administration's designee;
6. An adult who lives with the applicant;
7. The applicant's adult child; or
8. Another party if the applicant is:
  - a. A child less than 18 years old;
  - b. A child who is age 18 and a student; or
  - c. An adult who is incapacitated. The Administration or Administration's designee shall require incapacity to be verified by written documentation signed by a licensed physician or by one of the following:
    - i. A physician assistant;
    - ii. A nurse practitioner; or
    - iii. A registered nurse, under the direction of a licensed physician.

~~C.B.~~ **B.** Written application. To initiate the application process, a any person listed in subsection (B) may apply by shall submit submitting a written application under 42 CFR 435.907 with the appropriate signatures to one of the sites listed in subsection (A) under 42 CFR 435.907 to one of the sites listed in subsection (A).

1. A written application is one that contains the legible name and address, or location where the applicant can be reached, of each person requesting AHCCCS medical coverage and the signature of the person who is submitting the application.
  - a. Applicant's legible name.
  - b. Address or location where the applicant can be reached.
  - c. Signature of the person listed in subsection (D)(2) or (D)(3).
  - d. Date the application was signed.
2. The Administration or Administration's designee shall require that a third party witness the signing and attest by signing the application if the individual signing the application signs with a mark.
3. The Administration or Administration's designee shall accept an application for a person who is incapacitated and whose name and address are unknown.

~~D.C.~~ **C.** Date of application. The date of application is the date a written application is received by the Administration or its designee at a location listed in subsection (A).

~~E.D.~~ **D.** Complete application form.

- ~~1.~~ **1.** An applicant or a person applying on behalf of the applicant shall provide all information requested on the application form.
  1. The Administration shall consider an application complete when:
    - a. All questions are answered; and
    - b. All necessary verification is provided by an applicant or an applicant's representative.
  2. The Administration or Administration's designee shall not approve an application unless the applicant's legal representative, if one exists, signs the declarations on the application relating to the applicant's eligibility, under penalty of perjury.
  3. If there is no legal representative, or the legal representative is incapacitated, one of the following shall sign the declarations on the application relating to the applicant's eligibility, under penalty of perjury:
    - a. The applicant, if age 18 or older;
    - b. The applicant, if less than 18 years old and married or not living with a parent;
    - c. The applicant's spouse if the applicant and spouse are not legally separated;
    - d. An adult who lives with an applicant who, if the applicant is less than 18 years old or age 18 and a student;
    - e. One of the unmarried partners if living together with a child in common, if the child is the applicant; ~~or~~
    - f. Another party, if the applicant is incapacitated and no one listed in subsections ~~(E)(3)(a)~~ (D)(3)(a) through (e) is available to sign the application on the applicant's behalf. The Administration shall require incapacity to be verified by written documentation signed by a licensed physician or by one of the following:
      - i. A physician assistant,
      - ii. A nurse practitioner, or
      - iii. A registered nurse under the direction of a licensed physician; or
    - ~~g.~~ **g.** A person listed in subsection (E)(2) or (E)(3)(a) through (e) may authorize, verbally in the presence of an employee of the Administration or Administration's designee or in writing, someone else to represent the applicant in the application process. The authorized representative may sign the declarations on the application relating to the applicant's eligibility, under penalty of perjury.
    - ~~g.~~ **g.** A person authorized verbally in the presence of an employee of the Administration or the Administration's designee

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nee or in writing, by a person listed in subsection (D)(2) or (D)(3)(a) through (c), to represent the applicant in the application process. The authorized representative may sign the declaration on the application relating to the applicant's eligibility, under penalty or perjury.

4. Unmarried adults not applying for a child in common shall each sign the application if using the same application form.
5. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
6. If the application is incomplete, the Administration or the Administration's designee shall do at least one of the following:
  - a. Contact an applicant or an applicant's representative by telephone or electronic medium to obtain the missing information required for an eligibility determination;
  - b. Mail a request for additional information to an applicant or an applicant's representative, allowing 10 days from the date of the request to provide the required additional information; or
  - c. Meet with the applicant, representative, or household member.

**F.E.** Assistance with application. The Administration or Administration's designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.

**R9-22-1408. Applicant and Member Responsibility**

- A. An applicant and a member shall authorize the Department to obtain verification for initial eligibility or continuation of eligibility.
- B. As a condition of eligibility, an applicant or a member shall:
  1. ~~Give~~ Provide the Department with complete and truthful information. The Department may deny an application or discontinue eligibility if:
    - a. The applicant or member fails to provide information necessary for initial or continuing eligibility;
    - b. The applicant or member fails to provide the Department with written authorization to permit the Department to obtain necessary initial or continuing eligibility verification;
    - c. The applicant or member fails to provide verification under R9-22-1412 after the Department made an effort to obtain the necessary verification but has not obtained the necessary information; or
    - d. The applicant or member does not assist the Department in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility;
  2. Cooperate with the Division of Child Support Enforcement (DCSE) in establishing paternity and enforcing medical support obligations when requested unless good cause exists for not cooperating under 42 CFR 433.147 as of ~~January 19, 1993~~ October 1, 2006, which is incorporated by reference, ~~and~~ on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol ~~Street St.~~, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The Department shall not deny AHCCCS eligibility to an applicant who would otherwise be eligible, is a minor child, and whose parent or legal representative does not cooperate with the medical support requirements under subsection (E) or first- and third-party liability requirements under Article 10 of this Chapter; and
  3. Provide the following information concerning third-party coverage for medical care:
    - a. Name of policyholder.
    - b. Policyholder's relationship to the applicant or member.
    - c. SSN of the policy holder.
    - d. Name and address of the insurance company, and
    - e. Policy number.
- C. A member or an applicant shall:
  1. Send to the Department any medical support payments received while the member is eligible ~~resulting that result~~ from a medical support order;
  2. Cooperate with the Administration or Administration's designee regarding any issues arising as a result of ~~the Medicaid Eligibility Quality Control Program under Article 9 of this Chapter described under A.R.S. § 36-2903.01;~~ and
  3. Inform the Department of the following changes within 10 days from the date the applicant or member knows of a change:
    - a. In address;
    - b. In the household's composition;
    - c. In income;
    - d. In resources, when required under R9-22-1438 for the Medical Expense Deduction (MED) program;
    - e. In Arizona state residency;
    - f. In citizenship or immigrant status;
    - g. In first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs; or
    - h. That may affect the member's or applicant's eligibility, including a change in a woman's pregnancy status.

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- D. As a condition of eligibility, an applicant or a member shall apply for other benefits as required under 42 CFR 435.608 as of ~~November 21, 1990~~ October 1, 2006, which is incorporated by reference, and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street St., NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- E. As a condition of eligibility, an applicant or a member shall cooperate with the ~~Assignment of Rights~~ assignment of rights under R9-22-1404. If the applicant or member receives medical care and services for which a first or third party is or may be liable, the applicant or member shall: ~~1. Cooperate~~ cooperate with the Department and the Administration in identifying and providing information to assist the Department and the Administration in pursuing any first or third party who is or may be liable to pay for medical care and services.
  - 2. Except as provided in subsections (E)(3) and (E)(4), a parent, legal representative, or other legally responsible adult who applies for AHCCCS medical coverage on behalf of a child shall cooperate with the Department to establish paternity and obtain medical support or other payments as provided in A.R.S. § 46-292(C).
  - 3. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Department with information regarding paternity or medical support from a father of a child born out of wedlock.
  - 4. A parent who is not requesting AHCCCS medical coverage for himself or herself is not required to provide the Department with information regarding paternity or medical support from an absent parent under R9-22-1427(E).
- F. At an initial application interview and at any review, the Department shall explain to an applicant or member the following requirements:
  - 1. To cooperate with DCSE in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
  - 2. To establish good cause for not cooperating with DCSE in establishing paternity and enforcing medical support;
  - 3. To report a change listed in subsection (C)(3) no later than 10 days from the date the applicant or member knows of the change;
  - 4. To send to the Department any medical support received through a Title IV-D court order; and
  - 5. To cooperate with the Department and Administration's assignment of rights and securing payments received from any liable party for a member's medical care.
- G. An applicant or member shall provide the following health insurance information, if applicable, at the initial interview, within 10 days of becoming aware of a new source of health insurance, and at any eligibility review:
  - 1. Name of policyholder;
  - 2. Policyholder's relationship to the applicant or member;
  - 3. SSN of the policy holder;
  - 4. Name and address of the insurance company; and
  - 5. Policy number.
- E. As a condition of eligibility of a child whose parent, legal representative, or other legally responsible adult applies for AHCCCS medical coverage on behalf of the child, the individual who applies for the child shall cooperate with the Department to establish paternity and obtain medical support or other payments as provided in A.R.S. § 46-292(C). However, a pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Department with information regarding paternity or medical support from a father of a child born out of wedlock.

**R9-22-1410. Eligibility Interview or Home Visit Department Responsibilities**

- A. Scheduling an interview or home visit.
  - 1. Upon receipt of an application, the Department shall:
    - a. Schedule an initial eligibility interview or a home visit if requested by a homebound applicant or if the Department believes that a home visit may avoid an eligibility error; and
    - b. Provide the applicant a written notice of the scheduled interview or home visit.
  - 2. The Department shall not require an initial interview or home visit under subsection (A)(1) unless the application received does not include sufficient information to determine eligibility under this Article for an applicant whose application is received from:
    - a. A Baby Arizona provider;
    - b. A KidsCare office under 9 A.A.C. 31;
    - c. A CRS site;
    - d. A BHS site; or
    - e. Another agency or entity approved by the Administration to conduct an interview.
- B. Attending the interview. As a condition of eligibility, the applicant or the applicant's representative shall attend any required interview.
- C. Good cause for failure to attend an interview.
  - 1. Upon request, the Department shall reschedule the initial interview if the applicant or member or the applicant's or member's representative had good cause for missing the interview and a request for a rescheduled interview is made by the 45th day from the date of application. Good cause includes:
    - a. Hospitalization;

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- b. Illness;
  - e. Serious injury or accident involving an applicant or member of the applicant's or member's household that made it impossible to contact the local FAA office, or
  - d. Any unanticipated occurrence that made it impossible to contact the local FAA office.
2. Notwithstanding subsection (C)(1), the Department shall deny the applicant's or member's eligibility if the second interview is missed.
- D.** Department's obligations at the eligibility interview. During the initial interview or eligibility review interview, a Department representative shall:
- 1. Offer to help the applicant or member to complete the application form and to obtain required verification;
  - 2. Provide the applicant or member with information explaining:
    - a. The eligibility and verification requirements for AHCCCS medical coverage;
    - b. The requirement that the applicant or member obtain and provide a SSN to the Department;
    - e. How the Department uses the SSN;
    - d. The Department's practice of exchanging eligibility and income information through the SVES;
    - e. The applicant and member's right to appeal an adverse action under R9-22-1441;
    - f. The assignment of rights under operation of law as provided in A.R.S. § 36-2903;
    - g. That the Department will use information to complete data matches with potentially liable parties;
    - h. The eligibility review process;
    - i. The program coverage and the types of services available under each program;
    - j. The AHCCCS pre-enrollment process;
    - k. Availability of continued AHCCCS medical coverage under R9-22-1427;
    - l. That the Department shall use the Systematic Alien Verification for Entitlements (SAVE) process to verify eligible alien status; and
    - m. That the Department shall help the applicant or member obtain necessary verification if the applicant or member asks for help;
  - 3. Review the penalties for perjury and fraud printed on the application;
  - 4. Review any verification items provided by the applicant or member and give a written list of additional verification items and time frames within which the applicant or member shall provide information to the Department;
  - 5. Explain the applicant and member's responsibilities under R9-22-1408;
  - 6. Review all reporting requirements and explain that the applicant or member may lose the earned income disregards defined in R9-22-1420 if the applicant or member fails to timely report earned income changes; and
  - 7. Explain the MED program under R9-22-1435 through R9-22-1440
- A.** The Department shall provide during the application process to the applicant or member information explaining the requirements to:
- 1. Cooperate with DCSE in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating.
  - 2. If applicable, establish good cause for not cooperating with DCSE in establishing paternity and enforcing medical support.
  - 3. Report a change listed in R9-22-1408(C)(3) no later than 10 days from the date the applicant or member knows of the change;
  - 4. Send to the Department any medical support payments received through a Title IV-D court order; and
  - 5. Cooperate with the Department's and Administration's assignment of rights and securing payments received from any liable party for a member's medical care.
- B.** At initial application or eligibility review a Department representative shall:
- 1. Offer to help the applicant or member to complete the application form and to obtain required verification;
  - 2. Provide the applicant or member with information explaining:
    - a. The eligibility and verification requirements for AHCCCS medical coverage.
    - b. The requirement that the applicant or member obtain and provide a SSN to the Department.
    - c. How the Department uses the SSN.
    - d. The Department's practice of exchanging eligibility and income information through the State Verification and Exchange System (SVES).
    - e. The applicant and member's right to appeal an adverse action under R9-22-1441.
    - f. The assignment of rights under operation of law as provided in A.R.S. § 36-2903.
    - g. That the Department will use any information provided by the member to complete data matches with potentially liable parties.
    - h. The eligibility review process.
    - i. The program coverage and the types of services available under each program.
    - j. The AHCCCS pre-enrollment process.
    - k. Availability of continued AHCCCS medical coverage under R9-22-1427.

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- l. That the Department will use the Systematic Alien Verification for Entitlements (SAVE) process to verify eligible alien status, and
- m. That the Department will help the applicant or member obtain necessary verification if the applicant or member asks for help;
3. Provide information regarding the penalties for perjury and fraud printed on the application;
4. Review any verification items provided by the applicant or member and inform the member of any additional verification items and time-frames within which the applicant or member shall provide information to the Department;
5. Explain to the applicant or member the applicant's and member's responsibilities under R9-22-1408;
6. Provide information regarding all reporting requirements and explain to the applicant or member that the applicant or member may lose the earned income disregards under R9-22-1420 if the applicant or member fails to timely report earned income changes.

**R9-22-1413. Time-frames, Approval, Discontinuance, or Denial of an Application**

- A. Application processing time. The Department shall complete an eligibility determination under 42 CFR 435.911 within 45 days after the application date under R9-22-1406 unless:
1. The applicant is pregnant. The Department shall ~~determine eligibility~~ complete an eligibility determination for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility; or
  2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Department's receipt of a signed application the Department shall: complete an eligibility determination if the Department does not need additional information or verification to determine eligibility.
    - a. ~~Complete an eligibility interview and ask all of the questions on the application, and~~
    - b. ~~Complete an eligibility determination if the Department does not need additional information or verification to determine eligibility.~~
- B. Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Department shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:
1. The name of each approved applicant,
  2. The effective date of eligibility as defined in R9-22-1416 for each approved applicant,
  3. The reason and the legal citations if a member is approved for only emergency medical services, and
  4. The applicant's right to appeal the decision under R9-22-1441(A).
- C. Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Department shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:
1. The name of each ineligible applicant,
  2. The specific reason why the applicant is ineligible,
  3. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
  4. The legal citations supporting the reason for the ineligibility,
  5. The location where the applicant can review the legal citations,
  6. The date of ~~ineligibility, the application being denied;~~ and
  7. The applicant's right to appeal the decision and request a hearing.
- D. The Department shall reopen an application or reinstate eligibility of a member when any of the following conditions are met:
1. The denial or discontinuance of eligibility was due to an administrative error,
  2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance,
  3. The member informs the Department of a change of circumstances prior to the effective date of the discontinuance, that would allow for continued eligibility, or
  4. ~~The following a discontinuance~~ the member requests and is eligible for continuation of medical coverage pending an appeal under R9-22-1441.

**R9-22-1428. Eligibility for a Person Not Eligible as a Family**

Income standards. A person who is not approved in a family unit under R9-22-1427 but meets all the eligibility requirements in the Article is eligible for AHCCCS medical coverage if countable income does not exceed the following percentage of the FPL:

1. 150 percent for a pregnant woman,
- ~~1-2.~~ 140 percent for a child under one year of age,
- ~~2-3.~~ 133 percent for a ~~pregnant woman or a~~ child age one through five years of age, or
- ~~3-4.~~ 100 percent for all other persons.

**R9-22-1431. Family Planning Services Extension Program (FPEP)**

- A. A member who loses eligibility for AHCCCS medical coverage under R9-22-1430 due to the postpartum period ending

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and who has no other creditable coverage, as specified in 42 U.S.C. 300gg(c), may receive up to 24 months of family planning services as provided in this Section and A.R.S. § 36-2907.04.

- B.** Review of eligibility.
  - 1. The Department shall complete a review of each member's continued eligibility for FPEP at least once every 12 months.
  - 2. If a member continues to meet all eligibility requirements, the Department shall authorize continued eligibility for the FPEP and notify the member of continued eligibility.
  - 3. The Department shall discontinue eligibility and notify the member of the discontinuance under R9-22-1415 if the member:
    - a. Has income that exceeds ~~433~~ 150 percent of the FPL at the time of the 12-month review,
    - b. Fails to comply with a review of eligibility under this subsection, or
    - c. Meets any of the criteria under subsection (D).
- C.** Changes in the member's income after the initial or review eligibility determination shall not impact the member's eligibility during the following 12-month period.
- D.** The Administration or its designee shall deny or terminate a member from FPEP under this Section if the member:
  - 1. Voluntarily withdraws from the program;
  - 2. Has whereabouts that are unknown;
  - 3. Fails to provide information to the Administration or ~~Department~~; the Administration's designee;
  - 4. Becomes an inmate of a public institution;
  - 5. Moves out-of-state;
  - 6. Has creditable coverage under 42 U.S.C. 300gg(c);
  - 7. Fails to meet the documentation requirements for U.S. citizenship or legal alien status under A.R.S. § 36-2903.03;
  - 8. Becomes eligible under 9 A.A.C. ~~Chapter 22~~, 9 A.A.C. Chapter 28, or 9 A.A.C. Chapter 31 for full services under Article 2 of this Chapter;
  - 9. Becomes sterile; or
  - 10. Dies.
- E.** The Administration or its designee shall not reinstate eligibility under this Section after the effective date of a discontinuance of eligibility unless the discontinuance is overturned on appeal or resulted from an administrative error.

**R9-22-1701. Enrollment of a Member with an AHCCCS Contractor Enrollment-Related Definitions**

- A. General Enrollment Requirements.**
  - 1. ~~Except as provided in subsections (A)(3), (A)(4), and (C), a member, determined eligible under this Chapter and residing in an area served by more than one contractor, shall have freedom of choice in the selection of a contractor serving the member's GSA within 16 days from the date of the initial interview. A Native American member may select IHS or another available contractor.~~
  - 2. ~~If the member does not make a choice, the Administration shall auto-assign the member to IHS if the member is a Native American living on a reservation, a contractor based on family continuity, or the auto-assignment algorithm.~~
  - 3. ~~The Administration shall enroll a member with the member's most recent contractor of record, if available, if the member's period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days except if:~~
    - a. ~~The member no longer resides in the contractor's GSA;~~
    - b. ~~The contractor's contract is suspended or terminated;~~
    - c. ~~The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;~~
    - d. ~~The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or~~
    - e. ~~The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.~~
  - 4. ~~The Administration shall not enroll a member with a contractor if a member:~~
    - a. ~~Is eligible for the FESP under R9-22-1418;~~
    - b. ~~Is eligible for a period less than 30 days from the date the Administration receives notification of a member's eligibility, except for a member who is enrolled with CMDP or IHS;~~
    - c. ~~Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with IHS;~~
    - d. ~~Is not a Native American and resides in an area not served by a contractor; or~~
    - e. ~~Is a Native American and resides in an area not served by a contractor or IHS.~~
- B.** ~~Fee for service coverage. A member not enrolled with a contractor under subsection (A)(4) shall obtain covered medical services from an AHCCCS-registered provider on a fee for service basis under Article 7.~~
- C.** ~~Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.~~
- D.** ~~Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program, as~~

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~~under R9-22-1424, shall remain enrolled with the member's contractor of record, or IHS.~~

~~E. Contractor or IHS enrollment change for a member.~~

- ~~1. The Administration shall change a member's enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.~~
- ~~2. The Administration shall approve a change for an enrolled member under this Article, or as determined by the Director.~~
- ~~3. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under Article 8.~~
- ~~4. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).~~

In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"Annual enrollment choice" means the annual opportunity for a person to change contractors.

"Auto-assignment algorithm" or "Algorithm" means a formula used by the Administration to assign to a contractor a member who did not make a timely choice under R9-22-1702.

"CMDP" means Comprehensive Medical and Dental Program.

"Disenrollment" means the discontinuance of a person's entitlement to receive covered services from a contractor of record.

"Enrollment" means the process by which an eligible person becomes a member of a contractor's plan.

~~R9-22-1702. Effective Date of Enrollment with a Contractor and Notification to the Contractor~~ **Enrollment of a Member with an AHCCCS Contractor**

- ~~A. Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration.~~
- ~~B. Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.~~
- ~~C. Notice to contractor. The Administration shall notify the contractor of each member's enrollment with the contractor as specified in contract.~~
- A. General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:**
  1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member's GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
  2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
    - a. IHS if the member is a Native American living on a reservation.
    - b. A contractor based on family continuity, or
    - c. A contractor by using the auto-assignment algorithm.
  3. If the member's period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days, the Administration shall enroll the member with the member's most recent contractor of record, if available, except if:
    - a. The member no longer resides in the contractor's GSA;
    - b. The contractor's contract is suspended or terminated;
    - c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
    - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
    - e. The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.
  4. When the member's disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
  5. The Administration shall not enroll a member with a contractor if a member:
    - a. Is eligible for the FESP under R9-22-1419;
    - b. Is eligible for less than 30 days from the date the Administration receives notification of a member's eligibility, except for a member who is enrolled with CMDP or IHS;
    - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
    - d. Resides in an area not served by a contractor.

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- B.** Fee-for-service coverage. A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.
- C.** Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- D.** Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program under R9-22-1431, shall remain enrolled with the member's contractor of record or IHS.
- E.** Contractor or IHS enrollment change for a member.
  - 1. The Administration shall change a member's enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
  - 2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.
  - 3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
  - 4. The Administration shall provide the member 60-day advance notice of the member's option to change plans by the member's annual enrollment date.
  - 5. A member may disenroll from a plan if:
    - a. The member moves out of the GSA;
    - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or
    - c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
  - 6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

**R9-22-1703. Newborn Enrollment Effective Date of Enrollment with a Contractor**

- A.** ~~General.~~
  - 1. ~~The Administration shall enroll a newborn child of an AHCCCS eligible mother with a contractor or IHS, based on the mother's enrollment.~~
  - 2. ~~The Administration shall auto-assign a newborn child of an AHCCCS eligible mother who is not enrolled with a contractor or who is enrolled with CMDP.~~
  - 3. ~~The Administration shall notify the mother of the right to choose a different contractor for her child within 16 days from the date of the initial interview.~~
- B.** ~~Financial liability for all newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.~~
- C.** ~~Notification to mother. The Administration shall notify the mother of the newborn's enrollment.~~
- D.** ~~Choice. The Administration shall give the mother of the newborn an opportunity to select a different contractor or IHS, if available, for the newborn.~~
- A.** Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date.
- B.** Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

**R9-22-1704. Guaranteed Enrollment Period Newborn Enrollment**

- A.** ~~General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one time period which begins on the effective date of the member's initial enrollment with the contractor and ends on the last day of the fifth full calendar month.~~
- B.** ~~Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:~~
  - 1. ~~Was factually ineligible when initially enrolled with the contractor;~~
  - 2. ~~Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1009;~~
  - 3. ~~Dies;~~
  - 4. ~~Moves out of state;~~
  - 5. ~~Voluntarily withdraws from the AHCCCS program, or~~
  - 6. ~~Is adopted.~~
- C.** ~~Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:~~
  - 1. ~~The date the member is admitted to a public institution under subsection (B);~~

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2. The member's date of death;
3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program; or
5. The date adoption proceedings are initiated through a private party, if known, or on the last day of the month in which the Administration receives notification of the proceedings.

**D.** Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively as under subsection (C).

**A.** General.

1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother enrolled in CMDP has a newborn and the newborn is surrendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.
3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within 30 days from the date of notice of enrollment.

**B.** Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.

**R9-22-1705. Guaranteed Enrollment Period**

**A.** General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one-time period that begins on the effective date of the member's initial enrollment with a contractor and ends on the last day of the fifth full calendar month after the date of the member's initial enrollment.

**B.** Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:

1. Did not meet the conditions of eligibility when initially enrolled with the contractor;
2. Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1010;
3. Dies;
4. Moves out-of-state;
5. Voluntarily withdraws from the AHCCCS program;
6. Is adopted; or
7. Has whereabouts that are unknown.

**C.** Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:

1. The date the member is admitted to a public institution under subsection (B);
2. The member's date of death;
3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program;
5. The last day of the month in which the Administration receives notification that a member's adoption proceedings are finalized; or
6. The last day of the month in which the Administration receives notification that a member's whereabouts are unknown.

**D.** Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively under subsection (C).