

TITLE 9. HEALTH SERVICES
CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

9 A.A.C. 6

Supplement Information
Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-83 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

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

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

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

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

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

ARIZONA REVISED STATUTE REFERENCES

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

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

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

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

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

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

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

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Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

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

Authority: A.R.S. §§ 36-132(A)(1) and 36-136(G)

Supp. 25-2

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

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Article 4, consisting of Sections R9-6-411 through R9-6-419 and R9-6-431 through R9-6-433, repealed effective October 19, 1993 (Supp. 93-4).

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

Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, adopted effective January 20, 1992 (Supp. 92-1).

Article 5, consisting of Sections R9-6-501 through R9-6-504, repealed effective January 20, 1992 (Supp. 92-1).

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Article 6, consisting of Sections R9-6-601 through R9-6-603, adopted effective October 19, 1993 (Supp. 93-4).

Article 6, Sections R9-6-601 and R9-6-602, renumbered to Article 2, Sections R9-6-201 and R9-6-202, and Article 6, Sections R9-6-602 through R9-6-605 repealed effective October 19, 1993 (Supp. 93-4).

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Article 7 renumbered to Article 3 effective October 19, 1993 (Please refer to the individual Sections for the appropriate actions and new locations) (Supp. 93-4).

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Article 8 heading corrected as amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 19-4).

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

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

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

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

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

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

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

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Article 9, consisting of Sections R9-6-901 through R9-6-903 and Exhibits A and B, recodified to Article 10, Sections R9-6-1001 through R9-6-1003 and Exhibits A and B, at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

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

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ARTICLE 1. GENERAL

R9-6-101. Definitions

In this Chapter, unless otherwise specified:

1. "Active tuberculosis" means the same as in A.R.S. § 36-711.
2. "Administrator" means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
3. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. "Agent" means an organism that may cause a disease, either directly or indirectly.
5. "AIDS" means Acquired Immunodeficiency Syndrome.
6. "Airborne precautions" means, in addition to use of standard precautions:
 - a. Either:
 - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
 - (1) Exhausted directly to the outside of the building containing the room, or
 - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
 - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
 - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual's residence, as medically appropriate; and
 - (2) Ensuring that the individual is wearing a mask covering the individual's nose and mouth; and
 - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
 - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
 - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.
7. "Approved test for tuberculosis" means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
8. "Arizona State Laboratory" means the part of the Department authorized by A.R.S. Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. "Average window period" means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
10. "Barrier" means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
11. "Body fluid" means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
12. "Carrier" means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. "Case" means an individual:
 - a. With a communicable disease whose condition is documented:
 - i. By laboratory results that support the presence of the agent that causes the disease;
 - ii. By a health care provider's diagnosis based on clinical observation; or
 - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;
 - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - c. Who has experienced respiratory disease symptoms as part of an outbreak; or
 - d. Who has experienced a vaccinia-related adverse event.
14. "Case definition" means the disease-specific criteria that must be met for an individual to be classified as a case.
15. "Chief medical officer" means the senior health care provider in a correctional facility or that individual's designee who is also a health care provider.
16. "Child" means an individual younger than 18 years of age.
17. "Child care establishment" means:
 - a. A "child care facility," as defined in A.R.S. § 36-881;
 - b. A "child care group home," as defined in A.R.S. § 36-897;
 - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
 - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
18. "Clinical signs and symptoms" means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient's description of subjective complaints.
19. "Cohort room" means a room housing only individuals infected with the same agent and no other agent.
20. "Communicable disease" means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
21. "Communicable period" means the time during which an agent may be transmitted directly or indirectly:
 - a. From an infected individual to another individual;
 - b. From an infected animal, arthropod, or vehicle to an individual; or
 - c. From an infected individual to an animal.
22. "Confirmatory test" means a laboratory analysis approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
23. "Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.

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24. "Correctional facility" means any place used for the confinement or control of an individual:
 - a. Charged with or convicted of an offense,
 - b. Held for extradition, or
 - c. Pursuant to a court order for law enforcement purposes.
25. "Court-ordered subject" means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
26. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
27. "Department" means the Arizona Department of Health Services.
28. "Designated service area" means the same as in A.A.C. R9-1-601.
29. "Diagnosis" means an identification of a disease by an individual authorized by law to make the identification.
30. "Disease" means a condition or disorder that causes the human body to deviate from its normal or healthy state.
31. "Emerging or exotic disease" means:
 - a. A new disease resulting from change in an existing organism;
 - b. A known disease not usually found in the geographic area or population in which it is found;
 - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
 - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
32. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
33. "Epidemiologic investigation" means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
34. "Fever" means a temperature of 100.4° F or higher.
35. "Food establishment" has the same meaning as in the document incorporated by reference in A.A.C. R9-8-101.
36. "Food handler" means:
 - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
 - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
37. "Foodborne" means that food serves as a mode of transmission of an infectious agent.
38. "Guardian" means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
39. "HBsAg" means hepatitis B surface antigen.
40. "Health care institution" has the same meaning as in A.R.S. § 36-401.
41. "Health care provider" means the same as in A.R.S. § 36-661.
42. "Health education" means supplying to an individual or a group of individuals:
 - a. Information about a communicable disease or options for treatment of a communicable disease, and
 - b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
43. "HIV" means Human Immunodeficiency Virus.
44. "HIV-related test" has the same meaning as in A.R.S. § 36-661.
45. "Infected" or "infection" means when an individual has an agent for a disease in a part of the individual's body where the agent may cause a disease.
46. "Infectious active tuberculosis" means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
47. "Infectious agent" means an agent that can be transmitted to an individual.
48. "Infant" means a child younger than 12 months of age.
49. "Isolate" means:
 - a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
 - b. A pure strain of an agent obtained from a specimen.
50. "Isolation" means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.
51. "Laboratory report" means a document that:
 - a. Is produced by a laboratory that conducts a test or tests on a subject's specimen; and
 - b. Shows the outcome of each test, including personal identifying information about the subject.
52. "Local health agency" means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
53. "Local health officer" means an individual who has daily control and supervision of a local health agency or the individual's designee.
54. "Medical evaluation" means an assessment of an individual's health by a physician, physician assistant, or registered nurse practitioner.
55. "Medical examiner" means an individual:
 - a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-592, or
 - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
56. "Multi-drug resistant tuberculosis" means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
57. "Officer in charge" means the individual in the senior leadership position in a correctional facility or that individual's designee.
58. "Outbreak" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
59. "Parent" means a biological or adoptive mother or father.
60. "Person" has the same meaning as in A.R.S. § 1-215.
61. "Petition" means a formal written application to a court requesting judicial action on a matter.
62. "Pharmacy" has the same meaning as in A.R.S. § 32-1901.
63. "Physician" means an individual licensed as a doctor of:
 - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
 - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;

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- c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
 - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
64. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
65. "Pupil" means a student attending a school.
66. "Quarantine" means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
67. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
68. "Respiratory disease" means a communicable disease with acute onset of fever and symptoms such as cough, sore throat, or shortness of breath.
69. "Risk factor" means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
70. "School" means:
- a. An "accommodation school," as defined in A.R.S. § 15-101;
 - b. A "charter school," as defined in A.R.S. § 15-101;
 - c. A "private school," as defined in A.R.S. § 15-101;
 - d. A "school," as defined in A.R.S. § 15-101;
 - e. A college or university;
 - f. An institution that offers a "private vocational program," as defined in A.R.S. § 32-3001; or
 - g. An institution that grants a "degree," as defined in A.R.S. § 32-3001, for completion of an educational program of study.
71. "Screening test" means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
72. "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, cunnilingus, or other deliberate interaction with another individual's genital area for a non-medical or non-hygienic reason.
73. "Shelter" means:
- a. A facility or home that provides "shelter care," as defined in A.R.S. § 8-201;
 - b. A "homeless shelter," as defined in A.R.S. § 16-121; or
 - c. A "shelter for victims of domestic violence," as defined in A.R.S. § 36-3001.
74. "Significant exposure" means the same as in A.R.S. § 32-3207.
75. "Standard precautions" means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
76. "Subject" means an individual whose blood or other body fluid has been tested or is to be tested.
77. "Submitting entity" means the same as in A.R.S. § 13-1415.
78. "Suspect case" means an individual whose medical history, signs, or symptoms indicate that the individual:
- a. May have or is developing a communicable disease;
 - b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - c. May have experienced respiratory disease symptoms as part of an outbreak; or
 - d. May have experienced a vaccinia-related adverse event.
79. "Syndrome" means a pattern of signs and symptoms characteristic of a disease.
80. "Test" means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
81. "Test result" means information about the outcome of a laboratory analysis of a subject's specimen and does not include personal identifying information about the subject.
82. "Treatment" means a procedure or method to cure, improve, or palliate an illness or a disease.
83. "Tuberculosis control officer" means the same as in A.R.S. § 36-711.
84. "Vaccine" means a preparation of a weakened or killed agent, a portion of the agent's structure, or a synthetic substitute for a portion of the agent's structure that, upon administration into the body of an individual or animal, stimulates a response in the body to produce or increase immunity to a particular disease.
85. "Vaccinia-related adverse event" means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
86. "Victim" means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
87. "Viral hemorrhagic fever" means disease characterized by fever and hemorrhaging and caused by a virus.
88. "Waterborne" means that water serves as a mode of transmission of an infectious agent.
89. "Working day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1).
 Amended effective September 14, 1990 (Supp. 90-3).
 Amended effective October 19, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 15 A.A.R. 215, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 3423 (October 27, 2023), with an immediate effective date of October 3, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-102. Release of Information

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

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

Historical Note

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

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

- A.** In this Section, unless otherwise specified, the following definitions apply:
1. "Affidavit" means a voluntary declaration or statement of facts that is made in writing and under oath or affirmation.
 2. "Assisted person" means the individual with whom a Good Samaritan alleges interaction constituting a significant exposure risk.
 3. "Available" means in the possession of or accessible by the Designated Officer who is reviewing a disclosure request.
 4. "Communicable disease-related information" has the same meaning as in A.R.S. § 36-661.
 5. "Designated Officer" means an individual appointed by the Director or a local health officer to:
 - a. Review a disclosure request from a Good Samaritan;
 - b. Determine whether disclosure of communicable disease-related information is required under A.R.S. § 36-664(E) and this Section; and
 - c. Respond to the Good Samaritan.
 6. "Director" has the same meaning as in A.R.S. § 36-101.
 7. "Disclosure request" means the information submitted by a Good Samaritan according to A.R.S. § 36-664(E) and subsection (C) or (D).
 8. "Emergency care or assistance" means actions performed by an individual on or for another individual, which are necessary to prevent death or impairment of the health of the other individual.
 9. "Emergency department" has the same meaning as in A.A.C. R9-11-101.
 10. "Good Samaritan" has the same meaning as in A.R.S. § 36-661.
 11. "In writing" means:
 - a. An original document,
 - b. A photocopy,
 - c. A facsimile, or
 - d. An email.
 12. "Medical consultation" means discussion between a Good Samaritan and:
 - a. A physician or a registered nurse practitioner working in an emergency department or urgent care unit;
 - b. An occupational health provider as defined in A.A.C. R9-6-801; or
 - c. Any other health care provider knowledgeable in determining circumstances when post-exposure prophylaxis is necessary.
 13. "Mucous membrane" means a thin, pliable layer of tissue that lines passageways and cavities in the human body that lead to the outside, such as the mouth, gastrointestinal tract, nose, vagina, and urethra.
 14. "Notarized" means signed and dated by a notary.
 15. "Notary" means any individual authorized to perform the acts specified under A.R.S. § 41-251.
 16. "Post-exposure prophylaxis" means treatment provided to an individual who may have been exposed to a communicable disease, which is intended to prevent infection of the individual.
 17. "Significant exposure risk" has the same meaning as in A.R.S. § 36-661.
 18. "Under oath or affirmation" means a sworn or affirmed statement made by a Good Samaritan to a notary under the penalty of perjury.
 19. "Urgent care unit" has the same meaning as in A.A.C. R9-11-201.
- B.** A significant exposure risk may occur when a Good Samaritan's interaction with an individual results in:
1. A transfer of blood or body fluids from the individual onto the mucous membranes or into breaks in the skin of the Good Samaritan; or
 2. A sharing of airspace between the Good Samaritan and the individual.
- C.** If a Good Samaritan makes a disclosure request to the Department or a local health agency 72 hours or less after an alleged significant exposure risk, the disclosure request shall include:
1. The Good Samaritan's name;
 2. The Good Samaritan's mailing address or email address;
 3. The telephone number at which the Good Samaritan may be reached during a working day;
 4. A description of the accident, fire, or other life-threatening emergency, in which the Good Samaritan rendered emergency care or assistance;
 5. A description of the:
 - a. Emergency care or assistance rendered by the Good Samaritan at the accident, fire, or other life-threatening emergency; and
 - b. Circumstances that the Good Samaritan believes constitute a significant exposure risk;
 6. If known, the name of the assisted person;
 7. If known, the date of birth of the assisted person; and
 8. Any additional information that may identify the assisted person.
- D.** If a Good Samaritan makes a disclosure request to the Department or a local health agency more than 72 hours after an alleged significant exposure risk, the disclosure request shall include:
1. A statement in writing that the Good Samaritan is requesting communicable disease-related information for an assisted person as allowed under A.R.S. § 36-664(E);
 2. Documentation concerning the accident, fire, or other life-threatening emergency in which the Good Samaritan rendered emergency care or assistance; and
 3. A notarized affidavit that contains:
 - a. The information specified in subsections (C)(1) through (8);
 - b. A statement that the Good Samaritan understands that the Good Samaritan may seek medical consultation to determine whether post-exposure prophylaxis for a communicable disease is needed;
 - c. A statement that the Good Samaritan certifies that the declarations contained within the affidavit are truthful to the best of the Good Samaritan's knowledge; and
 - d. The Good Samaritan's signature.

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- E. Within two working days after the Department or a local health agency receives a disclosure request from a Good Samaritan, the Designated Officer shall:
1. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan and communicable disease-related information is available for the assisted person:
 - a. Attempt to contact the Good Samaritan by telephone and provide the Good Samaritan with the communicable disease-related information:
 - i. For the assisted person;
 - ii. Pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person; and
 - iii. Without revealing the assisted person's name;
 - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that disclosure of communicable disease-related information for one communicable disease does not rule out the possibility that the Good Samaritan was exposed to other communicable diseases about which information is not available to the Designated Officer;
 - c. Attempt to contact the Good Samaritan by telephone and provide to the Good Samaritan information concerning the agent causing the communicable disease for which the Designated Officer is disclosing communicable disease-related information, including:
 - i. A description of the disease or syndrome caused by the agent, including its symptoms;
 - ii. A description of how the agent is transmitted to others;
 - iii. The average window period for the agent;
 - iv. An explanation that exposure to an individual with a communicable disease does not mean that infection has occurred or will occur;
 - v. 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;
 - vi. That it is necessary to notify others that they may be or may have been exposed to the agent through interaction with the Good Samaritan; and
 - vii. The availability of assistance from the Department, local health agencies, or other resources; and
 - d. Send to the Good Samaritan in writing:
 - i. The information specified in subsection (E)(1)(a);
 - ii. The notification specified in subsection (E)(1)(b);
 - iii. The information specified in subsection (E)(1)(c); and
 - iv. A statement that the confidentiality of the disclosed communicable disease-related information is protected by A.R.S. §§ 36-664(G) and 36-666(A)(2);
 2. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan, but the Designated Officer is unable to provide communicable disease-related information for the assisted person:
 - a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that either:
 - i. Communicable disease-related information, pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person, is not available to the Designated Officer; or
 - ii. The Designated Officer is unable to identify the assisted person from the information provided in the Good Samaritan's disclosure request, as specified in subsection (C) or (D);
 - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that:
 - i. The Good Samaritan's interaction with the assisted person may pose a significant exposure risk to the Good Samaritan; and
 - ii. The Good Samaritan may seek medical consultation on the need for post-exposure prophylaxis; and
 - c. Send to the Good Samaritan in writing the notifications specified in subsections (E)(2)(a) and (b); and
 3. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) does not indicate a significant exposure risk to the Good Samaritan:
 - a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that the Designated Officer will not disclose any available communicable disease-related information for the assisted person; and
 - b. Send to the Good Samaritan in writing:
 - i. The notification specified in subsection (E)(3)(a);
 - ii. A statement that the Designated Officer's decision not to disclose communicable disease-related information to the Good Samaritan is based on A.R.S. § 36-664(E) and this Section;
 - iii. The Designated Officer's reasons for not disclosing communicable disease-related information to the Good Samaritan; and
 - iv. A statement that the Good Samaritan has the right to obtain a hearing as specified in A.R.S. § 41-1092.03(B).

Historical Note

Renumbered from R9-6-107 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section renumbered to R9-6-301 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). New Section made by final rulemaking at 14 A.A.R. 4641, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 29 A.A.R. 3423 (October 27, 2023), with an immediate effective date October 3, 2023 (Supp. 23-4).

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

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

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(Supp. 02-2).

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

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

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

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

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

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

R9-6-107. Repealed**Historical Note**

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

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

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

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

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

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

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

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

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

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

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

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

In this Article, unless otherwise specified:

1. "Clinical laboratory" has the same meaning as in A.R.S. § 36-451.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.
3. "Epidemiologic curve" means a graphic display of the number of cases over time.
4. "Normally sterile site" means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
 - a. The lower respiratory tract;
 - b. Blood;
 - c. Bone marrow;
 - d. Cerebrospinal fluid;
 - e. Pleural fluid;
 - f. Peritoneal fluid;
 - g. Synovial fluid;
 - h. Pericardial fluid;
 - i. Amniotic fluid;
 - j. Lymph;
 - k. A closed abscess; or
 - l. Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, urogenital tract, or gastrointestinal tract.
5. "Health care provider required to report" means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 2.1 or detects an occurrence listed in Table 2.1.
6. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
7. "Point of contact" means an individual through whom the Department or a local health agency can obtain information upon request.
8. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

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Historical Note

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

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

- A.** A health care provider required to report shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- B.** An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 2.1 is diagnosed, treated, or detected or an occurrence listed in Table 2.1 is detected shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- C.** Except as described in subsection (D), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 2.1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
 1. The following information about the case or suspect case:
 - a. Name;
 - b. Residential and mailing addresses;
 - c. County of residence;
 - d. Whether the individual is living on a reservation and, if so, the name of the reservation;
 - e. Whether the individual is affiliated with a tribe and, if so, the name of the tribe;
 - f. Telephone number and, if available, email address;
 - g. Date of birth;
 - h. Race and ethnicity;
 - i. Sex assigned at birth;
 - j. A unique patient identifier, such as a medical record number;
 2. The following information about the disease:
 - a. The name of the disease,
 - b. The date of onset of symptoms, and
 - c. The date of diagnosis;
 3. If reporting a case or suspect case of tuberculosis:
 - a. The site of infection;
 - b. A description of the treatment prescribed, if any, including:
 - i. The name of each drug prescribed,
 - ii. The dosage prescribed for each drug, and
 - iii. The date of prescription for each drug; and
 - c. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
 4. If reporting a case or suspect case of chancroid, or gonorrhea:
 - a. A description of the treatment prescribed, if any, including:
 - i. The name of each drug prescribed,
 - ii. The dosage prescribed for each drug, and
 - iii. The date of prescription for each drug;
 - b. The site of infection;
- 5.** If reporting a case or suspect case of syphilis:
 - a. For a case or suspect case whose sex assigned at birth is female, whether the case or suspect case is pregnant;
 - b. The information required under subsection (C)(4); and
 - c. Identification of the stage of the disease;
- 6.** If reporting a case of congenital syphilis in an infant, and in addition to the information required under subsections (C)(5)(b) and (c) and A.R.S. § 36-694(A), the following information:
 - a. The name and date of birth of the individual who gave birth to the infant, and
 - b. The residential address and telephone number of the individual who gave birth to the infant;
- 7.** If reporting a case or suspect case with one of the following, the pregnancy status of a case or suspected case whose sex assigned at birth is female:
 - a. Hepatitis C,
 - b. Listeriosis,
 - c. Rubella, or
 - d. Emerging or exotic disease;
- 8.** The name, address, telephone number, and, if available, email address of the individual making the report; and
- 9.** The name, address, telephone number, and, if available, email address of the:
 - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (C)(8); or
 - b. Health care institution or correctional facility, if reporting under subsection (B).
- D.** For each outbreak for which a report is required by subsection (B) and Table 2.1, an administrator of a health care institution or correctional facility shall submit a report that includes:
 1. A description of the signs and symptoms;
 2. If possible, a diagnosis and identification of suspected sources;
 3. The number of known cases and suspect cases;
 4. A description of the location and setting of the outbreak;
 5. The name, address, telephone number, and, if available, email address of the individual making the report; and
 6. The name, address, telephone number, and, if available, email address of the health care institution or correctional facility.
- E.** When an HIV-related test is ordered for an infant, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:
 1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
 2. Include the following information in the report specified in subsection (E)(1):
 - a. The name and date of birth of the infant;

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- b. The residential address, mailing address, and telephone number of the infant;
 - c. The name and date of birth of the individual who gave birth to the infant;
 - 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 (E)(1) a report for the individual who gave birth to the infant, including the following information:
 - a. The name and date of birth of the individual who gave birth to the infant;
 - b. The residential address, mailing address, and telephone number of the individual who gave birth to the infant;
 - c. The date of the last medical evaluation of the individual who gave birth to the infant;
 - d. The types of HIV-related tests ordered for the individual who gave birth to the infant;
 - e. The dates of the HIV-related tests for the individual who gave birth to the infant;
 - f. The results of the HIV-related tests for the individual who gave birth to the infant;
 - g. What HIV-related risk factors the individual who gave birth to the infant has;
 - h. Whether the individual who gave birth to the infant delivered the infant vaginally or by C-section;
- i. Whether the individual who gave birth to the infant 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 individual who gave birth to the infant.

Historical Note

Renumbered from R9-6-213 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-202 renumbered to R9-6-502, new Section R9-6-202 renumbered from R9-6-602 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 4467, effective December 1, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

Table 1. Repealed**Historical Note**

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

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

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

Key:

- ✓ Submit a report through an electronic reporting system authorized by the Department or by telephone within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.

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- ! Submit a report within one working day through an electronic reporting system or by telephone after a case or suspect case is diagnosed, treated, or detected.
- ☐ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- O Submit a report within 24 hours after detecting an outbreak.

Footnote:

- ¹ Submit a report within one working day if the case or suspect case is a pregnant woman.

Historical Note

New Table 2.1 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

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

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

- e. Late date the individual was present at the school, child care establishment, or shelter, as applicable; and
 - f. Whether the individual is a staff member, student, child in care, or resident;
6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
 7. The name, address, telephone number, and, if available, email address of the individual making the report.

Historical Note

Renumbered from R9-6-214 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-203 renumbered to R9-6-503, new Section R9-6-202 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-203 renumbered to R9-6-206; new R9-6-203 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

Table 2. Renumbered**Historical Note**

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

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

O	Diarrhea, nausea, or vomiting	✓	Mumps
✓	Emerging or exotic disease	✓	Pertussis (whooping cough)
✓	<i>Haemophilus influenzae</i> , invasive disease	✓	Rubella (German measles)
✓	Hepatitis A	O	Streptococcal group A infection
✓	Measles	☐	Varicella (chickenpox)
✓	Meningococcal invasive disease		

Key:

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

Historical Note

New Table 2.2 renumbered from Table 2 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-204. Clinical Laboratory Director Reporting Requirements

- A. A director of a clinical laboratory that obtains a test result described in Table 2.3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 2.3 shall, either personally or through a representative, submit a report, in a Department-provided format, and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 2.3 and subsection (B) or (C).

- B. For each specimen for which an immediate report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
 2. The name and telephone number of the director of the clinical laboratory;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject;

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5. The sex assigned at birth of the subject;
 6. The race and ethnicity of the subject;
 7. The laboratory identification number;
 8. The specimen type;
 9. The date of collection of the specimen;
 10. The type of test ordered on the specimen; and
 11. The ordering health care provider's name, address, telephone number, and, if available, email address.
- C. Except as provided in Table 2.3, for each test result for a subject for which a report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
 2. The name and telephone number of the director of the clinical laboratory;
 3. The name and, as available, the address, telephone number, and email address of the subject;
 4. The date of birth of the subject;
 5. The sex assigned at birth of the subject;
 6. The race and ethnicity of the subject;
 7. The laboratory identification number;
 8. The specimen type;
 9. The date of collection of the specimen;
 10. The date of the result of the test;
 11. The type of test completed on the specimen;
 12. The test result, including:
 - a. Qualitative results;
 - b. Quantitative values and reference ranges, if applicable;
 - c. Susceptibility testing data and a drug sensitivity pattern, if performed; and
 - d. Variant type, if available; and
 13. The ordering health care provider's name, address, telephone number, and, if available, email address.
- D. Upon the request of the Department, the director of a clinical laboratory shall:
1. Include an equivocal result or a negative test result for any subject in the report of test results, required in subsection (C)(12), for an infectious agent or toxin for which a report is required by subsection (A) and Table 2.3;
 2. Submit sequencing-related information, as available, in a Department-provided format; or
 3. Submit to the Arizona State Laboratory an isolate of an infectious agent, if available, or a specimen from a subject.

Historical Note

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

Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

Table 3. Repealed**Historical Note**






























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

Table 2.3. Clinical Laboratory Director Reporting Requirements




<i>Anaplasma</i> spp.	<i>Ehrlichia</i> spp.	! Norovirus
! Arbovirus	Emerging or exotic disease agent	Novel coronavirus
<i>Babesia</i> spp.	!,* <i>Escherichia coli</i> , Shiga toxin-producing	Novel influenza virus
<i>Bacillus anthracis</i>	<i>Francisella tularensis</i>	Plasmodium spp.
<i>Basidiobolus</i> spp.	<i>Giardia duodenalis</i>	!,* Rabies virus from a human
<i>Blastomyces</i> spp.	!,* ⁴ <i>Haemophilus influenzae</i> , from a normally sterile site	! Rabies virus from an animal
! <i>Bordetella pertussis</i>	! Hantavirus	Respiratory syncytial virus
<i>Borrelia</i> spp.	¹ Hepatitis A virus	! <i>Rickettsia</i> spp.
!,* <i>Brucella</i> spp.	¹ Hepatitis B virus	!,* ¹ Rubella virus
!,* <i>Burkholderia mallei</i>	¹ Hepatitis C virus	!,* <i>Salmonella</i> spp.
!,* <i>Burkholderia pseudomallei</i>	¹ Hepatitis D virus	Severe acute respiratory syndrome coronavirus
<i>Campylobacter</i> spp.	¹ Hepatitis E virus	Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2)
!,* ³ <i>Candida auris</i>	¹ HIV	! <i>Shigella</i> spp.
³ Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)	¹ HIV—any test result for an infant	St. Louis encephalitis virus
³ Carbapenem-resistant Enterobacterales (CRE)	Influenza virus	<i>Streptococcus</i> group A, from a normally sterile site
³ Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)	!,+ <i>Legionella</i> spp.	<i>Streptococcus</i> group B, from a normally sterile site in an infant younger than 90 days of age
CD4-T-lymphocyte count	! <i>Leptospira</i> spp.	<i>Streptococcus pneumoniae</i> from a normally sterile site
! Chikungunya virus	!,* <i>Listeria</i> spp., from a normally sterile site	¹ <i>Treponema pallidum</i> (syphilis) or rapid plasma reagin

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 <i>Chlamydia trachomatis</i>	! <i>Lymphocytic choriomeningitis virus</i>	 <i>Trypanosoma cruzi</i> (Chagas disease)
 <i>Chlamydia psittaci</i>	 ¹ , * Measles virus	!, * Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
 <i>Clostridium botulinum</i> toxin (botulism)	 ² Methicillin-resistant <i>Staphylococcus aureus</i> , from a normally sterile site	   Variola virus (smallpox)
 <i>Coccidioides</i> spp.	 Middle East respiratory syndrome coronavirus (MERS-CoV)	!, * <i>Vibrio</i> spp.
 Colorado tick fever virus	 Monkeypox virus	   Viral hemorrhagic fever agent
! <i>Coxiella burnetii</i>	!  ¹ , * Mumps virus	 West Nile virus
  <i>Cronobacter</i> spp. in an infant	!, * ³ <i>Mycobacterium tuberculosis</i> complex	  Yellow fever virus
! <i>Cryptosporidium</i> spp.	 <i>Mycoplasma genitalium</i>	   <i>Yersinia pestis</i> (plague)
!, * <i>Cyclospora</i> spp.	 <i>Neisseria gonorrhoeae</i>	!, * <i>Yersinia</i> spp. (other than <i>Y. pestis</i>)
! Dengue virus	  <i>Neisseria meningitidis</i> , from a normally sterile site	!, * Zika virus

Key:

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

Footnotes:

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

- ¹ When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel or as a reflex test.
- ² Submit a report only when an initial positive result is obtained for an individual.
- ³ Submit an isolate or specimen of the organism, as applicable, only when an initial positive result is obtained for an individual, when a change in resistance pattern or mechanism is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.
- ⁴ Submit an isolate of the organism, if available, or a specimen when a positive result is obtained for an individual < 5 years of age.

Historical Note

Table 2.3 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

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

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

- d. Date of birth; and
2. The following information about the prescription:
 - a. The name of the drugs prescribed,
 - b. The date of prescription, and
 - c. The name and telephone number of the prescribing health care provider.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

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

- A. The Department shall notify each local health agency of the format to be used by:
 1. A health care provider required to report when making a report required under R9-6-202(A) and Table 2.1;
 2. An administrator of a health care institution or correctional facility when making a report required under R9-6-202(B) and Table 2.1; and

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3. An administrator of a school, child care establishment, or shelter when making a report required under R9-6-203(A) and Table 2.2.
- B. A local health agency shall inform health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters of the format to use when making a report, as specified in subsection (A).
- C. Except as specified in Table 2.4 and Article 3, a local health agency shall provide to the Department the information contained in each report of a case, suspect case, or occurrence received by the local health agency under R9-6-202 or R9-6-203, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify:
 1. Which of the following best describes the individual identified in each report:
 - a. The individual meets the case definition for a case of the specific disease,
 - b. The individual is a suspect case,
 - c. The individual does not meet the case definition for a case or suspect case of the specific disease, or
 - d. The local health agency has not yet determined the status of the disease in the individual; and
 2. The status of the epidemiologic investigation for each report.
- D. Except as specified in Table 2.4 and Article 3, a local health agency shall submit to the Department a report, in a Department-provided format, of an epidemiologic investigation conducted by the local health agency:
 1. In response to a report of a case, suspect case, or occurrence:
 - a. Submitted under R9-6-202 or R9-6-203, or
 - b. About which the local health agency was notified by the Department;
 2. Within 30 calendar days after receiving the report submitted under R9-6-202 or R9-6-203 or notification by the Department;
 3. If an epidemiologic investigation is required for the reported disease under Article 3; and
 4. Including in the report of the epidemiologic investigation:
 - a. The information described in:
 - i. R9-6-202(C) for a report submitted under R9-6-202,
 - ii. R9-6-203(B) for a report submitted under R9-6-203, or
 - iii. R9-6-202(C) for a report about which the Department notified the local health agency;
 - b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;
 - c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
 - d. A classification of the case according to the case definition;
 - e. A description of the condition or status of the case at the end of the epidemiologic investigation;
 - f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
- E. For each instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:
 1. Within 24 hours after receiving the report or reports, provide to the Department, in a Department-provided format, the following information:
 - a. The location of the outbreak or possible outbreak;
 - b. If known, the number of cases and suspect cases;
 - c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;
 - d. The setting of the outbreak or possible outbreak;
 - e. The name of the disease suspected or known to be the cause of the outbreak or possible outbreak; and
 - f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or possible outbreak; and
 2. Within 30 calendar days after receiving the last report or reports associated with the outbreak, submit to the Department a report, in a Department-provided format, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:
 - a. A description of the outbreak location and setting;
 - b. The date that the local health agency was notified of the outbreak;
 - c. A description of how the local health agency verified the outbreak;
 - d. The number of individuals reported to be ill during the outbreak;
 - e. The number of individuals estimated to be at risk for illness as a result of the outbreak;
 - f. The specific case definition used;
 - g. A summary profile of the signs and symptoms;
 - h. An epidemiologic curve;
 - i. A copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;
 - j. Hypotheses of how the outbreak occurred;
 - k. A description of the control measures used and the dates the control measures were implemented;
 - l. The conclusions drawn based upon the results of the epidemiologic investigation;
 - m. Recommendations for preventing future outbreaks; and
 - n. The name, address, and telephone number of the individual making the report to the Department.

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Historical Note

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

2018 (Supp. 17-3).

Table 4.**Repealed****Historical Note**

New Table 4 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 4 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

Table 2.4. Local Health Agency Reporting Requirements

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

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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.
- ☐ Notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.
- O Notify the Department within 24 hours after receiving a report or reports indicating an outbreak or possible outbreak.
- ➔ 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.
- * In consultation with the Department, ensure that an isolate of the organism for each positive culture, if available, or a specimen for each positive test result is submitted to the Arizona State Laboratory within one working day.

Footnote:

- ¹ Submit an epidemiologic investigation report only if a case or suspect case has died as a result of the communicable disease.

Historical Note

New Table 2.4 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-207. Federal or Tribal Entity Reporting

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

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

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

1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
2. Licensed as a physician assistant under the laws of this or another state;

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

Historical Note

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

R9-6-208. Reserved

R9-6-209. Reserved

R9-6-210. Reserved

R9-6-211. Renumbered

Historical Note

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

R9-6-212. Renumbered

Historical Note

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

R9-6-213. Renumbered

Historical Note

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

R9-6-214. Renumbered

Historical Note

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

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

R9-6-301. Definitions

In this Article, unless otherwise specified:

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1. "Aquatic venue" means an artificially constructed structure or modified natural structure that:
 - a. Is used:
 - i. For water contact recreation, as defined in A.A.C. R9-8-801; or
 - ii. To treat a diagnosed injury, illness, or medical condition under the supervision of a health professional, as defined in A.R.S. § 32-3201;
 - b. Is open to all individuals or to all residents of a community, members of a club or camp, individuals being treated by a specific health professional, or patrons of other such establishments; and
 - c. Includes a:
 - i. Natural bathing place as defined in A.A.C. R18-5-201,
 - ii. Public spa as defined in A.A.C. R18-5-201,
 - iii. Public swimming pool as defined in A.A.C. R18-5-201,
 - iv. Semi-artificial bathing place as defined in A.A.C. R18-5-201,
 - v. Semi-public spa as defined in A.A.C. R18-5-201,
 - vi. Semi-public swimming pool as defined in A.A.C. R18-5-201, and
 - vii. Water-play area, an artificially constructed depression in which water issues from showers or other nozzles and drains away to leave little or no standing water.
2. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.
3. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
4. "Contact precautions" means, in addition to use of standard precautions:
 - a. Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual's bed from the bed of another individual; and
 - b. Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.
5. "Contaminated" means to have come in contact with a disease-causing agent or toxin.
6. "Disinfection" means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
7. "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
8. "Droplet precautions" means, in addition to use of standard precautions:
 - a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual's bed from the bed of another individual;
 - b. Ensuring that the individual wears a mask covering the individual's mouth and nose, if medically appropriate, when not in the room described in subsection (8)(a); and
 - c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.
9. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
10. "Incapacitated adult" means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
11. "Isolation precautions" means methods to limit the transmission of an infectious agent, based on the infectious agent and the location of infection in or on the infected individual or animal, that includes isolation of the infected individual or animal and may include any one or combination of the following:
 - a. Standard precautions,
 - b. Contact precautions,
 - c. Droplet precautions, or
 - d. Airborne precautions.
12. "Midwife" has the same meaning as in A.R.S. § 36-751.
13. "Multi-drug-resistant organism" means a bacterial agent on a Department-provided list that is known to not be killed or whose growth is not slowed by specific classes of antibiotics.
14. "Pediculocide" means a shampoo or cream rinse manufactured and labeled for controlling head lice.
15. "Person in charge" means the individual present at a food establishment who is responsible for the food establishment's operation at the time in question.
16. "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
17. "State health officer" means the Director of the Department or the Director's designee.
18. "Vector" means a living animal, usually a mosquito, tick, flea, or other arthropod, that may transmit an infectious agent to an individual.

Historical Note

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

R9-6-302. Local Health Agency Control Measures

A local health agency shall:

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

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9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease; and
10. Report to the Department, as specified in R9-6-206 and this Article.

Historical Note

Renumbered from R9-6-702 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-302 renumbered to R9-6-304; new R9-6-302 renumbered from R9-6-204 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

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

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

- A. When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency:
 1. Shall issue a written order:
 - a. For isolation or quarantine and other control measures;
 - b. To each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(2);
 - c. That specifies:
 - i. The isolation or quarantine and other control measure requirements being imposed, 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. A local health agency may issue a written order for additional control measures:
 1. Except as provided in subsection (A)(2), to each affected individual, group of individuals, or person and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian;
 2. That specifies:
 - a. The control measure requirements being imposed, including, if applicable, requirements for:
 - i. Being excluded from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment;
 - ii. Avoiding other locations where the individual or an individual in the group of individuals may pose a health risk to other individuals;
 - iii. Observing airborne precautions, droplet precautions, or contact precautions and the methods by which the individual shall comply with the requirement;
 - iv. Prophylaxis or immunization, as applicable, as an alternative to or to reduce the length of exclusion;
 - v. Physical examinations and medical testing to ascertain and monitor the individual's health status; or
 - vi. Not creating a situation where additional individuals may be exposed to the communicable disease;
 - b. The identity of each individual, group of individuals, or person subject to the order;
 - c. The date and time at which the control measure requirements begin; and
 - d. The justification for the control measure requirements, including:
 - i. If known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
 - ii. If applicable, the possible consequences of the individual, group of individuals, or person failing to follow the recommendations of the Department or the local health agency to control the spread of the communicable disease; and
 3. That may provide information about the disease, existing medical treatment, if applicable, and the consequences of an individual's failure to comply with the order.
- C. Within 10 calendar days after the issuing of a written order described in subsection (A) or (B), if a local health agency determines that isolation, quarantine, or other control measure requirements need to continue for more than 10 calendar days after the date of the order, the local health agency shall file a petition for a court order that:
 1. Authorizes the continuation of isolation, quarantine, or other control measure requirements pertaining to an individual, a group of individuals, or a person;
 2. Includes the following:
 - a. The isolation, quarantine, or other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
 - b. The identity of each individual, group of individuals, or person subject to isolation, quarantine, or other control measure requirements;
 - c. If applicable, the premises at which each individual or group of individuals is isolated or quarantined;
 - d. The date and time at which isolation, quarantine, or other control measure requirements began; and

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- e. The justification for isolation, quarantine, or other control measure requirements, including, if applicable and known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
- 3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- D. A local health agency that files a petition for a court order under subsection (C) shall provide notice to each individual, group of individuals, or person identified in the petition according to the Arizona Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.
- E. In the event of noncompliance with a written order issued under subsection (A) or (B), a local health agency may contact law enforcement to request assistance in enforcing the order.
- F. If the Department determines that isolation, quarantine, or other control measure requirements are necessary, the Department, under A.R.S. § 36-136(H), may take any of the actions specified in subsections (A) through (E).

Historical Note

Renumbered from R9-6-703 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-303 renumbered to R9-6-305; new R9-6-303 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-303 renumbered to R9-6-304; new R9-6-303 renumbered from R9-6-388 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3).

R9-6-304. Food Establishment Control Measures

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

Historical Note

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

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

Case control measures:

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

tional facility is informed that the case is infected or colonized with a multi-drug-resistant organism and the type of isolation precautions being used for the case.

- 2. An administrator of the correctional facility transferring a case with active infection or colonization of a bacterial disease or fungal, for which the agent is known to be a multi-drug-resistant organism, to another correctional facility or to a health care institution shall, either personally or through a representative, ensure that the receiving correctional facility or health care institution is informed that the case is infected or colonized with a multi-drug-resistant organism and the type of isolation precautions being used for the case.

Historical Note

Renumbered from R9-6-705 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-305 renumbered to R9-6-308; new R9-6-305 renumbered from R9-6-303 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-305 renumbered to R9-6-306; new R9-6-305 renumbered from R9-6-304 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-305 renumbered to R9-6-306; new Section R9-6-305 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3).

R9-6-306. Amebiasis

Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported amebiasis outbreak;
- 2. Exclude an amebiasis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - i. Diarrhea has resolved, or
 - ii. The local health agency has determined that the amebiasis case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
- 3. Submit to the Department the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-706 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-306 renumbered to R9-6-309; new R9-6-306 renumbered from R9-6-304 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-306 renumbered to R9-6-307; new R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-306 renumbered to R9-6-308; new Section R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-307. Anaplasmosis

Case control measures: A local health agency shall:

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

Historical Note

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

R9-6-308. Anthrax

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of an anthrax case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 2. Conduct an epidemiologic investigation of each reported anthrax case or suspect case;
 3. For each anthrax case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 4. In consultation with the Department, ensure that an isolate or a specimen, as available, from each anthrax case or suspect case is submitted to the Arizona State Laboratory.
- B.** Environmental control measures: A local health agency shall, in conjunction with the Department and applicable federal agencies, provide or arrange for disinfection of areas or objects contaminated by *Bacillus anthracis* through sterilization by dry heating, incineration of objects, or other appropriate means.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-308 renumbered to R9-6-311; new R9-6-308 renumbered from R9-6-305 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-308 renumbered to R9-6-309; new R9-6-308 renumbered from R9-6-307 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-308 renumbered to R9-6-311; new Section R9-6-308 renumbered from R9-6-306 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-309. Arboviral Infection

- A.** Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported arboviral infection case or suspect case;
 2. For each arboviral infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 3. Ensure that each arboviral infection case is provided with health education that includes measures to:

- a. Avoid mosquito bites, and
- b. Reduce mosquito breeding sites.

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

Historical Note

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

R9-6-310. Babesiosis

Case control measures: A local health agency shall:

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

Historical Note

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

R9-6-311. Basidiobolomycosis

Case control measures: A local health agency shall:

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

Historical Note

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

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effective January 1, 2018 (Supp. 17-3).

R9-6-312. Blastomycosis Infection

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

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-312 renumbered to R9-6-315; new R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-312 renumbered to R9-6-314; new R9-6-312 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-312 renumbered to R9-6-316; new Section R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-312 renumbered to R9-6-313; new Section R9-6-312 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-313. Botulism

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a botulism case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 2. Conduct an epidemiologic investigation of each reported botulism case or suspect case; and
 3. For each botulism case or suspect case:
 - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - b. In consultation with the Department, ensure that one or more specimens from each botulism case or suspect case are submitted to the Arizona State Laboratory.
- B. Environmental control measures: An individual in possession of:
1. Food known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated food for 10 minutes and then discard it, and
 2. Utensils known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated utensils for 10 minutes before reuse or disposal.

Historical Note

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

Section R9-6-313 renumbered to R9-6-317; new Section R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-313 renumbered to R9-6-314; new Section R9-6-313 renumbered from R9-6-312 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-314. Brucellosis

- Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported brucellosis case or suspect case;
 2. For each brucellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 3. In consultation with the Department, ensure that an isolate or a specimen, as available, from each brucellosis case is submitted to the Arizona State Laboratory.

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-314 renumbered to R9-6-318; new R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-314 renumbered to R9-6-316; new R9-6-314 renumbered from R9-6-312 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-314 renumbered to R9-6-319; new Section R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-314 renumbered to R9-6-315; new Section R9-6-314 renumbered from R9-6-313 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-315. Campylobacteriosis

- Case control measures: A local health agency shall:
1. Exclude a campylobacteriosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for *Campylobacter* spp. is obtained from the campylobacteriosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
 2. Conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case; and
 3. For each campylobacteriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-712 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-315 renumbered to R9-6-321; new R9-6-315 renumbered from R9-6-312 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-315 renumbered to R9-6-317; new R9-6-315 renumbered from R9-6-313 and amended by final

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rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-315 renumbered to R9-6-320; new Section R9-6-315 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-315 renumbered to R9-6-318; new Section R9-6-315 renumbered from R9-6-314 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-316. *Candida auris***A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with *Candida auris* infection or colonization to prevent transmission; and
 - b. If a case with *Candida auris* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with *Candida auris* infection or colonization to prevent transmission; and
 - b. If a case with *Candida auris* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
 - a. A case with *Candida auris* infection or colonization is isolated as necessary to prevent transmission; and
 - b. An isolate or a specimen, as available, from each case with *Candida auris* infection or colonization is submitted to the Arizona State Laboratory.

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

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of *Candida auris*; and
2. For each outbreak or suspected outbreak of *Candida auris*, submit to the Department the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-713 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-316 repealed; new R9-6-316 renumbered from R9-6-313 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-316 renumbered to R9-6-318; new R9-6-316 renumbered from R9-6-314 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-316 renumbered to R9-6-322; new Section R9-6-316 renumbered from R9-6-312 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-316 renumbered to R9-6-320; new Section R9-6-316 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-317. *Carbapenem-resistant Acinetobacter baumannii***A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
 2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
 3. A local health agency, in consultation with the Department, shall ensure that:
 - a. A case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is isolated as necessary to prevent transmission; and
 - b. An isolate or a specimen, as available, from each case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is submitted to the Arizona State Laboratory.
- B. Outbreak control measures: A local health agency shall:**
1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant *Acinetobacter baumannii*; and
 2. For each outbreak or suspected outbreak of carbapenem-resistant *Acinetobacter baumannii*, submit to the Department the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-714 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-317 renumbered to R9-6-323; new R9-6-317 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-317 renumbered to R9-6-319; new R9-6-317 renumbered from R9-6-315 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-317 renumbered to R9-6-323; new Section R9-6-317 renumbered from R9-6-313 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-317 renumbered to R9-6-321; new Section R9-6-317 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-318. *Carbapenem-resistant Enterobacterales***A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant enterobacterales infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant enterobacterales infection or colonization is being transferred to

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another health care provider or health care institution or to a correctional facility, comply with R9-6-305.

2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Institute isolation precautions as necessary for a case with carbapenem-resistant enterobacterales infection or colonization to prevent transmission; and
 - b. If a case with carbapenem-resistant enterobacterales infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
 - a. A case with carbapenem-resistant enterobacterales infection or colonization is isolated as necessary to prevent transmission; and
 - b. An isolate or a specimen, as available, from each case with carbapenem-resistant enterobacterales infection or colonization is submitted to the Arizona State Laboratory.

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

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant enterobacterales; and
2. For each outbreak or suspected outbreak of carbapenem-resistant enterobacterales, submit to the Department the information required under R9-6-206(E).

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-318 renumbered to R9-6-324; new R9-6-318 renumbered from R9-6-314 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-318 renumbered to R9-6-320; new R9-6-318 renumbered from R9-6-316 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-318 renumbered to R9-6-324; new Section R9-6-318 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-318 renumbered to R9-6-322; new Section R9-6-318 renumbered from R9-6-315 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-319. Carbapenem-resistant *Pseudomonas aeruginosa*

A. Case control measures:

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

infection or colonization to prevent transmission; and

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

Historical Note

Renumbered from R9-6-715 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-319 renumbered to R9-6-326; new R9-6-319 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-319 renumbered to R9-6-321; new R9-6-319 renumbered from R9-6-317 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-319 renumbered to R9-6-325; new Section R9-6-319 renumbered from R9-6-314 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-319 renumbered to R9-6-323; new Section R9-6-319 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-320. Chagas Infection and Related Disease (*American Trypanosomiasis*)

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
2. For each Chagas infection or disease case:
 - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - b. Provide to the Chagas infection or disease case or ensure that another person provides to the Chagas infection or disease case health education that includes:
 - i. The treatment options for Chagas infection or disease,
 - ii. Where the Chagas infection or disease case may receive treatment for Chagas infection or disease, and
 - iii. For women of childbearing age, the risks of transmission of Chagas infection or disease to a fetus.

Historical Note

Renumbered from R9-6-716 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-320 renumbered to Section R9-6-321; new Section R9-6-320 adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 10

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A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-320 renumbered to R9-6-322; new R9-6-320 renumbered from R9-6-318 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-320 renumbered to R9-6-326; new Section R9-6-320 renumbered from R9-6-315 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-320 renumbered to R9-6-324; new Section R9-6-320 renumbered from R9-6-316 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-321. Chancroid (*Haemophilus ducreyi*)

- A.** Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported chancroid case or suspect case;
 2. For each chancroid case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 3. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chancroid case.
- B.** Contact control measures: When a chancroid case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

Historical Note

Renumbered from R9-6-717 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-321 renumbered to R9-6-322; new Section R9-6-321 renumbered from R9-6-320 effective April 4, 1997 (Supp. 97-2). Former R9-6-321 renumbered to R9-6-322; new R9-6-321 renumbered from R9-6-315 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-321 renumbered to R9-6-323; new R9-6-321 renumbered from R9-6-319 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-321 renumbered to R9-6-327; new Section R9-6-321 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-321 renumbered to R9-6-325; new Section R9-6-321 renumbered from R9-6-317 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-322. Chikungunya

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

kungunya case or suspect case and implement vector control measures as necessary.

Historical Note

Renumbered from R9-6-718 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-322 renumbered to R9-6-323; new Section R9-6-322 renumbered from R9-6-321 effective April 4, 1997 (Supp. 97-2). Former R9-6-322 renumbered to R9-6-329; new R9-6-322 renumbered from R9-6-321 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-322 renumbered to R9-6-324; new R9-6-322 renumbered from R9-6-320 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-322 renumbered to R9-6-328; new Section R9-6-322 renumbered from R9-6-316 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-322 renumbered to R9-6-326; new Section R9-6-322 renumbered from R9-6-318 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-323. Chlamydia trachomatis Infection

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

Historical Note

Renumbered from R9-6-719 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-323 renumbered to R9-6-324; new Section R9-6-323 renumbered from R9-6-322 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-323 renumbered to R9-6-330; new R9-6-323 renumbered from R9-6-317 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-323 renumbered to R9-6-325; new R9-6-323 renumbered from R9-6-321 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-323 renumbered to R9-6-329; new Section R9-6-323 renumbered from R9-6-317 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-323 renumbered to R9-6-327; new Section R9-6-323 renumbered from R9-6-319 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-324. Cholera

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 2. Exclude a cholera case or suspect case from:

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- a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until a stool specimen negative for toxigenic *Vibrio cholerae* is obtained from the cholera case or suspect case; and
 - b. Using an aquatic venue until diarrhea has resolved;
 3. Conduct an epidemiologic investigation of each reported cholera case or suspect case; and
 4. For each cholera case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Contact control measures: A local health agency shall provide follow-up for each cholera contact for five calendar days after exposure.

Historical Note

Renumbered from R9-6-720 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-324 renumbered to R9-6-326; new Section R9-6-324 renumbered from R9-6-323, effective April 4, 1997 (Supp. 97-2). Former R9-6-324 renumbered to R9-6-331; new R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-324 renumbered to R9-6-326; new R9-6-324 renumbered from R9-6-322 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-324 renumbered to R9-6-330; new Section R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-324 renumbered to R9-6-328; new Section R9-6-324 renumbered from R9-6-320 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-325. *Clostridioides difficile*

Case control measures:

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

Historical Note

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

6-331; new Section R9-6-325 renumbered from R9-6-319 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-325 renumbered to R9-6-329; new Section R9-6-325 renumbered from R9-6-321 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-326. *Coccidioidomycosis (Valley Fever)*

Outbreak control measures: A local health agency shall:

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

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-326 renumbered to R9-6-329; new Section R9-6-326 renumbered from R9-6-324 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-326 renumbered to R9-6-335; new R9-6-326 renumbered from R9-6-319 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-326 renumbered to R9-6-328; new R9-6-326 renumbered from R9-6-324 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-326 renumbered to R9-6-332; new Section R9-6-326 renumbered from R9-6-320 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-326 renumbered to R9-6-331; new Section R9-6-326 renumbered from R9-6-322 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-327. *Colorado Tick Fever*

Case control measures: A local health agency shall:

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

Historical Note

Renumbered from R9-6-722 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-327 renumbered to R9-6-330; new Section R9-6-327 renumbered from R9-6-325 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-327 renumbered to R9-6-336; new R9-6-327 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-327 renumbered to R9-6-329; new R9-6-327 renumbered from R9-6-325 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-327 renumbered to R9-6-333; new Section R9-6-327 renumbered from R9-6-321 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-327 renumbered to R9-6-332; new Section R9-6-327 renumbered from R9-6-323 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-328. *Conjunctivitis: Acute*

- A.** Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending

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the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.

- B.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported conjunctivitis outbreak; and
 2. For each conjunctivitis outbreak, submit to the Department the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-701 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-328 renumbered to R9-6-331; new Section R9-6-328 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-328 renumbered to R9-6-337; new R9-6-328 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-328 renumbered to R9-6-330; new R9-6-328 renumbered from R9-6-326 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-328 renumbered to R9-6-334; new Section R9-6-328 renumbered from R9-6-322 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-328 renumbered to R9-6-333; new Section R9-6-328 renumbered from R9-6-324 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-329. Creutzfeldt-Jakob Disease

Case control measures: A local health agency shall:

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

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Section R9-6-329 renumbered to R9-6-332; new Section R9-6-329 renumbered from R9-6-326 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-329 repealed; new R9-6-329 renumbered from R9-6-322 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-329 renumbered to R9-6-331; new R9-6-329 renumbered from R9-6-327 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-329 renumbered to R9-6-335; new Section R9-6-329 renumbered from R9-6-323 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-329 renumbered to R9-6-334; new Section R9-6-329 renumbered from R9-6-325 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-330. Cronobacter Infection in an Infant

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

1. Upon receiving a report under R9-6-202 of a Cronobacter infection case or suspect case in an infant, 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 Cronobacter infection case or suspect case in an infant; and

3. For each Cronobacter case in an infant, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

1. Conduct an epidemiologic investigation of each reported Cronobacter outbreak in infants; and
2. For each Cronobacter outbreak in infants, submit to the Department the information required under R9-6-206(E).

Historical Note

Renumbered from R9-6-723 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-330 renumbered to R9-6-333; new Section R9-6-330 renumbered from R9-6-327 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-330 repealed; new R9-6-330 renumbered from R9-6-323 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-330 renumbered to R9-6-332; new R9-6-330 renumbered from R9-6-328 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-330 renumbered from R9-6-324 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-330 renumbered to R9-6-335; new Section R9-6-330 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-331. Cryptosporidiosis

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

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case; and
3. For each cryptosporidiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

Historical Note

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

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new Section R9-6-331 renumbered from R9-6-325 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-331 renumbered to R9-6-336; new Section R9-6-331 renumbered from R9-6-326 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-332. Cyclospora Infection

Case control measures: A local health agency shall:

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

Historical Note

Renumbered from R9-6-725 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-332 renumbered to R9-6-335; new Section R9-6-332 renumbered from R9-6-329 effective April 4, 1997 (Supp. 97-2). Former R9-6-332 repealed; new R9-6-332 renumbered from R9-6-334 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-332 renumbered to R9-6-334; new R9-6-332 renumbered from R9-6-330 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-332 renumbered to R9-6-338; new Section R9-6-332 renumbered from R9-6-326 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-332 renumbered to R9-6-337; new Section R9-6-332 renumbered from R9-6-327 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-333. Cysticercosis

Case control measures: A local health agency shall:

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

Historical Note

Renumbered from R9-6-726 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-333 renumbered to R9-6-336; new Section R9-6-333 renumbered from R9-6-330 effective April 4, 1997 (Supp. 97-2). Former R9-6-333 renumbered to R9-6-341; new R9-6-333 renumbered from R9-6-325 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-333 renumbered to R9-6-335; new R9-6-333 renumbered from R9-6-331 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-333 renumbered to R9-6-339; new Section R9-6-333 renumbered from R9-6-327 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-333 renumbered to R9-6-338; new Section R9-6-333 renumbered from R9-6-328 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-334. Dengue

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

1. Upon receiving a report under R9-6-202 of a dengue case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported dengue case or suspect case;
3. For each dengue case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that each dengue case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.

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

Historical Note

Renumbered from R9-6-727 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-334 renumbered to R9-6-337; new Section R9-6-334 renumbered from R9-6-331 effective April 4, 1997 (Supp. 97-2). Former R9-6-334 renumbered to R9-6-332; new R9-6-334 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-334 renumbered to R9-6-336; new R9-6-334 renumbered from R9-6-332 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-334 renumbered to R9-6-340; new Section R9-6-334 renumbered from R9-6-328 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-334 renumbered to R9-6-339; new Section R9-6-334 renumbered from R9-6-329 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-335. Diarrhea, Nausea, or Vomiting

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

1. Conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting;
2. Submit to the Department the information required under R9-6-206(E); and
3. Exclude each case that is part of an outbreak of diarrhea, nausea, or vomiting from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Diarrhea and vomiting have resolved, or
 - ii. The local health agency has determined that the case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved.

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

Historical Note

Renumbered from R9-6-728 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-335 renumbered to R9-6-338; new Section R9-6-335

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renumbered from R9-6-332 effective April 4, 1997 (Supp. 97-2). Former R9-6-335 renumbered to R9-6-342; new R9-6-335 renumbered from R9-6-326 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-335 renumbered to R9-6-337; new R9-6-335 renumbered from R9-6-333 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-335 renumbered to R9-6-341; new Section R9-6-335 renumbered from R9-6-329 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-335 renumbered to R9-6-340; new Section R9-6-335 renumbered from R9-6-330 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-336. Diphtheria**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Isolate and institute droplet precautions for a pharyngeal diphtheria case or suspect case until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; and
 - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a diphtheria case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported diphtheria case or suspect case; and
 - c. For each diphtheria case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

1. Exclude each diphtheria contact from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment until a set of cultures negative for *Corynebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
2. In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the contact at least 24 hours apart;
3. Offer each previously immunized diphtheria contact prophylaxis and a vaccine containing diphtheria toxoid; and
4. Offer each unimmunized diphtheria contact prophylaxis and the primary vaccine series.

Historical Note

Renumbered from R9-6-729 and amended effective

October 19, 1993 (Supp. 93-4). Former Section R9-6-336 renumbered to R9-6-339; new Section R9-6-336 renumbered from R9-6-333 effective April 4, 1997 (Supp. 97-2). Former R9-6-336 renumbered to R9-6-343; new R9-6-336 renumbered from R9-6-327 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-336 renumbered to R9-6-338; new R9-6-336 renumbered from R9-6-334 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-336 renumbered to R9-6-342; new Section R9-6-336 renumbered from R9-6-331 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-336 renumbered to R9-6-341; new Section R9-6-336 renumbered from R9-6-331 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-337. Ehrlichiosis

Case control measures: A local health agency shall:

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

Historical Note

Renumbered from R9-6-730 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-337 renumbered to R9-6-340; new Section R9-6-337 renumbered from R9-6-334 effective April 4, 1997 (Supp. 97-2). Former R9-6-337 renumbered to R9-6-344; new R9-6-337 renumbered from R9-6-328 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-337 renumbered to R9-6-339; new R9-6-337 renumbered from R9-6-335 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-337 renumbered to R9-6-343; new Section R9-6-337 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-337 renumbered to R9-6-342; new Section R9-6-337 renumbered from R9-6-332 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-338. Emerging or Exotic Disease

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

1. Upon receiving a report under R9-6-202 or R9-6-203 of an emerging or exotic disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. In consultation with the Department, isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission;
3. Conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case; and
4. For each emerging or exotic disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

Historical Note

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Renumbered from R9-6-731 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-338 renumbered to R9-6-341; new Section R9-6-338 renumbered from R9-6-335 effective April 4, 1997 (Supp. 97-2). Former R9-6-338 renumbered to R9-6-346; new R9-6-338 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-338 renumbered to R9-6-340; new R9-6-338 renumbered from R9-6-336 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-338 renumbered to R9-6-344; new Section R9-6-338 renumbered from R9-6-332 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). Section R9-6-338 renumbered to R9-6-343; new Section R9-6-338 renumbered from R9-6-333 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-339. Encephalitis, Viral or Parasitic

Case control measures: A local health agency shall:

1. Upon receiving a report of encephalitis under R9-6-202, notify the Department:
 - a. For a case or suspect case of parasitic encephalitis, within 24 hours after receiving the report and provide to the Department the information contained in the report; and
 - b. For a case or suspect case of viral encephalitis, within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case; and
3. For each encephalitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-732 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-339 renumbered to R9-6-342; new Section R9-6-339 renumbered from R9-6-336 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-339 renumbered to R9-6-347; new R9-6-339 renumbered from R9-6-331 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-339 renumbered to R9-6-341; new R9-6-339 renumbered from R9-6-337 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-339 renumbered to R9-6-345; new Section R9-6-339 renumbered from R9-6-333 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-339 renumbered to R9-6-344; new Section R9-6-339 renumbered from R9-6-334 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-340. *Escherichia coli*, Shiga Toxin-producing

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

1. Upon receiving a report of a Shiga toxin-producing *Escherichia coli* case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

2. Exclude a Shiga toxin-producing *Escherichia coli* case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Two successive stool specimens, collected from the Shiga toxin-producing *Escherichia coli* case or suspect case at least 24 hours apart, are negative for Shiga toxin-producing *Escherichia coli*;
 - ii. Diarrhea has resolved; or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported Shiga toxin-producing *Escherichia coli* case or suspect case; and
4. For each Shiga toxin-producing *Escherichia coli* case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

1. If an animal located in a private residence is suspected to be the source of infection for a Shiga toxin-producing *Escherichia coli* case or outbreak, provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*; and
2. If an animal located in a setting other than a private residence is suspected to be the source of infection for a Shiga toxin-producing *Escherichia coli* case or outbreak:
 - a. Provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*, and
 - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about Shiga toxin-producing *Escherichia coli* and methods to reduce the risk of transmission.

Historical Note

Renumbered from R9-6-733 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-340 renumbered to R9-6-343; new Section R9-6-340 renumbered from R9-6-337 effective April 4, 1997 (Supp. 97-2). Former R9-6-340 renumbered to R9-6-348; new R9-6-340 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-340 renumbered to R9-6-343; new R9-6-340 renumbered from R9-6-338 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-340 renumbered to R9-6-346; new Section R9-6-340 renumbered from R9-6-334 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-340 renumbered to R9-6-345; new Section R9-6-340 renumbered from R9-6-335 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-341. Giardiasis

Case control measures: A local health agency shall:

1. Exclude a giardiasis case or suspect case with diarrhea from:

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- a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Treatment for giardiasis is initiated and diarrhea has resolved, or
 - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
- b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported giardiasis case or suspect case; and
3. For each giardiasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-734 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-341 renumbered to R9-6-344; new Section R9-6-341 renumbered from R9-6-338 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-341 renumbered to R9-6-349; new R9-6-341 renumbered from R9-6-333 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-341 renumbered to R9-6-344; new R9-6-341 renumbered from R9-6-339 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-341 renumbered to R9-6-347; new Section R9-6-341 renumbered from R9-6-335 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-341 renumbered to R9-6-346; new Section R9-6-341 renumbered from R9-6-336 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-342. Glanders

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a glanders case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported glanders case or suspect case;
3. For each glanders case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each glanders case or suspect case is submitted to the Arizona State Laboratory.

Historical Note

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

renumbered to R9-6-347; new Section R9-6-342 renumbered from R9-6-337 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-343. Gonorrhea**A. Case control measures:**

1. For the prevention of gonorrheal ophthalmia, a physician, physician assistant, registered nurse practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
 - a. Erythromycin ophthalmic ointment 0.5%; or
 - b. If erythromycin ophthalmic ointment is not available, another appropriate antibiotic.
2. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a gonorrhea case that seeks treatment from the local health agency.

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

Historical Note

Renumbered from R9-6-736 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-343 renumbered to R9-6-346; new Section R9-6-343 renumbered from R9-6-340 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-343 renumbered to R9-6-351; new R9-6-343 renumbered from R9-6-336 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-343 renumbered to R9-6-346; new R9-6-343 renumbered from R9-6-340 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-343 renumbered from R9-6-337 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-343 renumbered to R9-6-348; new Section R9-6-343 renumbered from R9-6-338 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-344. *Haemophilus influenzae*: Invasive Disease**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a *Haemophilus influenzae* meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report of a *Haemophilus influenzae* invasive disease case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and

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- c. For each *Haemophilus influenzae* invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

Historical Note

Renumbered from R9-6-737 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-344 renumbered to R9-6-347; new Section R9-6-344 renumbered from R9-6-341 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-344 renumbered to R9-6-352; new R9-6-344 renumbered from R9-6-337 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-344 renumbered to R9-6-347; new R9-6-344 renumbered from R9-6-341 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-344 renumbered to R9-6-349; new Section R9-6-344 renumbered from R9-6-338 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-344 renumbered to R9-6-349; new Section R9-6-344 renumbered from R9-6-339 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-345. Hansen's Disease (Leprosy)

- A. Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case; and
 2. For each Hansen's disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Contact control measures: In consultation with the Department, a local health agency shall examine contacts of a Hansen's disease case, if indicated, for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.

Historical Note

Renumbered from R9-6-738 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-345 renumbered to R9-6-348; new Section R9-6-345 renumbered from R9-6-342 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-345 renumbered to R9-6-353; new R9-6-345 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-345 renumbered to R9-6-348; new R9-6-345 renumbered from R9-6-342 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-345 renumbered to R9-6-350; new Section R9-6-345 renumbered from R9-6-339 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-345 renumbered to R9-6-350; new Section R9-6-345 renumbered from R9-6-340 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-346. Hantavirus Infection

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a hantavirus infection case or suspect case, notify the Department

within one working day after receiving the report and provide to the Department the information contained in the report;

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

Historical Note

Renumbered from R9-6-739 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-346 renumbered to R9-6-349; new Section R9-6-346 renumbered from R9-6-343 effective April 4, 1997 (Supp. 97-2). Former R9-6-346 renumbered to R9-6-354; new R9-6-346 renumbered from R9-6-338 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-346 renumbered to R9-6-349; new R9-6-346 renumbered from R9-6-343 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-346 renumbered to R9-6-351; new Section R9-6-346 renumbered from R9-6-340 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-346 renumbered to R9-6-351; new Section R9-6-346 renumbered from R9-6-341 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-347. Hemolytic Uremic Syndrome

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a hemolytic uremic syndrome case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 2. Conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case; and
 3. For each hemolytic uremic syndrome case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

Historical Note

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

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renumbered to R9-6-352; new Section R9-6-347 renumbered from R9-6-341 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-347 renumbered to R9-6-352; new Section R9-6-347 renumbered from R9-6-342 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-348. Hepatitis A**A. Case control measures:** A local health agency shall:

1. Upon receiving a report of a hepatitis A case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a hepatitis A case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
3. Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
4. For each hepatitis A case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. For 45 calendar days after exposure, monitor a food handler who was a contact of a hepatitis A case during the infectious period for symptoms of hepatitis A; and
3. Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.

Historical Note

Renumbered from R9-6-741 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-348 renumbered to R9-6-351; new Section R9-6-348 renumbered from R9-6-345 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-348 renumbered to R9-6-356; new R9-6-348 renumbered from R9-6-340 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-348 renumbered to R9-6-352; new R9-6-348 renumbered from R9-6-345 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-348 renumbered to R9-6-353; new Section R9-6-348 renumbered from R9-6-342 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-348 renumbered to R9-6-353; new Section R9-6-348 renumbered from R9-6-343 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-349. Hepatitis B and Hepatitis D**A. Case control measures:**

1. A local health agency shall:
 - a. Evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated;

- b. Conduct an epidemiologic investigation of each reported case or suspect case of hepatitis B or hepatitis B co-infected with hepatitis D; and
 - c. For each acute case of hepatitis B or hepatitis B co-infected with hepatitis D or case of perinatal hepatitis B, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- B. Contact control measures:** A local health agency shall:
1. Refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series, and
 2. Provide health education related to the progression of hepatitis B disease and the prevention of transmission of hepatitis B infection to each non-immune hepatitis B contact.

Historical Note

Renumbered from R9-6-742 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-349 renumbered to R9-6-352; new Section R9-6-349 renumbered from R9-6-346 effective April 4, 1997 (Supp. 97-2). Former R9-6-349 renumbered to R9-6-357; new R9-6-349 renumbered from R9-6-341 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-349 renumbered to R9-6-353; new R9-6-349 renumbered from R9-6-346 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-349 renumbered to R9-6-354; new Section R9-6-349 renumbered from R9-6-344 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-349 renumbered to R9-6-354; new Section R9-6-349 renumbered from R9-6-344 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-350. Hepatitis C**Outbreak control measures:** A local health agency shall:

1. Conduct an epidemiologic investigation of each reported hepatitis C outbreak;
2. For each hepatitis C outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(E);
3. Evaluate a health care provider identified as the source of hepatitis C virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated; and
4. Ensure that health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection is provided to each individual who may have been exposed to hepatitis C during the outbreak.

Historical Note

Renumbered from R9-6-743 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-350 renumbered to R9-6-353; new Section R9-6-350 renumbered from R9-6-347 effective April 4, 1997 (Supp. 97-2). Former R9-6-350 renumbered to R9-6-358; new R9-6-350 renumbered from R9-6-342 and amended by final rulemaking at 10 A.A.R. 3559, effective October

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2, 2004 (Supp. 04-3). Former R9-6-350 renumbered to R9-6-355; new R9-6-350 renumbered from R9-6-347 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-350 renumbered to R9-6-355; new Section R9-6-350 renumbered from R9-6-345 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-350 renumbered to R9-6-355; new Section R9-6-350 renumbered from R9-6-345 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-351. Hepatitis E

Case control measures: A local health agency shall:

1. Exclude a hepatitis E case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and
3. For each hepatitis E case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-744 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-351 renumbered to R9-6-354; new Section R9-6-351 renumbered from R9-6-348 effective April 4, 1997 (Supp. 97-2). Former R9-6-351 renumbered to R9-6-359; new R9-6-351 renumbered from R9-6-343 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-351 renumbered to R9-6-356; new R9-6-351 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-351 renumbered to R9-6-356; new Section R9-6-351 renumbered from R9-6-346 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-351 renumbered to R9-6-356; new Section R9-6-351 renumbered from R9-6-346 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-352. HIV Infection and Related Disease

A. Case control measures:

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

B. Contact control measures: The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection under A.R.S. § 36-664(I) as specified in R9-6-1006(A).

C. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply

with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

Historical Note

Renumbered from R9-6-745 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-352 renumbered to R9-6-355; new Section R9-6-352 renumbered from R9-6-349 effective April 4, 1997 (Supp. 97-2). Former R9-6-352 renumbered to R9-6-360; new R9-6-352 renumbered from R9-6-344 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-352 renumbered to R9-6-357; new R9-6-352 renumbered from R9-6-348 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-352 renumbered to R9-6-357; new Section R9-6-352 renumbered from R9-6-347 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-352 renumbered to R9-6-357; new Section R9-6-352 renumbered from R9-6-347 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-353. Influenza-Associated Mortality in a Child

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of an influenza-associated death of a child, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of influenza-associated mortality in a child; and
3. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-746 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-353 renumbered to R9-6-356; new Section R9-6-353 renumbered from R9-6-350 effective April 4, 1997 (Supp. 97-2). Former R9-6-353 renumbered to R9-6-361; new R9-6-353 renumbered from R9-6-345 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-353 renumbered to R9-6-358; new R9-6-353 renumbered from R9-6-349 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-353 renumbered to R9-6-359; new Section R9-6-353 renumbered from R9-6-348 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-353 renumbered to R9-6-358; new Section R9-6-353 renumbered from R9-6-348 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-354. Legionellosis (Legionnaires' Disease)

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

1. Upon receiving a report of a legionellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and

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

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

Historical Note

Renumbered from R9-6-748 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-354 renumbered to R9-6-357; new Section R9-6-354 renumbered from R9-6-351 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-354 renumbered to R9-6-362; new R9-6-354 renumbered from R9-6-346 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-354 renumbered to R9-6-359; new R9-6-354 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-354 renumbered to R9-6-360; new Section R9-6-354 renumbered from R9-6-349 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-354 renumbered to R9-6-359; new Section R9-6-354 renumbered from R9-6-349 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-355. Leptospirosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a leptospirosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and
3. For each leptospirosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Renumbered from R9-6-749 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-355 renumbered to R9-6-358; new Section R9-6-355 renumbered from R9-6-352 effective April 4, 1997 (Supp. 97-2). Former R9-6-355 renumbered to R9-6-363; new R9-6-355 renumbered from R9-6-347 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-355 renumbered to R9-6-360; new R9-6-355 renumbered from R9-6-350 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-355 renumbered to R9-6-362; new Section R9-6-355 renumbered from R9-6-350 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-355 renumbered to R9-6-360; new Section R9-6-355 renumbered from R9-6-350 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-356. Listeriosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a listeriosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
3. For each listeriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. In consultation with the Department, ensure that an isolate or a specimen, as available, from each listeriosis case is submitted to the Arizona State Laboratory.

Historical Note

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-750 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-356 renumbered to R9-6-360; new Section R9-6-356 renumbered from R9-6-353 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-356 renumbered to R9-6-365; new R9-6-356 renumbered from R9-6-348 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-356 renumbered to R9-6-361; new R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-356 renumbered to R9-6-363; new Section R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-356 renumbered to R9-6-361; new Section R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-357. Lyme Disease

Case control measures: A local health agency shall:

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

Historical Note

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-357 renumbered to R9-6-361; new Section R9-6-357 renumbered from R9-6-354 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-357 repealed; new R9-6-357 renumbered from R9-6-349 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-357 renumbered to R9-6-362; new R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-357 renumbered to R9-6-364; new Section R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-357 renumbered to R9-6-362; new Section R9-6-357 renumbered from R9-6-352 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-358. Lymphocytic Choriomeningitis

Case control measures: A local health agency shall:

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1. Upon receiving a report under R9-6-202 of a lymphocytic choriomeningitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
3. For each lymphocytic choriomeningitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-751 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-358 renumbered to R9-6-362; new Section R9-6-358 renumbered from R9-6-355 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-358 renumbered to R9-6-367; new R9-6-358 renumbered from R9-6-350 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-358 renumbered to R9-6-363; new R9-6-358 renumbered from R9-6-353 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-358 renumbered to R9-6-365; new Section R9-6-358 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-358 renumbered to R9-6-363; new Section R9-6-358 renumbered from R9-6-353 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-359. Malaria

- A.** Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported malaria case or suspect case; and
 2. For each malaria case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each malaria case or suspect case and implement vector control measures as necessary.

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-752 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-359 renumbered to R9-6-363; new Section R9-6-359 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-359 repealed; new R9-6-359 renumbered from R9-6-351 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-359 renumbered to R9-6-364; new R9-6-359 renumbered from R9-6-354 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-359 renumbered to R9-6-366; new Section R9-6-359 renumbered from R9-6-353 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-359 renumbered to R9-6-366; new Section R9-6-359 renumbered from R9-6-354 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025),

effective June 2, 2025 (Supp. 25-2).

R9-6-360. Measles (Rubeola)**A.** Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth calendar day after the rash appears; and
 - b. Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until the local health agency has determined that the suspect case is unlikely to infect other individuals.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for a measles case from onset of illness through the fourth calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a measles:
 - a. Case from working at the health care institution from the onset of illness through the fourth calendar day after the rash appears; and
 - b. Suspect case from working at the health care institution until the local health agency has determined that the suspect case may return to work.
4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a measles case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported measles case or suspect case;
 - c. For each measles case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. In consultation with the Department, ensure that one or more specimens from each measles case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the measles control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. When a measles case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment; and
 - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall:
 - a. Determine which measles contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and

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- b. Provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.
3. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
 - a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
 - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to measles; or
 - c. Documentary evidence of birth before January 1, 1957.

Historical Note

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-753 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-360 renumbered to R9-6-364; new Section R9-6-360 renumbered from R9-6-356 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-360 renumbered to R9-6-368; new R9-6-360 renumbered from R9-6-352 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-360 renumbered to R9-6-365; new R9-6-360 renumbered from R9-6-355 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-360 renumbered to R9-6-367; new Section R9-6-360 renumbered from R9-6-354 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-360 renumbered to R9-6-368; new Section R9-6-360 renumbered from R9-6-355 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-361. Melioidosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a melioidosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;
3. For each melioidosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. In consultation with the Department, ensure that an isolate or a specimen, as available, from each melioidosis case or suspect case is submitted to the Arizona State Laboratory.

Historical Note

Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-754 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-361 renumbered to R9-6-365; new Section R9-6-361 renumbered from R9-6-357 effective April 4, 1997

(Supp. 97-2). Former R9-6-361 renumbered to R9-6-369; new R9-6-361 renumbered from R9-6-353 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-361 renumbered to R9-6-366; new R9-6-361 renumbered from R9-6-356 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-361 renumbered to R9-6-368; new Section R9-6-361 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). Section R9-6-361 renumbered to R9-6-369; new Section R9-6-361 renumbered from R9-6-356 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-362. Meningococcal Invasive Disease**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a meningococcal invasive disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case;
 - c. For each meningococcal invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. In consultation with the Department, ensure that an isolate or a specimen, as available, from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

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

Historical Note

Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-755 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-362 renumbered to R9-6-366; new Section R9-6-362 renumbered from R9-6-358 effective April 4, 1997 (Supp. 97-2). Former R9-6-362 renumbered to R9-6-370; new R9-6-362 renumbered from R9-6-354 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-362 renumbered to R9-6-367; new R9-6-362 renumbered from R9-6-357 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-362 renumbered to R9-6-369; new Section R9-6-362 renumbered from R9-6-355 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). Section

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R9-6-362 renumbered to R9-6-371; new Section R9-6-362 renumbered from R9-6-357 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-363. Methicillin-resistant *Staphylococcus aureus* (MRSA)

A. Case control measures:

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

B. Outbreak control measures:

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

Historical Note

Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-756 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-363 renumbered to R9-6-367; new Section R9-6-363 renumbered from R9-6-359 effective April 4, 1997 (Supp. 97-2). Former R9-6-363 renumbered to R9-6-371; new R9-6-363 renumbered from R9-6-355 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-363 renumbered to R9-6-368; new R9-6-363 renumbered from R9-6-358 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-363 renumbered from R9-6-356 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-363 renumbered to R9-6-372; new Section R9-6-363 renumbered from R9-6-358 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective

June 2, 2025 (Supp. 25-2).

R9-6-364. Middle East Respiratory Syndrome (MERS)

A. Case control measures:

1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a Middle East Respiratory Syndrome (MERS) case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a MERS case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized MERS case or suspect case to prevent transmission, unless otherwise advised by the Department;
 - c. Conduct an epidemiologic investigation of each reported MERS case or suspect case, unless otherwise advised by the Department; and
 - d. For each MERS case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

Historical Note

Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-757 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-364 renumbered to R9-6-368; new Section R9-6-364 renumbered from R9-6-360 effective April 4, 1997 (Supp. 97-2). Former R9-6-364 renumbered to R9-6-372; new R9-6-364 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-364 renumbered to R9-6-369; new R9-6-364 renumbered from R9-6-359 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-364 repealed; new Section R9-6-364 renumbered from R9-6-357 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-364 renumbered to R9-6-373; new Section R9-6-364 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-365. Mpox

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

1. Conduct an epidemiologic investigation of each reported mpox case or suspect case;
2. As part of the epidemiologic investigation, provide education to a mpox case, including:
 - a. A description of the disease or syndrome caused by the Monkeypox virus, the symptoms of mpox, treatment options, and how mpox is passed to others; and
 - b. Risk reduction strategies for preventing re-infection;

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3. For each mpox case, submit to the Department, as specified in Table 2.4, the information required under R9-206(D); and
 4. For each mpox case seeking care at the local health agency, either provide care to the mpox case or refer the mpox case to another facility for treatment or services.
- B.** Contact control measures: A local health agency shall:
1. Notify a contact named by a mpox case of the exposure;
 2. Provide education about the mpox to the contact; and
 3. Provide recommendations for prevention of mpox to the contact.
- C.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported outbreak of mpox; and
 2. For each outbreak of mpox, submit to the Department the information required under R9-6-206(E).

Historical Note

Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-758 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-365 renumbered to R9-6-372; new Section R9-6-365 renumbered from R9-6-361 effective April 4, 1997 (Supp. 97-2). Former R9-6-365 renumbered to R9-6-373; new R9-6-365 renumbered from R9-6-356 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-365 renumbered to R9-6-370; new R9-6-365 renumbered from R9-6-360 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-365 renumbered to R9-6-371; new Section R9-6-365 renumbered from R9-6-358 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-365 renumbered to R9-6-374; new Section R9-6-365 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-366. Mumps**A.** Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a mumps case from the school or child care establishment for five calendar days after the onset of glandular swelling; and
 - b. Exclude a mumps suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions with a mumps case for five calendar days after the onset of glandular swelling.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a mumps:
 - a. Case from working at the health care institution for five calendar days after the onset of glandular swelling; and
 - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.

4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a mumps case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported mumps case or suspect case;
 - c. For each mumps case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. In consultation with the Department, ensure that one or more specimens from each mumps case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the mumps control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
2. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a mumps case or suspect case unless the worker is able to provide evidence of immunity to mumps through one of the following:
 - a. A record of immunization against mumps with two doses of live virus vaccine given on or after the first birthday and at least one month apart; or
 - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to mumps.
3. A local health agency shall determine which mumps contacts will be:
 - a. Quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. Advised to obtain an immunization against mumps.

Historical Note

Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-759 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-366 renumbered to R9-6-374; new Section R9-6-366 renumbered from R9-6-362 effective April 4, 1997 (Supp. 97-2). Former R9-6-366 renumbered to R9-6-374; new R9-6-366 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-366 renumbered to R9-6-371; new R9-6-366 renumbered from R9-6-361 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-366 renumbered to R9-6-372;

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new Section R9-6-366 renumbered from R9-6-359 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-366 renumbered to R9-6-375; new Section R9-6-366 renumbered from R9-6-359 amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-367. *Mycoplasma genitalium* Infection

- A.** Case control measures: A local health agency shall:
1. Offer or arrange for treatment for each *Mycoplasma genitalium* infection case that seeks treatment from the local health agency;
 2. Provide education to the *Mycoplasma genitalium* infection case about *Mycoplasma genitalium* that includes a description of *Mycoplasma genitalium* infection, symptoms, treatment options, measures to prevent transmission and re-infection, and the confidential nature of test results and services; and
 3. Inform the *Mycoplasma genitalium* infection case about the importance of notifying sexual contacts and the options for notification.
- B.** Contact control measures: A local health agency shall:
1. Offer or arrange for treatment for any contact of a *Mycoplasma genitalium* infection case that seeks care at the local health agency; and
 2. Provide education to a contact of a *Mycoplasma genitalium* infection case that includes a description of *Mycoplasma genitalium* infection, symptoms, treatment options, measures to prevent transmission and re-infection, and the confidential nature of test results and services.

Historical Note

Section R9-6-367 renumbered from R9-6-363 effective April 4, 1997 (Supp. 97-2). Former R9-6-367 renumbered to R9-6-375; new R9-6-367 renumbered from R9-6-358 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-367 renumbered to R9-6-372; new R9-6-367 renumbered from R9-6-362 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-367 renumbered to R9-6-373; new Section R9-6-367 renumbered from R9-6-360 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-367 renumbered to R9-6-376; new Section R9-6-367 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-368. Norovirus

- A.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported norovirus outbreak;
 2. Submit to the Department the information required under R9-6-206(E); and
 3. Exclude each case that is part of a norovirus outbreak from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - a. Diarrhea has resolved, or
 - b. The local health agency has determined that the case or suspect case is unlikely to infect other individuals.
- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection

is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with a norovirus outbreak.

Historical Note

Section R9-6-368 renumbered from R9-6-364 effective April 4, 1997 (Supp. 97-2). Former R9-6-368 renumbered to R9-6-376; new R9-6-368 renumbered from R9-6-360 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-368 renumbered to R9-6-375; new R9-6-368 renumbered from R9-6-363 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-368 renumbered to R9-6-374; new Section R9-6-368 renumbered from R9-6-361 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-368 renumbered to R9-6-377; new Section R9-6-368 renumbered from R9-6-360 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-369. Novel Coronavirus

- A.** Case control measures:
1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel coronavirus case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
 2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a novel coronavirus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized novel coronavirus case or suspect case to prevent transmission, unless otherwise advised by the Department;
 - c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case, unless otherwise advised by the Department; and
 - d. For each novel coronavirus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which novel coronavirus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

Historical Note

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

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amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-369 renumbered to R9-6-378; new Section R9-6-369 renumbered from R9-6-361 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-370. Novel Influenza Virus**A. Case control measures:**

1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel influenza virus case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a novel influenza virus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized novel influenza virus case or suspect case to prevent transmission, unless otherwise advised by the Department;
 - c. Conduct an epidemiologic investigation of each reported novel influenza virus case or suspect case, unless otherwise advised by the Department; and
 - d. For each novel influenza virus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-370 renumbered to R9-6-380; new R9-6-370 renumbered from R9-6-362 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-370 renumbered to R9-6-377; new R9-6-370 renumbered from R9-6-365 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-370 renumbered to R9-6-375; new Section R9-6-370 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-370 renumbered to R9-6-379; new Section R9-6-370 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-371. Pediculosis (Lice Infestation)**A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, may exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculocide.

2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.

- B. Contact control measures:** An administrator of a school or child care establishment that has knowledge of a pediculosis case from the school or child care establishment, either personally or through a representative, shall ensure that a parent or guardian of a child who is a contact is notified that a pediculosis case was identified at the school or child care establishment.

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-371 renumbered to R9-6-381; new R9-6-371 renumbered from R9-6-363 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-371 renumbered to R9-6-378; new R9-6-371 renumbered from R9-6-366 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-371 renumbered to R9-6-376; new Section R9-6-371 renumbered from R9-6-365 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-371 renumbered to R9-6-380; new Section R9-6-371 renumbered from R9-6-362 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-372. Pertussis (Whooping Cough)**A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a pertussis case from the school or child care establishment for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
 - b. Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. An administrator of a health care institution, either personally or through a representative, shall:
 - a. Exclude a pertussis case from working at the health care institution for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
 - b. Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate droplet precautions for a pertussis case for five calendar days after the date of initiation of antibiotic treatment for pertussis.
4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a pertussis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

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- b. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
 - c. For each pertussis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the pertussis control measures recommended by a local health agency or the Department.

B. Contact control measures:

- 1. When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
- 2. A local health agency shall identify contacts of a pertussis case and shall:
 - a. Determine which pertussis contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. If indicated, provide or arrange for a pertussis contact to receive antibiotic prophylaxis.

Historical Note

Section R9-6-372 renumbered from R9-6-365 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-372 renumbered to R9-6-382; new R9-6-372 renumbered from R9-6-364 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-372 renumbered to R9-6-379; new R9-6-372 renumbered from R9-6-367 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-372 renumbered to R9-6-378; new Section R9-6-372 renumbered from R9-6-366 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-372 renumbered to R9-6-381; new Section R9-6-372 renumbered from R9-6-363 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-373. Plague**A. Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a pneumonic plague case or suspect case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
- 2. An individual handling the body of a deceased plague case shall use droplet precautions.
- 3. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a plague case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported plague case or suspect case;

- c. For each plague case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. In consultation with the Department, ensure that an isolate or a specimen, as available, from each plague case or suspect case is submitted to the Arizona State Laboratory.
- B. Contact control measures:** A local health agency shall provide follow-up to pneumonic plague contacts for seven calendar days after last exposure to a pneumonic plague case.

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-373 renumbered to R9-6-383; new R9-6-373 renumbered from R9-6-365 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-373 renumbered to R9-6-380; new R9-6-373 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-373 renumbered to R9-6-379; new Section R9-6-373 renumbered from R9-6-367 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-373 renumbered to R9-6-382; new Section R9-6-373 renumbered from R9-6-364 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-374. Poliomyelitis (Paralytic or Non-paralytic)

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a poliomyelitis case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case;
- 3. For each poliomyelitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- 4. In consultation with the Department, ensure that one or more specimens from each poliomyelitis case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

Historical Note

Section R9-6-374 renumbered from R9-6-366 effective April 4, 1997 (Supp. 97-2). Former R9-6-374 renumbered to R9-6-386; new R9-6-374 renumbered from R9-6-366 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-374 renumbered to R9-6-381; new R9-6-374 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-374 renumbered to R9-6-380; new Section R9-6-374 renumbered from R9-6-368 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-374 renumbered to R9-6-384; new Section R9-6-374 renumbered from R9-6-365 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-375. Psittacosis (Ornithosis)

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

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

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

Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-375 renumbered to R9-6-387; new R9-6-375 renumbered from R9-6-367 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-375 renumbered to R9-6-382; new R9-6-375 renumbered from R9-6-368 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-375 renumbered to R9-6-381; new Section R9-6-375 renumbered from R9-6-370 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-375 renumbered to R9-6-385; new Section R9-6-375 renumbered from R9-6-366 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-376. Q Fever

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a Q fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Q fever case or suspect case; and
3. For each Q fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Section renumbered from R9-6-368 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-376 renumbered to R9-6-383; new R9-6-376 renumbered from R9-6-369 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-376 renumbered to R9-6-382; new Section R9-6-376 renumbered from R9-6-371 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-376 renumbered to R9-6-386; new Section R9-6-376 renumbered from R9-6-367 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-377. Rabies in a Human

- A. Case control measures:** A local health agency shall:
1. Upon receiving a report under R9-6-202 of a human rabies case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 2. Conduct an epidemiologic investigation of each reported human rabies case or suspect case;
 3. For each human rabies case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 4. In consultation with the Department, ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.
- B. Contact control measures:** A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-377 renumbered to R9-6-384; new R9-6-377 renumbered from R9-6-370 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-377 renumbered to R9-6-383; new Section R9-6-377 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-377 renumbered to R9-6-387; new Section R9-6-377 renumbered from R9-6-368 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-378. Relapsing Fever (Borreliosis)

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a borreliosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported borreliosis case or suspect case; and
3. For each borreliosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-378 renumbered to R9-6-385; new R9-6-378 renumbered from R9-6-371 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-378 renumbered to R9-6-384; new Section R9-6-378 renumbered from R9-6-372 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-378 renumbered to R9-6-388; new Section R9-6-378 renumbered from R9-6-369 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-379. Respiratory Disease in a Health Care Institution or Correctional Facility

Outbreak control measures:

1. A local health agency shall:

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- a. Conduct an epidemiologic investigation of each reported outbreak of respiratory disease in a health care institution or correctional facility; and
 - b. For each outbreak of respiratory disease in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of respiratory disease occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency.
- b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;
 - c. For each rubella case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. In consultation with the Department, ensure that one or more specimens from each rubella case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the rubella control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
 - a. A record of immunization against rubella given on or after the first birthday; or
 - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to rubella.
2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
3. A local health agency shall:
 - a. Determine which rubella contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
 - b. Provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

Historical Note

Section renumbered from R9-6-370 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-380 renumbered to R9-6-386; new R9-6-380 renumbered from R9-6-373 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-380 renumbered to R9-6-386; new Section R9-6-380 renumbered from R9-6-374 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-380 renumbered to R9-6-390; new Section R9-6-380 renumbered from R9-6-371 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-381. Rubella Syndrome, Congenital**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until:

Historical Note

Section renumbered from R9-6-369 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Section repealed; new Section renumbered from R9-6-372 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-379 renumbered to R9-6-385; new Section R9-6-379 renumbered from R9-6-373 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-379 renumbered to R9-6-389; new Section R9-6-379 renumbered from R9-6-370 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-380. Rubella (German Measles)**A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a rubella case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the seventh calendar day after the rash appears; and
 - b. Exclude a rubella suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative and in consultation with the local health agency, shall isolate and institute droplet precautions for a rubella case through the seventh calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a rubella:
 - a. Case from working at the health care institution from the onset of illness through the seventh calendar day after the rash appears; and
 - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a rubella case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

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- a. The infant congenital rubella syndrome case reaches one year of age; or
 - b. Two successive negative virus cultures, from specimens collected at least one month apart, are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.
2. A local health agency shall:
- a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
 - c. For each congenital rubella syndrome case, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. In consultation with the Department, ensure that one or more specimens from each congenital rubella syndrome case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
- B. Contact control measures: An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution who is known to be pregnant does not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-371(B)(1).
- iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
- 3. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
 - 4. For each salmonellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Environmental control measures: A local health agency shall:
- 1. If an animal infected with *Salmonella* spp. is located in a private residence, provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
 - 2. If an animal infected with *Salmonella* spp. is located in a setting other than a private residence:
 - a. Provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
 - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about salmonellosis and methods to reduce the risk of transmission.

Historical Note

Section renumbered from R9-6-372 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-382 renumbered to R9-6-388; new R9-6-382 renumbered from R9-6-375 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-382 renumbered to R9-6-388; new Section R9-6-382 renumbered from R9-6-376 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-382 renumbered to R9-6-392; new Section R9-6-382 renumbered from R9-6-373 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

Historical Note

Section renumbered from R9-6-371 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-381 renumbered to R9-6-387; new R9-6-381 renumbered from R9-6-374 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-381 renumbered to R9-6-387; new Section R9-6-381 renumbered from R9-6-375 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). R9-6-381 renumbered to R9-6-391; new Section R9-6-381 renumbered from R9-6-372 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-382. Salmonellosis**A. Case control measures: A local health agency shall:**

- 1. Upon receiving a report of a salmonellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Exclude a salmonellosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for *Salmonella* spp. is obtained from the salmonellosis case or suspect case, or

R9-6-383. Severe Acute Respiratory Syndrome (SARS)**A. Case control measures:**

- 1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a Severe Acute Respiratory Syndrome (SARS) case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
- 2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a SARS case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized SARS case or suspect case to prevent transmission, unless otherwise advised by the Department;
 - c. Conduct an epidemiologic investigation of each reported SARS case or suspect case, unless otherwise advised by the Department; and

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- d. For each SARS case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

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

Historical Note

Section renumbered from R9-6-373 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-383 renumbered to R9-6-389; new R9-6-383 renumbered from R9-6-376 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-383 renumbered to R9-6-389; new Section R9-6-383 renumbered from R9-6-377 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-383 renumbered to R9-6-393; new Section R9-6-383 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-384. Scabies

- A.** Case control measures:

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

- B.** Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact with symptoms of scabies to obtain examination and, if necessary, treatment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-384 renumbered to R9-6-390; new R9-6-384 renumbered from R9-6-377 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-384 renumbered from R9-6-378 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-384 renumbered to R9-6-394; new Section R9-6-384 renumbered from R9-6-374 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-385. Shigellosis

Case control measures: A local health agency shall:

1. Upon receiving a report of a shigellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a shigellosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for *Shigella* spp. is obtained from the shigellosis case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for one week after diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
4. For each shigellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-385 renumbered to R9-6-391; new R9-6-385 renumbered from R9-6-378 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-385 renumbered to R9-6-390; new Section R9-6-385 renumbered from R9-6-379 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-385 renumbered to R9-6-395; new Section R9-6-385 renumbered from R9-6-375 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-386. Smallpox

- A.** Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a smallpox case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a smallpox case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department:
 - i. Ensure that isolation and both airborne precautions and contact precautions have been instituted for a smallpox case or suspect case to prevent transmission, and
 - ii. Conduct an epidemiologic investigation of each reported smallpox case or suspect case;
 - c. For each smallpox case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and

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- d. In consultation with the Department, ensure that a specimen from each smallpox case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

- B. Contact control measures: A local health agency, in consultation with the Department, shall:
 1. Quarantine or exclude a smallpox contact as necessary, according to R9-6-303, to prevent transmission; and
 2. Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

Historical Note

Section renumbered from R9-6-374 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-386 renumbered to R9-6-392; new R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-386 renumbered to R9-6-391; new Section R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-386 renumbered to R9-6-396; new Section R9-6-386 renumbered from R9-6-376 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-387. Spotted Fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)

- A. Case control measures: A local health agency shall:
 1. Upon receiving a report under R9-6-202 of a spotted fever rickettsiosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 2. Ensure that a spotted fever rickettsiosis case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfecting with or of having others become infected with spotted fever rickettsiosis;
 3. Conduct an epidemiologic investigation of each reported spotted fever rickettsiosis case or suspect case; and
 4. For each spotted fever rickettsiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each spotted fever rickettsiosis case or suspect case and implement vector control measures as necessary.

Historical Note

Section renumbered from R9-6-375 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-387 renumbered to R9-6-393; new R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-387 repealed; new Section R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-387 renumbered to R9-6-397; new Section R9-6-387 renumbered from R9-6-377 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025

(Supp. 25-2).

R9-6-388. Streptococcal Group A Infection

- A. Streptococcal group A infection, invasive or non-invasive: Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending or working in a school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal group A infection.
- B. Invasive streptococcal group A infection: Outbreak control measures: A local health agency shall:
 1. Conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection;
 2. For each streptococcal group A invasive infection case involved in an outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 3. For each outbreak of streptococcal group A invasive infection, submit to the Department the information required under R9-6-206(E).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-388 renumbered to R9-6-303; new R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-388 renumbered to R9-6-392; new Section R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-388 renumbered to R9-6-398; new Section R9-6-388 renumbered from R9-6-378 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-389. Streptococcal Group B Invasive Infection in an Infant Younger Than 90 Days of Age

Case control measures: A local health agency shall:

1. Confirm the diagnosis of streptococcal group B invasive infection for each reported case or suspect case of streptococcal group B invasive infection in an infant younger than 90 days of age; and
2. For each case of streptococcal group B infection in an infant younger than 90 days of age, submit to the Department the information required under R9-6-202(C).

Historical Note

New Section recodified from R9-19-313 at 11 A.A.R. 3578, effective September 2, 2005 (Supp. 05-4). Former R9-6-389 renumbered to R9-6-394; new R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-389 renumbered to R9-6-393; new Section R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-389 renumbered to R9-6-399; new Section R9-6-389 renumbered from R9-6-379 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025

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R9-6-390. *Streptococcus pneumoniae* Invasive Infection

Outbreak control measures: A local health agency shall:

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

Historical Note

Section R9-6-390 renumbered from R9-6-384 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-390 renumbered to R9-6-394; new Section R9-6-390 renumbered from R9-6-385 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-390 renumbered to R9-6-3100; new Section R9-6-390 renumbered from R9-6-380 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-391. Syphilis

A. Case control measures:

1. A syphilis case shall obtain serologic testing for syphilis three months, six months, 12 months, and 24 months after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
2. A health care provider shall order serologic testing for syphilis for a pregnant individual at 28 to 32 weeks gestation and at delivery.
3. A local health agency shall:
 - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported syphilis case or suspect case, confirming the stage of the disease;
 - b. For each syphilis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsections (A)(1) and (A)(2); and
 - d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
4. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

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

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

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

Historical Note

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

rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-391 renumbered to R9-6-3101; new Section R9-6-391 renumbered from R9-6-381 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-392. Taeniasis

Case control measures: A local health agency shall:

1. Exclude a taeniasis case with *Taenia* spp. from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation;
2. Conduct an epidemiologic investigation of each reported taeniasis case; and
3. For each taeniasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

Section R9-6-392 renumbered from R9-6-386 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-392 renumbered to R9-6-396; new Section R9-6-392 renumbered from R9-6-388 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-392 renumbered to R9-6-3102; new Section R9-6-392 renumbered from R9-6-382 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-393. Tetanus

Case control measures: A local health agency shall:

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

Historical Note

Section R9-6-393 renumbered from R9-6-387 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-393 renumbered to R9-6-397; new Section R9-6-393 renumbered from R9-6-389 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-393 renumbered to R9-6-3103; new Section R9-6-393 renumbered from R9-6-383 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-394. Toxic Shock Syndrome

Case control measures: A local health agency shall:

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

Historical Note

Section R9-6-394 renumbered from R9-6-389 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-394 renumbered from R9-6-390 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-394 renumbered to R9-6-3104; new Section R9-6-394

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renumbered from R9-6-384 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-395. Trichinosis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a trichinosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
3. For each trichinosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section R9-6-395 renumbered from R9-6-391 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-395 renumbered to R9-6-3105; new Section R9-6-395 renumbered from R9-6-385 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-396. Tuberculosis

A. Case control measures:

1. Except as provided in subsection (A)(2), a diagnosing or treating health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for:
 - a. An individual with infectious active tuberculosis within the diagnosing or treating health care provider's or administrator's health care institution until:
 - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
 - ii. Anti-tuberculosis treatment is initiated with multiple antibiotics; and
 - iii. Clinical signs and symptoms of active tuberculosis are improved;
 - b. A suspect case of infectious active tuberculosis within the diagnosing or treating health care provider's or administrator's health care institution until:
 - i. At least two successive tests for tuberculosis, using a product and methodology approved by the U.S. Food and Drug Administration for use when making decisions whether to discontinue isolation and airborne precautions, for the suspect case are negative; or
 - ii. At least three successive sputum smears collected from the suspect case as specified in subsection (A)(1)(a)(i) are negative for acid-fast bacilli, anti-tuberculosis treatment of the suspect case is initiated with multiple antibiotics, and clinical signs and symptoms of active tuberculosis are improved; and
 - c. A case or suspect case of multi-drug resistant active tuberculosis within the diagnosing or treating health care provider's or administrator's health care institu-

tion until a tuberculosis control officer has approved the release of the case or suspect case.

2. A tuberculosis control officer may approve the release of a case or suspect case even if the release criteria in subsection (A)(1)(a) or (b), as applicable, are not satisfied.
3. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
4. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a tuberculosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Exclude an individual with infectious active tuberculosis or a suspect case from working, unless the individual's work setting has been approved by a tuberculosis control officer, until the individual with infectious active tuberculosis or suspect case is released from airborne precautions;
 - c. Conduct an epidemiologic investigation of each reported tuberculosis case, suspect case, or latent infection in a child five years of age or younger;
 - d. For each tuberculosis case or suspect case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 - e. In consultation with the Department, ensure that an isolate or a specimen, as available, from each tuberculosis case is submitted to the Arizona State Laboratory; and
 - f. Comply with the requirements specified in R9-6-1202.

B. Contact control measures:

1. A contact of an individual with infectious active tuberculosis shall allow a local health agency to evaluate the contact's tuberculosis status.
2. A local health agency shall comply with the tuberculosis contact control measures specified in R9-6-1202.

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

Historical Note

New Section R9-6-396 renumbered from R9-6-392 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-396 renumbered to R9-6-3106; new Section R9-6-396 renumbered from R9-6-386 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-397. Tularemia

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a tularemia case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;

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- b. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;
- c. For each tularemia case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- d. In consultation with the Department, ensure that an isolate or a specimen, as available, from each tularemia case or suspect case is submitted to the Arizona State Laboratory.

Historical Note

New Section R9-6-397 renumbered from R9-6-393 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-397 renumbered to R9-6-3107; new Section R9-6-397 renumbered from R9-6-387 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-398. Typhoid Fever**A. Case control measures:** A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a typhoid fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
- 3. For each typhoid fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
- 4. Exclude a typhoid fever case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - a. At least one month after the date of onset of illness; and
 - b. After two successive stool specimens, collected from the typhoid fever case at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy, are negative for *Salmonella typhi*;
- 5. If a stool specimen from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(4) until two successive stool specimens, collected from the typhoid fever case at least one month apart and 12 or fewer months after the date of onset of illness, are negative for *Salmonella typhi*;
- 6. If a positive stool specimen, collected at least 12 months after onset of illness, is obtained from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
- 7. Exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive stool specimens, collected from the typhoid fever carrier at least one month apart, are negative for *Salmonella typhi*.

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

Historical Note

New Section R9-6-398 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-398 renumbered to R9-6-3108; new Section R9-6-398 renumbered from R9-6-388 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-399. Typhus Fever**Case control measures:** A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a typhus fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and
- 3. For each typhus fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section R9-6-399 renumbered from R9-6-389 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3100. Vaccinia-related Adverse Event**Case control measures:** A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a case or suspect case of a vaccinia-related adverse event, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and
- 3. For each case of a vaccinia-related adverse event, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section R9-6-3100 renumbered from R9-6-390 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3101. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus***Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*.
- 2. A diagnosing health care provider or an administrator of a health care institution transferring a known case with active infection or a known carrier of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-305.
- 3. A local health agency, in consultation with the Department, shall:
 - a. Upon receiving a report of a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

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- b. Ensure that a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is isolated as necessary to prevent transmission;
- c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-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 Table 2.4, the information required under R9-6-206(D); and
- e. In consultation with the Department, ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

Historical Note

New Section R9-6-3101 renumbered from R9-6-391 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3102. Varicella (Chickenpox)**A. Case control measures:**

- 1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment and from school- or child-care-establishment-sponsored events until lesions are dry and crusted.
- 2. An administrator of a health care institution, either personally or through a representative, shall isolate and implement airborne precautions for a varicella case until the case is no longer infectious.
- 3. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported case of death due to primary varicella infection; and
 - b. For each reported case of death due to varicella infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures:

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

Historical Note

New Section R9-6-3102 renumbered from R9-6-392 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3103. Vibrio Infection

Case control measures: A local health agency shall:

- 1. Upon receiving a report of a *Vibrio* infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Exclude a *Vibrio* infection case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Diarrhea has resolved, or
 - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue until diarrhea has resolved;
- 3. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
- 4. For each *Vibrio* infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

Historical Note

New Section R9-6-3103 renumbered from R9-6-392 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3104. Viral Hemorrhagic Fever**A. Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement both droplet precautions and contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
- 2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a viral hemorrhagic fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case;
 - c. For each viral hemorrhagic fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
 - d. In consultation with the Department, ensure that one or more specimens from each viral hemorrhagic fever case or suspect case are submitted to the Arizona State Laboratory.

- B. Contact control measures:** A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

Historical Note

New Section R9-6-3104 renumbered from R9-6-394 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3105. West Nile Virus Infection**A. Case control measures:** A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported West Nile virus infection case or suspect case;
- 2. For each case of West Nile virus infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- 3. Ensure that each West Nile virus infection case is provided with health education that includes measures to:

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

Historical Note

New Section R9-6-3104 renumbered from R9-6-395 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3106. Yellow Fever

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a yellow fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 2. Conduct an epidemiologic investigation of each reported yellow fever case or suspect case;
 3. For each yellow fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
 4. Ensure that each yellow fever case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites; and
 5. In consultation with the Department, ensure that an isolate or a specimen, as available, from each yellow fever case or suspect case is submitted to the Arizona State Laboratory.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each yellow fever case or suspect case and implement vector control measures as necessary.

Historical Note

New Section R9-6-3106 renumbered from R9-6-396 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3107. Yersiniosis (Enteropathogenic Yersinia)

- Case control measures: A local health agency shall:
1. Upon receiving a report of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 2. Exclude a yersiniosis case or suspect case with diarrhea from:
 - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Diarrhea has resolved,
 - ii. A stool specimen negative for enteropathogenic *Yersinia* is obtained from the case or suspect case, or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using an aquatic venue for two weeks after diarrhea has resolved;

3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;
4. For each yersiniosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
5. In consultation with the Department, ensure that an isolate or a specimen, as available, from each yersiniosis case is submitted to the Arizona State Laboratory.

Historical Note

New Section R9-6-3107 renumbered from R9-6-397 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-3108. Zika Virus Infection

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

Historical Note

New Section R9-6-3108 renumbered from R9-6-398 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In this Article, unless otherwise specified:

1. "ADAP" means the AIDS Drug Assistance Program.
2. "Adult" means an individual who is:
 - a. Eighteen or more years old;
 - b. Married; or
 - c. Emancipated, as specified in A.R.S. Title 12, Chapter 15.
3. "AHCCCS" means the Arizona Health Care Cost Containment System.
4. "Annual household income" means the adjusted gross income of all adult individuals within a household, as would be reported on the federal income tax return for an individual in the household, modified to include:
 - a. Federal taxable wages,
 - b. Tips,
 - c. Unemployment compensation,
 - d. Social security income,
 - e. Self-employment income,
 - f. Social security disability income,
 - g. Retirement or pension income,
 - h. Capital gains,
 - i. Investment income,
 - j. Rental and royalty income,
 - k. Excluded (untaxed) foreign income, and
 - l. Alimony.
5. "Applicant" means an individual for whom a request for initial enrollment in ADAP is submitted to the Department, as specified in R9-6-404.
6. "Applying for a low-income subsidy" means submitting forms and supporting documentation to the Social Security Administration for determining eligibility for receiving a low-income subsidy.
7. "Calendar day" means any day of the week, including a Saturday, Sunday, or legal holiday.
8. "Case manager" means an individual who:
 - a. Assesses the needs of a person living with HIV for:
 - i. Medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401;
 - ii. Services not related to the treatment of HIV infection, intended to maintain or improve the physical, mental, or psychosocial capabilities

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- of a person living with HIV or an individual in the person living with HIV's household;
- iii. Housing; or
- iv. Financial assistance;
- b. If applicable, assists the person living with HIV with obtaining housing, financial assistance, or the services specified in subsection (8)(a)(i) and (ii);
- c. Coordinates the interaction of the person living with HIV with individuals providing the services specified in subsection (8)(a)(i) and (ii); and
- d. Monitors the interaction of the person living with HIV with individuals providing the services specified in subsection (8)(a)(i) and (ii) to:
 - i. Determine the effects of the activities of individuals providing the services specified in subsection (8)(a)(i) and (ii) on the needs of the person living with HIV, and
 - ii. Develop strategies to reduce unmet needs.
- 9. "CD4-T-lymphocyte count" means the number of a specific type of white blood cell in a cubic millimeter of blood.
- 10. "Contract pharmacy" means an entity that has a legally binding agreement with the Department to dispense drugs through ADAP to enrolled individuals.
- 11. "Current" means within the six months before the date on which an:
 - a. Individual submits the documents specified in R9-6-404 to the Department as an application for initial enrollment in ADAP, or
 - b. Enrolled individual submits to the Department the documents required in R9-6-407 for continuing enrollment.
- 12. "Date of application" means the month, day, and year that the Department receives the documents specified in R9-6-404 for enrollment in ADAP.
- 13. "Drug" means a chemical substance or a compound made by or derived from a plant or animal source that:
 - a. Has been determined by the U.S. Food and Drug Administration to be useful in the treatment of individuals with HIV infection, and
 - b. Is available through a prescription order.
- 14. "Formulary" means a list of drugs that are available to an individual through the individual's health insurance or ADAP.
- 15. "Health insurance enrollment period" means an interval of time during which an individual may apply for health insurance coverage, including:
 - a. An annual interval of time, and
 - b. Any additional intervals of time due to a change in the individual's situation or circumstances.
- 16. "HIV infection" means the same as in A.R.S. § 36-661.
- 17. "HIV-care provider" means the physician, registered nurse practitioner, or physician assistant who is treating an applicant or enrolled individual for HIV infection.
- 18. "Household" means an applicant or enrolled individual and any of the following individuals, as applicable, residing with the applicant or enrolled individual:
 - a. The applicant's or enrolled individual's spouse;
 - b. A dependent parent;
 - c. A parent of a child who is:
 - i. The applicant or enrolled individual, and
 - ii. Claimed as a dependent by the parent;
 - d. A dependent sibling or other relative;
- e. A dependent child of the applicant or enrolled individual, regardless of age and including an adopted child or a foster child;
- f. A non-dependent child or other relative if claimed or could be claimed as a dependent on the applicant's or enrolled individual's taxes; and
- g. A child who is a part of a shared custody agreement of the applicant or enrolled individual, in years for which the child is claimed or could be claimed as a dependent on the applicant's or enrolled individual's taxes.
- 19. "Job" means a position in which an individual is employed.
- 20. "Low-income subsidy" means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the annual household income for an individual.
- 21. "Medicare" means a federal health insurance program established under Title XVIII of the Social Security Act.
- 22. "Medicare drug plan" means insurance approved by Medicare to cover some of the costs of drugs for individuals enrolled in Medicare.
- 23. "Non-permanent housing" means a situation in which an individual is:
 - a. Living in a place that is not designed to be a sleeping place for human beings or ordinarily used as a primary nighttime sleeping place for human beings, or
 - b. Living in a shelter or other temporary living arrangement.
- 24. "Person living with HIV" means an individual who is HIV-infected.
- 25. "Physician" means an individual licensed as a:
 - a. Doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, or through a similar licensing board in another state; or
 - b. Doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17, or through a similar licensing board in another state.
- 26. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25, or through a similar licensing board in another state.
- 27. "Poverty level" means the annual household income for a household of a particular size, as specified in the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services.
- 28. "Pre-approved enrollment status" means that an applicant may receive drugs or other services through ADAP on a temporary basis.
- 29. "Prescription order" means the same as in A.R.S. § 32-1901.
- 30. "Registered nurse practitioner" means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601 and is licensed under A.R.S. Title 32, Chapter 15, or through a similar licensing board in another state.
- 31. "Regular" means recurring at fixed intervals.
- 32. "Representative" means the:
 - a. Guardian of an individual;
 - b. Parent of an individual who is not an adult; or
 - c. Person designated as an agent for an individual through a power of attorney, as specified in A.R.S. Title 14, Chapter 5, Article 5.
- 33. "Resident" means an individual who has a place of habitation in Arizona and is living in Arizona.

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34. "Self-employed" means receiving money as a direct result of the work performed by an individual rather than from wages or a salary paid to the individual.
35. "Valid" means still in effect or having legal force.
36. "Viral load" means the amount of HIV circulating in the body of an individual.

Historical Note

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

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

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

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

Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

R9-6-402. Limitations and Termination of Program

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

Historical Note

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

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

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

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

Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-802 and amended effective October 19, 1993 (Supp. 93-4).

Former Section R9-6-402 renumbered to R9-6-403; new Section R9-6-402 renumbered from R9-6-401 and

amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

R9-6-403. Eligibility Requirements

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

1. Has a diagnosis of HIV infection from a physician, registered nurse practitioner, or physician assistant;
2. Is a resident of Arizona, as established by documentation that complies with R9-6-404(A)(8);
3. Has an annual household income that is less than or equal to 400% of the poverty level; and
4. Satisfies one of the following:
 - a. Has no health insurance coverage and has not opted out of health insurance coverage to which the individual is eligible;
 - b. Has inadequate health insurance coverage, which may include Medicare or an AHCCCS health plan, limiting the ability of the individual to obtain drugs, such as health insurance coverage that:
 - i. Does not cover drugs,
 - ii. Does not include on its formulary at least one of the drugs prescribed for the individual, or
 - iii. Requires the use of specific pharmacies or higher co-payments for obtaining a drug;
 - c. Has health insurance that is unaffordable because premiums exceed 9.5% of the applicant's annual household income;
 - d. Is an American Indian or Alaska Native who:
 - i. Is eligible for, but chooses not to use, the Indian Health Service or a clinic operated by a sovereign tribal nation to receive drugs; and
 - ii. Either has no other health insurance coverage or has other health insurance coverage that is inadequate or unaffordable, as described in subsections (4)(b) and (c); or
 - e. Is an individual who has served in the United States Armed Forces and who:
 - i. Is eligible for, but chooses not to use, Veterans Health Administration benefits to receive drugs; and
 - ii. Either has no other health insurance coverage or has other health insurance coverage that is inadequate or unaffordable, as described in subsections (4)(b) and (c).

Historical Note

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

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

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

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

Emergency expired. Emergency amendments re-adopted

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without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-803 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-403 renumbered to R9-6-404; new Section R9-6-403 renumbered from R9-6-402 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 661 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

R9-6-404. Initial Application Process

- A.** An applicant for initial enrollment in ADAP or the applicant's representative shall submit to the Department the following application packet:
- 1.** An application in a Department-provided format, completed by the applicant or the applicant's representative, containing:
 - a.** The applicant's name, date of birth, and gender;
 - b.** Except as provided in subsection (A)(1)(c), the applicant's residential address and mailing address;
 - c.** If the applicant is in non-permanent housing, the address of a person that has agreed to receive written communications for the applicant;
 - d.** If applicable, the address in Arizona to which the applicant would want drugs to be shipped;
 - e.** If applicable, the name of the applicant's representative and the mailing address of the applicant's representative, if different from the applicant's mailing address;
 - f.** Either:
 - i.** The telephone number of the applicant or a person that has agreed to receive telephone communications for the applicant, or
 - ii.** An email address for the applicant;
 - g.** The number of individuals in the applicant's household that can be claimed on the applicant's income taxes and the names and ages of the individuals;
 - h.** The names of individuals, other than the persons specified in subsection (A)(1)(s)(v), with whom the applicant authorizes the Department to speak about the applicant's enrollment in ADAP;
 - i.** The applicant's annual household income;
 - j.** The applicant's race and ethnicity;
 - k.** Whether the applicant or an adult in the applicant's household:
 - i.** Is employed;
 - ii.** Is self-employed;
 - iii.** Is receiving regular monetary payments from a source not specified in subsection (A)(1)(k)(i) or (ii) and, if so, an identification of the source of the monetary payments; or
 - iv.** Is using a source not specified in subsections (A)(1)(k)(i) through (iii) or savings to assist the applicant in obtaining food, water, housing, or clothing for the applicant and if so, an identification of the source;
 - l.** Whether the applicant is receiving health insurance coverage from AHCCCS and:
 - i.** If so, the name of the AHCCCS health plan and the date enrolled; and
 - ii.** If the applicant's eligibility determination for AHCCCS is pending, the date the application for AHCCCS was submitted;
 - m.** Whether the applicant is eligible for Medicare health insurance coverage and, if not, the date on which the applicant will be eligible for Medicare health insurance coverage;
 - n.** If the applicant is eligible for Medicare health insurance coverage, whether:
 - i.** The applicant, or the applicant's representative has applied for a low-income subsidy for the applicant and, if so, the date of the application for the low-income subsidy; and
 - ii.** Either:
 - (1)** The applicant or the applicant's representative has applied for a Medicare drug plan for the applicant and, if so, the date of the application for the Medicare drug plan; or
 - (2)** The applicant is enrolled in a Medicare drug plan;
 - o.** Whether the applicant or the applicant's spouse has or is eligible to enroll in health insurance coverage other than AHCCCS or Medicare that would pay for drugs on the ADAP formulary;
 - p.** If the applicant or the applicant's spouse is eligible to enroll in health insurance coverage other than Medicare that would pay for drugs on the ADAP formulary but enrollment is closed, the date the next health insurance enrollment period begins;
 - q.** Whether the applicant is eligible to receive benefits from:
 - i.** The Indian Health Service or a clinic operated by a sovereign tribal nation, or
 - ii.** The Veterans Health Administration;
 - r.** Whether the applicant is living in non-permanent housing or is in another situation in which the applicant's financial records to verify annual household income, as specified in subsection (A)(6), are not available to the applicant;
 - s.** A statement by the applicant or the applicant's representative confirming that the applicant or the applicant's representative:
 - i.** Understands that, if the annual household income of the applicant is at an amount that may make the applicant eligible for enrollment in AHCCCS, the applicant or the applicant's representative is required to submit to the Department documentation stating the applicant's status for enrollment in AHCCCS before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
 - ii.** Except as provided in R9-6-405(E), if the applicant is eligible for Medicare, understands that the applicant or the applicant's representative is required to submit to the Department proof of enrollment in a Medicare drug plan before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
 - iii.** Except as provided in R9-6-405(E), if the applicant is eligible for Medicare and the annual household income of the applicant is

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- less than 175% of the poverty level, understands that the applicant or the applicant's representative is required to submit to Department documentation of the applicant's status for a low-income subsidy before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
- iv. Except as provided in R9-6-405(E), if the applicant or the applicant's spouse has or is eligible for health insurance coverage other than AHCCCS or Medicare, understands that the applicant or the applicant's representative is required to submit to the Department information about the health insurance coverage to enable the Department to determine if the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c), before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
 - v. Grants permission to the Department to discuss the information provided to the Department under subsection (A) with:
 - (1) AHCCCS, for the purpose of determining AHCCCS eligibility;
 - (2) Medicare and the Social Security Administration, for the purpose of determining eligibility for a low-income subsidy and enrollment in a Medicare drug plan;
 - (3) The applicant's HIV-care provider or designee;
 - (4) The contract pharmacy or a pharmacy at which the applicant or the applicant's representative may request a drug through ADAP, to assist with drug distribution;
 - (5) Other providers of services for persons living with HIV that are funded through Ryan White;
 - (6) Other providers of HIV-related services, as applicable to the applicant; and
 - (7) Any other entity as necessary to establish eligibility for enrollment in ADAP or assist with drug distribution to the applicant or payment of prescription co-payment costs;
 - vi. Understands that the applicant or the applicant's representative is required to submit to the Department proof of the applicant's annual household income as part of the application; and
 - vii. Understands that the applicant or the applicant's representative is required to notify the Department of changes specified in R9-6-406(A);
 - t. A statement by the applicant or the applicant's representative attesting that:
 - i. To the best of the knowledge and belief of the applicant or the applicant's representative, the information and documents provided to the Department in the application packet is accurate and complete;
 - ii. The applicant meets the eligibility criteria specified in R9-6-403; and
 - iii. The applicant or applicant's representative understands that eligibility does not guarantee that the Department will be able to provide drugs and understands that an individual's enrollment in ADAP may be terminated as specified in R9-6-408; and
 - u. The dated signature of the applicant or the applicant's representative;
2. The information specified in subsection (B), completed by the applicant's HIV-care provider in a Department-provided format;
 3. If the annual household income of the applicant is an amount that may make the applicant eligible for enrollment in AHCCCS, a copy of documentation from AHCCCS, dated within 60 calendar days before the date of application, stating the status of the applicant's eligibility for enrollment in AHCCCS;
 4. If the applicant is eligible for Medicare, a copy of valid documentation stating:
 - a. The applicant's enrollment in a Medicare drug plan; and
 - b. If the applicant's annual household income is at or below 175% of the poverty level, the status of the applicant's eligibility for a low-income subsidy;
 5. If the applicant or the applicant's spouse has or is eligible for health insurance coverage other than AHCCCS or Medicare:
 - a. Information about the health insurance coverage to enable the Department to determine whether the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c); and
 - b. If the applicant has other health insurance coverage, documentation confirming the health insurance coverage;
 6. Except as provided in subsection (C), proof of the applicant's annual household income, including the following items as applicable to the applicant's household:
 - a. An income tax return submitted by the applicant for the previous tax year to the U.S. Internal Revenue Service or the Arizona Department of Revenue;
 - b. If an income tax return in subsection (A)(6)(a) is not available, for each job held by an adult in the household:
 - i. Paycheck stubs from within 60 calendar days before the date of application, or
 - ii. A statement from the employer listing gross wages for the 30 calendar days before the date of application;
 - c. If an income tax return in subsection (A)(6)(a) is not available, from each self-employed adult in the household, documentation of the net income from self-employment, such as:
 - i. The Internal Revenue Service Forms 1099 prepared for the previous tax year for the self-employed adult in the household;
 - ii. A profit and loss statement for the self-employed adult's business, covering a period ending no earlier than three months before the date of application; or
 - iii. Bank statements from the self-employed adult's checking and savings accounts, covering a

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- period ending no earlier than three months before the date of application; and
- d. Documentation showing the amount and source of any regular monetary payments received by an adult in the household from sources other than those specified in subsection (A)(6)(a) through subsection (A)(6)(c);
7. If the applicant or the applicant's representative has stated according to subsection (A)(1)(k)(iv) that the applicant has no source of regular monetary payments and is unable to provide any of the documentation specified in subsection (A)(6), the following, in a Department-provided format, completed and signed within 30 calendar days before the date of application, containing:
 - a. Information completed by the applicant or the applicant's representative stating whether:
 - i. An adult in the applicant's household receives money from intermittent work performed by the adult in the household for which no paycheck stub is received and, if so, the average monthly earnings, and the adult's occupation;
 - ii. The applicant is living in non-permanent housing;
 - iii. The applicant is receiving assistance from another individual; and
 - iv. The applicant has another source of assistance for obtaining food, water, housing, and clothing, and, if so, an identification of the source;
 - b. A statement by the applicant or the applicant's representative attesting that, to the best of the knowledge and belief of the applicant or the applicant's representative, the information submitted under subsection (A)(7)(a) is accurate and complete; and
 - c. The dated signature of the applicant or the applicant's representative; and
 8. Proof that the applicant is a resident of Arizona that includes:
 - a. One of the following that shows the Arizona residential address specified according to subsection (A)(1)(b) and the name of the applicant or an adult in the applicant's household:
 - i. Documentation issued by a governmental entity related to the applicant's eligibility for benefits, dated within 60 calendar days before the date of application;
 - ii. Valid documentation from the Social Security Administration or the Department of Veterans Affairs related to the applicant's eligibility for benefits;
 - iii. A property tax statement for the most recent tax year issued by a governmental entity;
 - iv. A homeowners' association assessment or fee statement, dated within 60 calendar days before the date of application;
 - v. A valid lease agreement;
 - vi. A mortgage statement for the most recent tax year;
 - vii. A letter issued by an entity providing non-permanent housing to the applicant, dated within 30 calendar days before the date of application;
 - viii. Any document or mail dated within 60 calendar days before the date of application and received by the applicant, including a utility bill, check stub, or statement of direct deposit issued by an employer, a bank or credit union statement, a credit card statement, a mobile telephone company billing statement, a billing statement or receipt from an HIV-care provider's office, or a document from an insurance company;
 - ix. A non-expired Arizona driver license issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months;
 - x. A non-expired Arizona vehicle registration issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months;
 - xi. A non-expired Arizona identification card issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months; or
 - xii. A tribal enrollment card or other type of tribal identification; or
 - b. If the applicant is unable to produce documentation that satisfies subsection (A)(8)(a), one of the following that includes the name of the applicant or an adult in the applicant's household and is dated within 30 calendar days before the date of application:
 - i. A written statement issued by the applicant's case manager verifying that the applicant is living in non-permanent housing and a resident of Arizona;
 - ii. A written statement issued by the applicant's case manager indicating that the case manager has conducted a home visit with the applicant at the Arizona residential address specified according to subsection (A)(1)(b); or
 - iii. A written statement issued by the applicant's HIV-care provider, verifying that the applicant is a resident of Arizona.
- B. The HIV-care provider of an applicant for initial enrollment in ADAP shall provide:
 1. The following information for the applicant in a Department-provided format:
 - a. The applicant's name;
 - b. The HIV-care provider's name, business address, telephone number, email address, fax number, and professional license number;
 - c. A statement that the applicant has been diagnosed with HIV infection;
 - d. A list of each drug prescribed for the applicant by the HIV-care provider;
 - e. A statement by the HIV-care provider attesting that, to the best of the HIV-care provider's knowledge and belief, the information provided to the Department as specified in subsection (B) is accurate and complete; and
 - f. The dated signature of the HIV-care provider;
 2. Documentation confirming HIV-infection of the applicant; and
 3. A copy of the most recent laboratory report of a test for viral load and, if available, CD4-T-lymphocyte count conducted for the applicant.
 - C. If an applicant or the applicant's representative stated in subsection (A)(1)(r) that the applicant is in a situation in which the applicant's financial records to verify annual household income, as required in subsection (A)(6), are not available to

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the applicant, the applicant or the applicant's representative may submit to the Department a statement describing the applicant's situation and provide whatever documentation the applicant has available to demonstrate the applicant's annual household income.

Historical Note

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

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

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

Renumbered from R9-6-804 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-404 renumbered to R9-6-405; new Section R9-6-404 renumbered from R9-6-403 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 661 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

R9-6-405. Enrollment Process; Pre-approved Enrollment Status**A.** The Department shall:

1. Review the documents submitted by an applicant as required in R9-6-404(A);
2. Determine whether the applicant is eligible under R9-6-403;
3. Grant or deny enrollment based on applicant eligibility, the date of application, and the availability of funds; and
4. Notify the applicant or the applicant's representative of the Department's decision within five working days after receiving the documents specified in R9-6-404(A).

B. An applicant or the applicant's representative shall execute any consent forms or releases of information necessary for the Department to verify eligibility.**C.** The Department shall send an applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03, if:

1. The applicant does not qualify for enrollment in ADAP, based on the documentation provided to establish eligibility;
2. The documentation submitted to the Department under R9-6-404 is found to contain false information; or
3. The Department does not have funds available to enroll the applicant in ADAP.

D. The Department shall grant pre-approved enrollment status in ADAP to an applicant, lasting until the end of the month after the month in which an applicant applied for ADAP, if:

1. The Department determines that the applicant meets the requirement in R9-6-403(1);
2. The applicant, whose annual household income is an amount that may make the applicant eligible for enroll-

ment in AHCCCS, or the applicant's representative attests in writing that the applicant has applied for AHCCCS enrollment but is unable to provide documentation that states the status of the applicant's enrollment in AHCCCS;

3. Except as provided in subsection (E), the applicant, who is eligible for Medicare or other health insurance coverage, or the applicant's representative attests in writing that the applicant has applied for, but is unable to provide documentation of, enrollment in Medicare and a Medicare drug plan or in other health insurance coverage, as applicable; and
4. The applicant or the applicant's representative attests in writing that the applicant or the applicant's representative will provide, before the end of the period during which the applicant has pre-approved enrollment status, a missing component of:
 - a. Proof of the applicant's annual household income, according to R9-6-404(A)(6) or (7); or
 - b. Proof of residency, according to R9-6-404(A)(8).

E. The Department shall grant pre-approved enrollment status in ADAP, lasting until the end of the month after the month in which an applicant may apply for Medicare or other health insurance, if the applicant or the applicant's representative provides documentation that the applicant would be eligible for Medicare or other health insurance coverage during the next health insurance enrollment period, but that enrollment was closed on the date of application for ADAP.**F.** The Department shall provide an applicant to whom the Department has granted pre-approved enrollment status in ADAP with the drugs on the ADAP formulary during the period during which the applicant has pre-approved enrollment status.**G.** Except as specified in subsection (I), to continue ADAP enrollment beyond the period in subsection (D) or (E) during which the applicant has pre-approved enrollment status, an applicant or the applicant's representative shall provide to the Department, before the end of the period, documentation that establishes eligibility according to R9-6-403.**H.** Except as specified in subsection (I), if an applicant with pre-approved enrollment status or the applicant's representative fails to provide documentation as required in subsection (G) to the Department before the end of the period during which the applicant has pre-approved enrollment status, the Department shall send the applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03.**I.** The Department may grant an extension of pre-approved enrollment status to an applicant beyond the period in subsection (D) or (E) if the applicant or the applicant's representative provides a justification for needing more time to obtain the required documentation to verify eligibility because of missing:

1. Documentation of health insurance coverage;
2. Financial records to verify annual household income, specified in R9-6-404(A)(6);
3. Proof of residency, specified in R9-6-404(A)(8); or
4. Viral load test results on the laboratory report required in R9-6-404(B)(2).

J. Based on the information provided by an applicant about the applicant's health insurance coverage and except as provided in R9-6-409(F), the Department shall:

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1. For an applicant with no health insurance coverage, provide a drug on the ADAP formulary through the contract pharmacy;
2. For an applicant with health insurance coverage that is inadequate, according to R9-6-403(4)(b), provide a drug on the ADAP formulary that is not covered by the applicant's health insurance, as documented according to R9-6-409(E), through the contract pharmacy; or
3. For an applicant with health insurance coverage that is unaffordable, according to R9-6-403(4)(c), provide a drug on the ADAP formulary with no copayment cost to the applicant when requesting the filling of a prescription for the drug or obtaining a refill of the drug through ADAP.

Historical Note

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

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

Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-805 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-405 renumbered to R9-6-406; new Section R9-6-405 renumbered from R9-6-404 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

R9-6-406. Notification Requirements

- A. An enrolled individual or the enrolled individual's representative shall notify the Department in writing or by telephone and comply with the applicable requirements specified in R9-6-407 within 30 calendar days after any of the following occurs:
 1. The residential or mailing address or the telephone number of the enrolled individual changes from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
 2. The enrolled individual adds or removes an individual with whom the Department may speak about the enrolled individual's ADAP enrollment from the list specified in R9-6-404(A)(1)(h);
 3. The enrolled individual has:
 - a. Lost health insurance coverage;
 - b. Been determined eligible for and enrolled to receive drug coverage through AHCCCS;
 - c. Been determined eligible for or obtained health insurance coverage, other than through AHCCCS, the Indian Health Service, the Veterans Health Administration, or the health insurance coverage previously used by the enrolled individual; or
 - d. Been determined eligible for a low-income subsidy;
 4. The enrolled individual's annual household income has changed; or
 5. The enrolled individual establishes residency outside Arizona.

- B. Within 30 calendar days after an enrolled individual loses health insurance coverage, the enrolled individual shall provide to the Department documentation stating the loss of health insurance coverage.
- C. An enrolled individual's case manager shall notify the Department in writing or by telephone within 30 calendar days after the case manager learns that:
 1. The residential or mailing address or the telephone number of the enrolled individual has changed from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
 2. The enrolled individual:
 - a. Has been determined eligible for and enrolled to receive drug coverage through AHCCCS;
 - b. Obtained health insurance coverage other than AHCCCS, the Indian Health Service, or the Veterans Health Administration; or
 - c. Has been determined eligible for a low-income subsidy;
 3. The enrolled individual's annual household income has changed;
 4. The enrolled individual has established residency outside Arizona; or
 5. The enrolled individual has died.

Historical Note

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

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

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

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

Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

R9-6-407. Continuing Enrollment

- A. To continue enrollment in ADAP, an enrolled individual or the enrolled individual's representative shall:
 1. When the enrolled individual's residential address changes, comply with subsection (B);
 2. When the enrolled individual's annual household income changes, comply with subsection (C);
 3. When the enrolled individual becomes eligible for Medicare or other health insurance coverage, comply with subsection (D);
 4. Before the end of the month that is six months after the enrolled individual's month of birth, comply with subsection (E); and

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5. Before the end of the enrolled individual's month of birth each year after an individual's initial enrollment, comply with subsection (F).
- B.** When an enrolled individual's residential address changes, the enrolled individual or the enrolled individual's representative shall submit to the Department:
 1. The following information for the enrolled individual in a Department-provided format:
 - a. The enrolled individual's name and date of birth;
 - b. The new residential address and mailing address for the enrolled individual;
 - c. If the enrolled individual is in non-permanent housing, the address of a person that has agreed to receive written communications for the enrolled individual; and
 - d. If applicable, the address in Arizona to which the enrolled individual would want drugs to be shipped; and
 2. Proof of Arizona residency, as specified in R9-6-404(A)(8), showing the new Arizona residential address specified in subsection (B)(1)(b).
- C.** When an enrolled individual's annual household income changes, the enrolled individual or the enrolled individual's representative shall:
 1. Submit to the Department, within 30 calendar days after the change, documentation of the enrolled individual's annual household income, as specified in R9-6-404(A)(6) or (7); and
 2. If the enrolled individual's annual household income has decreased to an amount that may make the individual eligible for enrollment in AHCCCS:
 - a. Apply for enrollment in AHCCCS within 30 calendar days after the change in annual household income; and
 - b. Submit to the Department, within 30 calendar days after the change, documentation that states the status of the enrolled individual's enrollment in AHCCCS.
- D.** When an enrolled individual becomes eligible for Medicare or other health insurance coverage, the enrolled individual or the enrolled individual's representative shall, within 30 calendar days after the enrolled individual becomes eligible for Medicare or other health insurance coverage:
 1. If eligible for Medicare:
 - a. Enroll in a Medicare drug plan; and
 - b. If the enrolled individual's annual household income is at or below 175% of the poverty level, apply for a low-income subsidy; and
 - c. Submit to the Department a copy of valid documentation stating:
 - i. The enrolled individual's enrollment in a Medicare drug plan; and
 - ii. If the enrolled individual's annual household income is at or below 175% of the poverty level, the status of the enrolled individual's eligibility for a low-income subsidy; and
 2. If eligible for other health insurance coverage, submit to the Department information about the health insurance coverage to enable the Department to determine if the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c).
- E.** Before the end of the month that is six months after the enrolled individual's month of birth, the enrolled individual or the enrolled individual's representative shall:
 1. Either:
 - a. Submit to the Department an attestation, in a Department-provided format, that there have been no changes specified in subsection (A)(1), (2), or (3); or
 - b. Comply with subsections (B), (C), and (D), as applicable; and
 2. Obtain from the enrolled individual's HIV-care provider and submit to the Department a copy of the most recent laboratory report of a test for viral load, and, if available, CD4-T-lymphocyte count conducted for the applicant.
- F.** Before the end of an enrolled individual's month of birth each year, an enrolled individual or the enrolled individual's representative shall submit to the Department the application packet required in R9-6-404(A).
- G.** The Department shall:
 1. Review information about an enrolled individual and determine eligibility for continuing enrollment for the enrolled individual:
 - a. At the end of the enrolled individual's month of birth each year,
 - b. At the end of the month that is six months after the enrolled individual's month of birth each year,
 - c. When the Department receives information from the enrolled individual or the enrolled individual's representative under subsection (A), or
 - d. When the Department no longer has sufficient funds to provide continuing enrollment to all enrolled individuals;
 2. Grant continuing enrollment to an enrolled individual, subject to the availability of funds, when:
 - a. The enrolled individual or the enrolled individual's representative complies with subsection (A); and
 - b. The Department determines that:
 - i. The information in the documents submitted to the Department is accurate and complete, and
 - ii. The enrolled individual is eligible under R9-6-403; and
 3. Notify the enrolled individual or the enrolled individual's representative of the Department's decision within five working days after receipt of the documents required in subsection (A).
- H.** The Department may grant pre-approved enrollment status in ADAP, according to R9-6-405(D) or (E) and ending according to R9-6-405(G), to an enrolled individual who is missing documentation to establish eligibility under R9-6-403.
- I.** If the Department denies continuing enrollment to an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.

Historical Note

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

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Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-807 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-407 repealed; new Section R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Former R9-6-407 renumbered to R9-6-409; new R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

R9-6-408. Termination from ADAP Services

- A.** The Department may terminate an enrolled individual's enrollment in ADAP if:
1. The Department learns that information submitted to the Department by the enrolled individual or the enrolled individual's representative under R9-6-404(A) or (C), R9-6-407(A), or R9-6-409(E) or (F) is inaccurate or incomplete;
 2. The enrolled individual or the enrolled individual's representative does not request a refill of any drug through ADAP for a period of 90 calendar days; or
 3. The enrolled individual or the enrolled individual's representative exhibits violent or threatening behavior to an employee of the Department, the contract pharmacy, or a pharmacy in which the enrolled individual or the enrolled individual's representative is filling a prescription for a drug or requesting a refill of a drug through ADAP, as established by documentation such as a police report or a written document from the individual.
- B.** The Department may terminate approval of a drug approved under R9-6-409(E) or (F) for an enrolled individual if funding is no longer available to pay for the drug approved under R9-6-409(E) or (F).
- C.** The Department shall send to an enrolled individual or the enrolled individual's representative a written notice of termination setting forth the information required under A.R.S. § 41-1092.03 if the Department terminates:
1. The enrolled individual's enrollment in ADAP, or
 2. Approval of a drug approved under R9-6-409(E) or (F) for the enrolled individual.

Historical Note

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

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

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-808 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-408 renumbered to R9-6-409; new Section R9-6-408 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December

3, 2019 (Supp. 19-4).

R9-6-409. Drug Prescription and Distribution Requirements

- A.** A HIV-care provider shall:
1. Issue a prescription order:
 - a. For each drug on the ADAP formulary prescribed for an applicant or enrolled individual by the HIV-care provider; and
 - b. For dispensing up to a 30-day supply of the drug; and
 2. Provide a written prescription order to the applicant or enrolled individual or an electronic prescription order to the contract pharmacy or a pharmacy at which the applicant or enrolled individual may request a drug through ADAP.
- B.** The Department shall:
1. Except as specified in subsection (D), provide up to a 30-day supply of a drug to an enrolled individual; and
 2. Ensure that a drug to be shipped to an enrolled individual is sent to the address in Arizona provided by the enrolled individual according to R9-6-404(A)(1)(d) or R9-6-407(B)(1)(d).
- C.** The Department may authorize replacement of a drug when:
1. The drug has been dispensed by the contract pharmacy or a pharmacy in which the enrolled individual or the enrolled individual's representative requested a refill of the drug through ADAP; and
 2. The enrolled individual or the enrolled individual's representative claims the dispensed drug was lost, stolen, or damaged.
- D.** The Department may authorize an enrolled individual to receive more than a 30-day supply of a drug if the enrolled individual:
1. Submits to the Department:
 - a. The enrolled individual's name and date of birth;
 - b. The number of days for which the enrolled individual is requesting a supply of the drug; and
 - c. A justification for receiving more than a 30-day supply of a drug, such as that:
 - i. The enrolled individual will be out of Arizona for more than 30 days without changing residency, or
 - ii. The enrolled individual's health insurance coverage will allow for more than a 30-day supply of a drug; and
 2. Is expected to continue to be enrolled in ADAP:
 - a. Past the number of days for which the enrolled individual is requesting a supply of the drug, and
 - b. Without needing to submit information or documentation for continuing enrollment, according to R9-6-407(E) or (F), during the time period.
- E.** For an enrolled individual who has health insurance coverage, the HIV-care provider of the enrolled individual, independently or through the contract pharmacy, may request approval of a drug on the ADAP formulary that is not covered by the enrolled individual's health insurance by submitting to the Department documentation that:
1. The drug is not covered by the enrolled individual's health insurance,
 2. A request for health insurance coverage of the drug as a medical exception has been denied by the enrolled individual's health insurance, and

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3. An appeal of the denial of the request in subsection (E)(2) has been denied by the enrolled individual's health insurance.
- F. The HIV-care provider of an enrolled individual, independently or through the contract pharmacy, may request approval of a drug that is not covered by health insurance and not on the ADAP formulary for the enrolled individual by:
 1. Providing to the Department the following information, in a Department-provided format, for each requested drug:
 - a. The name, business address, email address, and telephone number of the HIV-care provider;
 - b. The date of the request;
 - c. The enrolled individual's name and date of birth;
 - d. The name and any other identifier of the drug;
 - e. The cost of the drug, if available;
 - f. The expected duration of the enrolled individual's use of the drug, including whether:
 - i. Use of the drug is expected to be a one-time occurrence, or
 - ii. The enrolled individual is expected to need multiple refills of the drug and the expected number of refills;
 - g. A justification for use of the drug that is not on the ADAP formulary by the enrolled individual;
 - h. Whether the Department should consider adding the drug to the ADAP formulary and the reasons for the recommendation; and
 - i. The dated signature of the HIV-care provider;
 2. Issuing a valid prescription order for the drug that is not on the ADAP formulary to the contract pharmacy; and
 3. Unless the enrolled individual has no health insurance coverage, submitting to the Department the documentation required in subsections (E)(1) through (3).
- G. When the Department receives a request under subsection (E) or (F) for an enrolled individual, the Department shall:
 1. Review the documents submitted according to subsection (E) or (F), as applicable;
 2. Determine whether the information submitted to the Department:
 - a. Is complete; and
 - b. Substantiates that the enrolled individual's use of the drug is indicated; and
 3. Notify, through the contract pharmacy, the following of the Department's decision within five working days after receiving the request:
 - a. The enrolled individual or the enrolled individual's representative, and
 - b. The enrolled individual's HIV-care provider.
- H. If the Department denies a request under subsection (E) or (F) for an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.
- I. The Department shall only authorize the distribution of drugs that are included on the ADAP formulary or approved for an enrolled individual according to subsection (F).

Historical Note

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

6-410; new R9-6-409 renumbered from R9-6-407 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

Exhibit A. Renumbered**Historical Note**

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

Exhibit B. Renumbered**Historical Note**

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

R9-6-410. Confidentiality

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

Historical Note

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

R9-6-411. Repealed**Historical Note**

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

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

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

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

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

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

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

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

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

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

Amended effective February 25, 1976 (Supp. 76-1).

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

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

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

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

Amended effective February 25, 1976 (Supp. 76-1).

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

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

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

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

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

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

Amended effective February 25, 1976 (Supp. 76-1).

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

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

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

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

In this Article, unless otherwise specified:

1. "Animal control agency" means a board, commission, department, office, or other administrative unit of federal or state government or of a political subdivision of the state that has the responsibility for controlling rabies in animals in a particular geographic area.
2. "Approved rabies vaccine" means a rabies vaccine authorized for use in this state by the state veterinarian under A.A.C. R3-2-409.
3. "Cat" means an animal of the genus species *Felis domesticus*.
4. "Currently vaccinated" means that an animal was last immunized against rabies with an approved rabies vaccine:

- a. At least 28 days and no longer than one year before being exposed, if the animal has only received an initial dose of approved rabies vaccine;
 - b. No longer than one year before being exposed, if the approved rabies vaccine is approved for annual use under A.A.C. R3-2-409; or
 - c. No longer than three years before being exposed, if the approved rabies vaccine is approved for triennial use under A.A.C. R3-2-409.
5. "Dog" means an animal of the genus species *Canis familiaris*.
 6. "Euthanize" means to kill an animal painlessly.
 7. "Exposed" means bitten by or having touched a rabid animal or an animal suspected of being rabid.
 8. "Ferret" means an animal of the genus species *Mustela putorius*.
 9. "Not currently vaccinated" means that an animal does not meet the definition of "currently vaccinated."
 10. "Rabid" means infected with rabies virus, a rhabdovirus of the genus *Lyssavirus*.
 11. "Suspect case" means an animal whose signs or symptoms indicate that the animal may be rabid.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5).

Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Corrections, subsections (A), (B) and (C) (Supp. 77-5). Amended effective April 10, 1980 (Supp. 80-2). Former Section R9-6-116 renumbered without change as R9-6-501 effective January 28, 1987 (Supp. 87-1). Section R9-6-501 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-501 renumbered to R9-6-701, new Section R9-6-501 renumbered from R9-6-201 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-501 renumbered to R9-6-502; new R9-6-501 renumbered from R9-6-105 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-502. Management of Exposed Animals

- A. An animal control agency shall manage an exposed dog, cat, or ferret as follows:
 1. If the exposed dog, cat, or ferret is currently vaccinated, the animal control agency shall:
 - a. Revaccinate the animal with an approved rabies vaccine within seven days after the date that the animal is exposed; and
 - b. Confine and observe the animal in the owner's home or, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, for 45 days after the animal is exposed; or
 2. If the exposed dog, cat, or ferret is not currently vaccinated, the animal control agency shall:
 - a. Euthanize the animal; or
 - b. At the owner's request, confine the animal for 120 days, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, and vaccinate the animal with an approved rabies vaccine 28 days before it is released from confinement.
- B. An animal control agency that is aware of an exposed animal, other than a cat, dog, ferret, or livestock, shall:

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1. Make every effort to capture the exposed animal as soon as it is identified, and
 2. Euthanize the animal as soon as it is captured.
- C. An animal control agency shall release from confinement a dog, cat, or ferret exposed to a suspect case when the animal control agency receives a negative rabies report on the suspect case from the Department.
- D. Livestock shall be handled according to A.A.C. R3-2-408.

Historical Note

Amended effective December 22, 1976 (Supp. 76-5).
 Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-117 amended as a permanent rule by adding a new subsection (C) and repealing the former subsections (C), (D) and (E) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-117 renumbered without change as R9-6-502 effective January 28, 1987 (Supp. 87-1).
 Section R9-6-502 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-502 renumbered to R9-6-702, new Section R9-6-502 renumbered from R9-6-202 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-502 renumbered to R9-6-503; new R9-6-502 renumbered from R9-6-501 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).
 Amended by final expedited rulemaking at 27 A.A.R. 1329, with an immediate effective date of August 4, 2021 (Supp. 21-3).

R9-6-503. Suspect Cases

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

Historical Note

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

A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

R9-6-504. Animal Control Agency Reporting Requirements

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

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

Historical Note

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

R9-6-505. Renumbered**Historical Note**

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

R9-6-506. Renumbered**Historical Note**

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

Table 1. Renumbered**Historical Note**

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

Table 2. Renumbered**Historical Note**

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

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

A physician or an authorized designee shall submit a written or electronic report to the Department for each individual exposed who receive post-exposure rabies prophylaxis that includes:

1. Name, age, address, and telephone number of the individual exposed;

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

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-601 renumbered to R9-6-201, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-106 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-601 renumbered to R9-6-1201; new Section R9-6-601 made by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Section amended by final expedited rulemaking at 24 A.A.R. 261, effective January 9, 2018 (Supp. 18-1).

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

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

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

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

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

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

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

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3).

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

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

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

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

In addition to the definitions in A.R.S. § 36-671 and R9-6-101, the following definitions apply in this Article, unless otherwise specified:

1. "Child" means:
 - a. An individual 18 years of age or less, or
 - b. An individual more than 18 years of age attending school.
2. "Child care" means:
 - a. A child care facility as defined in A.R.S. § 36-881; or
 - b. A child care group home as defined in A.R.S. § 36-897.
3. "Child care administrator" means an individual, or the individual's designee, having daily control and supervision of a child care.
4. "Day" means a calendar day, and excludes the:
 - a. Day of the act or event from which a designated period of time begins to run, and
 - b. Last day of the period if a Saturday, Sunday, or official state holiday.
5. "Document" means information in written, photographic, electronic, or other permanent form.
6. "Enroll" means to accept for attendance at a school or child care.
7. "Entry" means the first day of attendance at a child care or at a specific grade level in a school.
8. "Immunization registry" means an electronic database maintained by a governmental health agency for the storage of immunization data for vaccines.
9. "In writing" means on paper or in a printable electronic format.
10. "Medical exemption" means the written certification described in A.R.S. § 15-873(A)(2).
11. "Nurse" means a:
 - a. Registered nurse, as defined in A.R.S. § 32-1601; or
 - b. Practical nurse, as defined in A.R.S. § 32-1601.
12. "Parent" means:
 - a. A natural or adoptive mother or father,
 - b. A legal guardian appointed by a court of competent jurisdiction, or
 - c. A "custodian" as defined in A.R.S. § 8-201.
13. "Physician" has the same meaning as in A.R.S. § 15-871.
14. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
15. "School-based or child care-based vaccination information system" means an electronic database used and maintained by a school, child care, or group of schools or

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child cares for the storage of immunization data for vaccines.

16. "Signature" means:
- A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
 - An electronic signature as defined in A.R.S. § 44-7002.

Historical Note

Former Section R9-6-115, Paragraph (47), renumbered and amended as R9-6-701 effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Former Section R9-6-701 renumbered to Section R9-6-328, new Section R9-6-701 renumbered from R9-6-501 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Former Section R9-6-701 renumbered to R9-6-702; new Section R9-6-701 made by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

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

Except as provided in R9-6-706, documentary proof of immunization, according to Table 7.1 or Table 7.2, for each of the following diseases is required for child care or school entry:

- Diphtheria;
- Tetanus;
- Pertussis;
- Hepatitis A, for a child 1 through 5 years of age in child care in Maricopa County;
- Hepatitis B;
- Poliomyelitis;
- Measles (rubeola);
- Mumps;
- Rubella (German Measles);
- Haemophilus influenzae* type b, for a child two months through 59 months of age;
- Varicella; and
- Meningococcal disease.

Historical Note

Former Section R9-6-115, Paragraph (1), renumbered and amended as R9-6-702 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-702 renumbered to Section R9-6-302, new Section R9-6-702 renumbered from R9-6-502 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-702 renumbered to R9-6-703; new Section R9-6-702 renumbered from R9-6-701 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

Table 7.1. Immunization Requirements for Child Care or School Entry

Key:

DTaP	=	Diphtheria, tetanus, and acellular pertussis vaccine
DTP	=	Diphtheria, tetanus, and pertussis vaccine
Hep A	=	Hepatitis A vaccine
Hep B	=	Hepatitis B vaccine
Hib	=	<i>Haemophilus influenzae</i> type b vaccine
MMR	=	Measles, mumps, and rubella vaccine
MCV4	=	Quadrivalent meningococcal vaccine
Polio	=	Inactivated poliomyelitis vaccine (IPV) or trivalent oral poliomyelitis vaccine (tOPV)
Td	=	Tetanus and diphtheria vaccine
Tdap	=	Tetanus, diphtheria, and acellular pertussis vaccine
VAR	=	Varicella vaccine
Kindergarten	=	The grade level in a school that precedes first grade

A. Vaccine Doses Required for Child Care Attendance

Vaccine Against ↓	Age →	2 months	4 months	6 months	12 months	15 months	18 months	19-59 months
Diphtheria, Tetanus, Pertussis		DTaP 1	DTaP 2	DTaP 3	---	DTaP 4	---	Documented 4 DTaP
Hepatitis B		Hep B 1	Hep B 2	---	Hep B 3	---	---	Documented 3 Hep B
<i>Haemophilus influenzae</i> type b		Hib 1	Hib 2	Hib 3 ¹	---	Hib 3 or 4 ¹	---	Documented 3-4 Hib, as specified in Note 3
Poliomyelitis		Polio 1 ²	Polio 2 ²	---	Polio 3 ²	---	---	Documented 3 Polio
Measles, Mumps, Rubella		---	---	---	MMR 1	---	---	Documented 1 MMR
Varicella		---	---	---	VAR 1	---	---	Documented 1 VAR

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Hepatitis A (Maricopa County only)	---	---	---	Hep A 1	---	Hep A 2	Documented 2 Hep A
---	-----	-----	-----	---------	-----	---------	--------------------

- ¹ The recommended schedule for a four-dose Hib vaccine is two, four, and six months of age with a booster dose at 12-15 months of age. The recommended schedule for a three-dose Hib vaccine is two and four months of age with a booster dose at 12 -15 months of age.
- ² Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. An oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and to satisfy immunization requirements.

B. Vaccine Doses Required for School Attendance. A child at any age within the range designated by the black bar is required to have documentation of the indicated number of doses of the specified vaccine.

Vaccine Against ↓	Age →	4 - 6 years and attendance in Kindergarten or 1st grade	7 - 10 years	11 years or older
Diphtheria, Tetanus, Pertussis		4 to 6 DTP/DTaP ¹	3 or 4 tetanus-diphtheria containing vaccines ²	3 to 5 tetanus-diphtheria-containing vaccines, including 1 Tdap ^{2, 3}
Meningococcal invasive disease		---	---	1 MCV4
Hepatitis B		3 to 4 Hep B ⁴		2 to 4 Hep B ^{4, 5}
Poliomyelitis		3 or 4 Polio ⁶		
Measles, Mumps, Rubella		2 MMR		
Varicella zoster		1-2 VAR ⁷		

- ¹ Only four doses of DTP/DTaP are required if the fourth dose of DTP/DTaP was received after the child's fourth birthday; otherwise an additional dose is required after the child's fourth birthday, up to a maximum of six doses.
- ² Only three doses of tetanus-diphtheria-containing vaccine are required if the first dose of tetanus-diphtheria-containing vaccine was received on or after the child's first birthday; otherwise four are required.
- ³ One dose of Tdap is required if five years have passed since the date of the child's last dose of tetanus-diphtheria-containing vaccine and the child has not received Tdap. At least one dose of a tetanus-diphtheria-containing vaccine is required to have been administered within the previous 10 years.
- ⁴ Only three doses are required if the third dose was received at or after the child was 24 weeks of age; otherwise four are required.
- ⁵ Only two doses, at least four months apart, are required if the child received the adolescent series using the Merck Recombivax HB Adult Formulation vaccine when the child was 11-15 years of age.
- ⁶ Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. An oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and to satisfy immunization requirements. Only three doses are required if the third dose was received after the child's fourth birthday and at least six months after the second dose; otherwise four doses are required, with the last received after the child's fourth birthday. Poliomyelitis vaccine is not required for individuals 18 years of age or older.
- ⁷ One dose is required if received by a child between 12 months and 12 years of age. A child who received a first dose of VAR at 13 years of age or older is required to receive a second dose if at least four weeks have passed since the date of the first dose.

Historical Note

Table 7.1 made by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

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Table 7.2. Immunization Schedule for a Child Who Has Not Completed the Vaccine Series Required in Table 7.1 before Entry into a Child Care or School

- A. If a child does not meet the applicable requirements in Table 7.1, the child is required to have the first dose of vaccine for each of the diseases indicated in R9-6-702 before school entry or no later than 15 calendar days after child care entry.
- B. If a child does not meet the applicable requirements in Table 7.1, the child is required to have the second and subsequent doses of vaccine for each of the diseases indicated in R9-6-702 either:
1. Before school entry or no later than 15 calendar days after child care entry, or
 2. At the intervals specified below.

		Intervals between Doses			
Vaccine Against ↓	Dose →	2nd Dose	3rd Dose	4th Dose	5th Dose
Diphtheria, Tetanus, Pertussis					
Child < 7 years of age (DTP or a combination of DTP and DTaP)		No sooner than four weeks after the first dose	No sooner than four weeks after the second dose	No sooner than six months after the third dose	No sooner than six months after the fourth dose, if the fourth dose was received at < 4 years of age
Child 7 through 10 years of age (Tetanus-diphtheria containing vaccines)		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the first dose was received at < 12 months of age	---
Child > 10 years of age (Tetanus-diphtheria containing vaccine, including one Tdap)		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the first dose was received at < 12 months of age	---
Polio					
Child < 4 years of age		No sooner than four weeks after the first dose	No sooner than four weeks after the second dose	No sooner than six months after the third dose, if the third dose was received at < 4 years of age	---
Child between 4 and 18 years of age		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the third dose was received at < 4 years of age	---
Measles, Mumps, Rubella					
Child 4 years of age or older		No sooner than one month after the first dose	---	---	---
Haemophilus influenzae type b					
Child 7-11 months of age		No sooner than two months after the first dose	---	---	---
Child 12-14 months of age		No sooner than two months after the first dose	No sooner than two months after the second dose if the first or second dose was received at < 12 months of age	---	---
Child 15-59 months of age		---	---	---	---
		(A child 15 through 59 months of age is required to have one dose of vaccine.)			

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Hepatitis B	No sooner than four weeks after the first dose (Only two doses, at least four months apart, are required if the child received the adolescent series using the Merck Recombivax HB Adult Formulation vaccine when the child was 11-15 years of age.)	No sooner than four months after the first dose and two months after the second dose for a child ≥ 24 weeks of age who did not receive the adolescent series.	---	---
Hepatitis A (Maricopa County only)	No sooner than six months after the first dose	---	---	---
Varicella (A child 12 months through 12 years of age is required to have one dose of vaccine.)	No sooner than one month after the first dose for a child 13 years of age or older	---	---	---

Historical Note

Table 7.2 made by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

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

- A. Upon request of a parent, a local health agency shall provide for the immunization of a child against any disease listed in R9-6-702.
- B. An individual administering a vaccine shall ensure that the dosage and route by which the vaccine is administered is:
 1. As recommended by the Centers for Disease Control and Prevention, or
 2. According to the manufacturer's recommendations.
- C. Before administering a vaccine to a child, the individual administering the vaccine shall:
 1. Provide the child's parent with the following information in writing:
 - a. A description of the disease,
 - b. A description of the vaccine,
 - c. A statement of the risks of the disease and the risks and benefits of immunization, and
 - d. Contraindications for administering the vaccine; and
 2. Obtain documentation from the child's parent confirming that the child's parent:
 - a. Was provided the information described in subsection (C)(1),
 - b. Was provided an opportunity to read the information described in subsection (C)(1),
 - c. Was provided an opportunity to ask questions, and
 - d. Requests that the designated vaccine be administered to the child.
- D. Following the administration of a vaccine, the individual administering the vaccine shall provide to the child's parent or, if a child is immunized at school, to the child to give to the child's parent:
 1. Information in writing about:
 - a. The vaccine administered,
 - b. The reactions to the vaccine that might be expected, and
 - c. The course of action if a reaction to the vaccine occurs that may require medical attention; and
 2. Documentary proof of immunization, according to A.R.S. § 36-674 and R9-6-704(A).

Historical Note

Former Section R9-6-115, Paragraph (2), renumbered and amended as R9-6-703 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-703 renumbered to Section R9-6-303, new Section R9-6-703 renumbered from R9-6-503 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-703 renumbered to R9-6-704; new Section R9-6-703 renumbered from R9-6-702 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

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

- A. An administrator of a school or a child care administrator shall accept any of the following as documentary proof of immunization for a child:
 1. A copy of a document recording the immunizations administered to the child that contains:
 - a. The child's name;
 - b. The child's date of birth;
 - c. The type of vaccine administered;
 - d. The month, day, and year of each immunization; and
 - e. The name of the individual administering the vaccine or the name of the entity that the individual administering the vaccine represents;
 2. A document from an Arizona school or child care recording the child's immunizations, including a print-out from a school-based or child care-based vaccination information system, that contains, in a Department-provided format:
 - a. The child's name;
 - b. The child's date of birth;
 - c. The type of vaccine administered;
 - d. The month, day, and year of each immunization;
 - e. The name and address of the school or child care; and

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- f. The name and signature of the individual at the school or child care providing the document to the child's parent and the date signed;
3. A document from a school in another state recording the child's immunizations; or
4. A printout from an immunization registry containing the information in subsections (A)(1)(a) through (e).
- B.** An administrator of a school or a child care administrator shall accept a certification of medical exemption from immunization due to immunity, as specified in R9-6-706(D), as documentary proof of immunity for a child.
- Historical Note**
- Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-704 renumbered to Section R9-6-304, new Section R9-6-704 renumbered from R9-6-504 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-704 renumbered to R9-6-705; new Section R9-6-704 renumbered from R9-6-703 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).
- R9-6-705. Responsibilities of Administrators of Schools, Child Care Administrators, and the Department**
- A.** An administrator of a school or a child care administrator shall ensure that:
1. For each child attending the school or child care, one of the following is maintained at the school or child care for each disease listed in R9-6-702:
 - a. Documentary proof of immunization, as specified in R9-6-704(A), according to Table 7.1;
 - b. Documentary proof of immunization, as specified in R9-6-704(A), demonstrating compliance with Table 7.2;
 - c. Documentary proof of immunity, as specified in R9-6-704(B) and according to R9-6-706(D); or
 - d. A statement of exemption from immunization, as specified in R9-6-706(A) through (C);
 2. Lists are maintained at the school or child care of children who:
 - a. Do not have documentary proof of:
 - i. Immunization for each disease listed in R9-6-702, according to Table 7.1; or
 - ii. Immunity for each disease listed in R9-6-702, according to R9-6-706(D);
 - b. Do not have documentary proof according to subsection (A)(1)(a) or (c) but are in compliance with Table 7.2; or
 - c. Have a statement of exemption from immunization, according to R9-6-706(A), (B), or (C), for any of the diseases listed in R9-6-702;
 3. Except as provided in subsection (D), for a child enrolled in school who does not have one of the documents in subsection (A)(1) for each disease listed in R9-6-702:
 - a. The child's parent is notified in writing at the time of school enrollment or, for an enrolled child, at the time of review of immunization documentation that the child:
 - i. Is not in compliance with Arizona immunization requirements; and
 - ii. Except as required by 42 U.S.C. 11301, will be excluded from school entry, according to A.R.S. § 15-872(B), unless the documentation required in subsection (A)(1) is provided for each disease listed in R9-6-702 before school entry; and
 - b. The child is excluded from school entry if the required documentation is not provided before school entry; and
 4. Except as provided in subsection (D), for a child enrolled in a child care who does not have one of the documents in subsection (A)(1) for each disease listed in R9-6-702:
 - a. The child's parent is notified in writing before or at the time of child care entry or, for an enrolled child, at the time of review of immunization documentation that the child:
 - i. Is not in compliance with Arizona immunization requirements; and
 - ii. May attend the child care for not more than 15 days from the date of child care entry without providing one of the documents in subsection (A)(1) for each disease listed in R9-6-702; and
 - b. The child is excluded from child care entry if the required documentation is not provided for the child within 15 days following child care entry.
- B.** If an administrator of a school or a child care administrator questions the accuracy of a document provided for a child as documentary proof of immunization or immunity and is unable to verify the accuracy of the document, the administrator of the school or the child care administrator shall notify the child's parent in writing that:
1. For a child attending a school:
 - a. The administrator of the school cannot verify compliance with Arizona immunization requirements on the basis of the documents provided; and
 - b. Except as required by 42 U.S.C. 11301, the child will be excluded from school entry, according to A.R.S. § 15-872(B), until the child's parent provides to the school documentation that meets the requirements in R9-6-704 or R9-6-706;
 2. For a child attending a child care:
 - a. The child care administrator cannot verify compliance with Arizona immunization requirements on the basis of the documents provided; and
 - b. The child may attend the child care for not more than 15 days after the date of child care entry without the child's parent providing to the child care documentation that meets the requirements in R9-6-704 or R9-6-706; and
 3. The child's parent may bring the child to a physician, a registered nurse practitioner, a local health agency, or, as authorized under A.R.S. § 32-1974, a pharmacist as defined in A.R.S. § 32-1901 to:
 - a. Review the child's immunization history,
 - b. Provide needed immunizations, and
 - c. Provide the required documentation.
- C.** An administrator of a school or a child care administrator shall not allow a child to attend the school or child care during an outbreak of a disease listed in R9-6-702, as determined by the Department or a local health agency, for which the child lacks:
1. Documentary proof of immunization, according to R9-6-704(A); or
 2. Documentary proof of immunity, according to R9-6-704(B).

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- D.** If the Department receives notification from the Centers for Disease Control and Prevention that there is a shortage of a vaccine for a disease listed in R9-6-702, or that the amount of a vaccine for a disease listed in R9-6-702 is being limited, the Department shall:
1. Determine whether:
 - a. Compliance with exclusion requirements in subsections (A)(3) and (4) is suspended for the vaccine in limited supply, or
 - b. A different vaccine or a combination of different vaccines may substitute for the vaccine in limited supply;
 2. Provide notification in writing to each school and child care in this state:
 - a. Of the shortage or limitation of the vaccine;
 - b. Whether the Department is:
 - i. Suspending compliance with exclusion requirements in subsections (A)(3) and (4) on the basis of the vaccine in limited supply; or
 - ii. Recommending an alternative vaccine or combination of vaccines to satisfy the requirement R9-6-702 for the vaccine in limited supply and, if so, the Department's recommendation; and
 - c. If known, when the shortage or limitation of the vaccine is expected to end and the vaccine to be available; and
 3. Upon receiving notification from the Centers for Disease Control and Prevention that the vaccine is available, notify each school and child care in this state:
 - a. That the vaccine is available, and
 - b. If applicable, the date that compliance with exclusion requirements in subsections (A)(3) and (4) will be reinstated.
- E.** The Department shall notify each school and child care in this state if the Department no longer requires compliance with subsection (A) for a disease listed in R9-6-702.
- Historical Note**
- Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-705 renumbered to Section R9-6-305, new Section R9-6-705 renumbered from R9-6-505 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-705 renumbered to R9-6-706; new Section R9-6-705 renumbered from R9-6-704 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).
- R9-6-706. Exemptions from Immunizations**
- A.** For a child attending a school, the child is exempt from the applicable immunization requirements in R9-6-702 for personal beliefs, as allowed by A.R.S. § 15-873(A)(1), if the child's parent submits to the school a statement of exemption from immunization for personal beliefs, in a Department-provided format, that contains:
1. The parent's name,
 2. The child's name,
 3. The child's date of birth,
 4. The immunizations from which the child's parent is requesting an exemption,
 5. A statement that the parent is requesting the exemption based on personal beliefs, and
 6. The signature of the child's parent and the date signed.
- B.** For a child attending a child care, the child is exempt from the applicable immunization requirements in R9-6-702 for religious beliefs, as allowed in A.R.S. § 36-883(C), if the child's parent submits to the child care a statement of exemption from immunization for religious beliefs, in a Department-provided format, that contains:
1. The parent's name,
 2. The child's name;
 3. The child's date of birth;
 4. The immunizations from which the child's parent is requesting an exemption;
 5. A statement that the parent is requesting the exemption based on religious beliefs, and
 6. The signature of the child's parent and the date signed.
- C.** A child is exempt from the applicable immunization requirements in R9-6-702, as allowed by A.R.S. § 15-873(A)(2), if the child's parent submits to a school or child care a certification of medical exemption from immunization, in a Department-provided format, that contains:
1. The parent's name;
 2. The child's name;
 3. The child's date of birth;
 4. The immunizations from which the child's parent is requesting an exemption;
 5. A statement that the parent is requesting a medical exemption according to A.R.S. § 15-873(A)(2);
 6. Statements from a physician or registered nurse practitioner that:
 - a. The immunizations specified according to subsection (C)(4) may be harmful to the child's health;
 - b. Indicate the specific nature of the medical condition or circumstance that precludes immunization;
 - c. Indicate whether the medical exemption is permanent or temporary; and
 - d. If the medical exemption is temporary, provide the date the medical exemption ends;
 7. The signature of the physician or registered nurse practitioner providing the medical exemption and the date signed; and
 8. The signature of the child's parent and the date signed;
- D.** A child is exempt from the applicable immunization requirements in R9-6-702 due to immunity if the child's parent submits to a school or child care:
1. A certification of medical exemption from immunization due to immunity, in a Department-provided format, that contains:
 - a. The parent's name;
 - b. The child's name;
 - c. The child's date of birth;
 - d. The name of each disease for which the child's parent is requesting an exemption from immunization requirements;
 - e. A statement that the parent is requesting a medical exemption from immunization due to the child's immunity to a disease;
 - f. A statement from a physician or registered nurse practitioner that the physician or registered nurse practitioner has determined that the child is immune to the disease specified according to subsection (D)(1)(d), for which an exemption from immunization requirements is being requested, based on:
 - i. For measles, rubella, or varicella, a review by the physician or registered nurse practitioner of

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- laboratory evidence of immunity for the child; or
- ii. For a disease other than measles, rubella, or varicella, a review by the physician or registered nurse practitioner of either:
 - (1) Laboratory evidence of immunity for the child, or
 - (2) The medical records of the physician or registered nurse practitioner;
 - g. The signature of the physician or registered nurse practitioner providing the medical exemption and the date signed; and
 - h. The signature of the child's parent and the date signed; and
2. If applicable, a copy of the laboratory evidence of immunity.
- E.** An administrator of a school or a child care administrator shall:
1. Include a child's exemption from the requirements in R9-6-702 in the documentation required in R9-6-705(A)(1); and
 2. If a child has a temporary medical exemption:
 - a. Allow the child to attend a school or child care until the date the temporary exemption ends; and
 - b. At least 30 calendar days before the temporary medical exemption ends, notify the child's parent in writing of the date by which the child is required to complete all immunizations.

Historical Note

Former Section R9-6-115, Paragraph (3), renumbered and amended as R9-6-706 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-706 renumbered to Section R9-6-306, new Section R9-6-706 renumbered from R9-6-506 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-706 renumbered to R9-6-707; new Section R9-6-706 renumbered from R9-6-705 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

Table 1. Renumbered**Historical Note**

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

Table 2. Renumbered**Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 2 renumbered from Article 5, Table 2 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended

by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1).

Table 2 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

R9-6-707. Reporting Requirements

- A.** By November 15 of each year, an administrator of a school shall submit to the Department a report, in a Department-provided format, that contains:
1. The name, the physical address, and, if different, the mailing address of the school;
 2. The date of the report;
 3. Whether the school is a:
 - a. Charter school, as defined in A.R.S. § 15-101;
 - b. Private school, as defined in A.R.S. § 15-101; or
 - c. Public school, as defined in A.R.S. § 15-101;
 4. The name, email address, and telephone number of an individual to contact for the school;
 5. The name and district number of the school district, if applicable;
 6. The county in which the school is located;
 7. The number of children enrolled at the school in designated grades, as of the date of the report; and
 8. The number of children in each of the designated grades who:
 - a. Have received each immunization required according to Table 7.1;
 - b. Have received an immunization required according to Table 7.1 or submitted a certification of medical exemption from immunization due to immunity, according to R9-6-706(D), for each of the diseases in R9-6-702, including the number for each disease for which certification of medical exemption from immunization due to immunity was submitted;
 - c. Have an exemption from immunization for personal beliefs, according to R9-6-706(A), for one or more of the diseases in R9-6-702, including the number for each disease;
 - d. Have a medical exemption from immunization, according to R9-6-706(C) for one or more of the diseases in R9-6-702, including:
 - i. The number for each disease, and
 - ii. Whether the medical exemption is temporary or permanent; or
 - e. Are receiving immunizations required according to Table 7.2, and the number of doses of each vaccine received.
- B.** By November 15 of each year, a child care administrator shall submit to the Department a report, in a Department-provided format, that contains:
1. The name, the physical address, and, if different, the mailing address of the child care;
 2. The date of the report;
 3. The name, email address, and telephone number of an individual to contact for the child care;
 4. The Department license or certificate number of the child care, as applicable;
 5. The name of the child care administrator; and
 6. The number of children attending the child care who are at least 18 months of age and not attending a school, as of the date of submission of the report, in each of the following categories:

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- a. Children who have received each immunization required according to Table 7.1;
 - b. Children who have received an immunization required according to Table 7.1 or submitted a certification of medical exemption from immunization due to immunity, according to R9-6-706(D), for each of the diseases in R9-6-702, including the number for each disease for which laboratory evidence of immunity was submitted;
 - c. Children who have an exemption from immunization for religious beliefs, according to R9-6-706(B), for one or more of the diseases in R9-6-702, including the number for each disease;
 - d. Children who have a medical exemption from immunization, according to R9-6-706(C), for one or more of the diseases in R9-6-702, including:
 - i. The number for each disease, and
 - ii. Whether the medical exemption is temporary or permanent; or
 - e. Children who are receiving immunizations required according to Table 7.2, and the number of doses of each vaccine received.
1. An authorized representative of a local health agency for the control, investigation, analysis, or follow-up of disease;
 2. A child care administrator, to determine the immunization status of a child in the child care;
 3. An authorized representative of the federal Women, Infants, and Children Program administered by the Department, to determine the immunization status of children enrolled in the federal Women, Infants, and Children Program;
 4. An individual or organization authorized by the Department to conduct medical research to evaluate medical services and health-related services, as defined in A.R.S. § 36-401, health quality, immunizations data quality, and efficacy; or
 5. An authorized representative of an out-of-state agency, including:
 - a. A state health department,
 - b. A health agency,
 - c. A school or child care,
 - d. A health care provider, or
 - e. A state agency that has legal custody of a child.

Historical Note

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-307 effective October 19, 1993 (Supp. 93-4). Adopted effective April 4, 1997 (Supp. 97-4). Former Section R9-6-707 renumbered to R9-6-708; new Section R9-6-707 renumbered from R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

Table 1. Repealed**Historical Note**

Table 1 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Table 1 repealed by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

Table 2. Repealed**Historical Note**

Table 2 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Table 2 repealed by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

R9-6-708. Release of Immunization Information

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

Historical Note

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-309 effective October 19, 1993 (Supp. 93-4). New Section R9-6-708 renumbered from R9-6-707 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

R9-6-725. Renumbered**Historical Note**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Former Section R9-6-115, Paragraph (23), renumbered and amended as R9-6-732 effective January 28, 1987

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(Supp. 87-1). Renumbered to Section R9-6-339 effective October 19, 1993 (Supp. 93-4).

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

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

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

Former Section R9-6-115, Paragraph (24), renumbered and amended as R9-6-734 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-341 effective October 19, 1993 (Supp. 93-4).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

R9-6-744. Renumbered**Historical Note**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-360 effective October 19, 1993 (Supp. 93-4).

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 8. ASSAULTS ON HOSPITAL EMPLOYEES, PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS, OR STATE HOSPITAL EMPLOYEES

Article 8 heading corrected as amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 19-4).

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

R9-6-801. Definitions

In addition to the definitions in A.R.S. § 13-1210 and R9-6-101, the following definitions apply in this Article unless otherwise specified:

1. "Employer" means an individual in the senior leadership position with an agency or entity for which a named employee or volunteer works or that individual's designee.
2. "Named employee or volunteer" means one of the following who is listed as the assaulted individual in a petition, filed under A.R.S. § 13-1210 and granted by a court:
 - a. Hospital employee,
 - b. Public safety employee or volunteer, or
 - c. Arizona State Hospital employee.
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 employee or volunteer works.

Historical Note

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

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

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

Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-401 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1065, with an immediate effective date of May 7, 2020 (Supp. 20-2).

R9-6-802. Notice of Test Results

- A. Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 13-1210, the ordering health care provider shall:

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

Historical Note

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

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

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

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

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without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-402 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 18-3).

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

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-403 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

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

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

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

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

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

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

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

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

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

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-407 effective October 19, 1993 (Supp. 93-4).

R9-6-808. Renumbered**Historical Note**

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

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

ARTICLE 9. HEALTH PROFESSIONAL EXPOSURES**R9-6-901. Definitions**

In this Article, unless otherwise specified:

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

Historical Note

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

R9-6-902. Notice of Test Results

- A. Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 32-3207, the ordering health care provider shall:
 1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
 - a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
 - b. Notify the petitioner's occupational health provider in writing of the results of the test; and
 2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
 - a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
 - b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
 - c. Notify the petitioner's occupational health provider in writing of the results of the test.
- B. Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:
 1. Notify the court-ordered subject as specified in subsection (D);
 2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
 3. Notify the officer in charge of the correctional facility as specified in subsection (E).
- C. Within five working days after the petitioner's occupational health provider receives written notice of test results as required in subsection (A), the petitioner's occupational health

provider shall notify the petitioner, as specified in subsection (D), and the petitioner's employer, as specified in subsection (E).

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

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1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
2. The court-ordered subject does not contact the ordering health care provider.

- J.** A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

Historical Note

Section renumbered from R9-6-409 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-902 recodified to R9-6-1002 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Exhibit A. Recodified**Historical Note**

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

Exhibit B. Recodified**Historical Note**

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

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

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

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

In this Article, unless otherwise specified:

1. "Governing board" means a group of individuals, elected as specified in A.R.S. Title 15, Chapter 4, Article 2, to carry out the duties and functions specified in A.R.S. Title 15, Chapter 3, Article 3.
2. "School district" means the same as in A.R.S. § 15-101.
3. "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.

Historical Note

New Section recodified from R9-6-901 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

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 R9-6-352.

Historical Note

New Section recodified from R9-6-902 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Former R9-6-1002 renumbered to R9-6-1003; new R9-6-1002 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

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

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

Exhibit A. Expired**Historical Note**

Exhibit A recodified from Article 9, Exhibit A at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Exhibit A repealed; new Exhibit A made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Exhibit A expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3).

Exhibit B. Repealed**Historical Note**

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

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

- A.** A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 9 A.A.C. 6, Article 8.
- B.** A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in 9 A.A.C. 6, Article 9.
- C.** When a court orders a test under A.R.S. § 8-341 or 13-1415 to detect HIV infection, the prosecuting attorney who petitioned the court for the order shall provide to the Department:
 1. A copy of the court order, including an identifying number associated with the court order;
 2. The name and address of the victim; and
 3. The name and telephone number of the prosecuting attorney or the prosecuting attorney's designee.
- D.** A person who tests a specimen of blood or another body fluid from a subject to detect HIV infection as authorized by a court order issued under A.R.S. § 8-341 or 13-1415 shall:
 1. Use a screening test; and

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2. If the test results from a screening test on the specimen indicate a positive result, retest the specimen using a confirmatory test.
- E. A person who performs a test described in subsection (D) shall report the test results for each subject to the submitting entity within five working days after obtaining the test results.
- F. A submitting entity that receives the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. § 8-341 or 13-1415 shall:
 1. Notify the Department within five working days after receiving the results of the test to detect HIV infection;
 2. Provide to the Department:
 - a. A written copy of the court order,
 - b. A written copy of the results of the test to detect HIV infection, and
 - c. The name and telephone number of the submitting entity or submitting entity's designee; and
 3. Either:
 - a. Comply with the requirements in:
 - i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
 - ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or
 - b. Provide to the Department or the local health agency in whose designated service area the subject is living:
 - i. The name and address of the subject;
 - ii. A written copy of the results of the test to detect HIV infection, if not provided as specified in subsection (F)(2)(b); and
 - iii. Notice that the submitting entity did not provide notification as specified in subsection (F)(3)(a).
- G. If the Department or a local health agency is notified by a submitting entity as specified in subsection (F)(3)(b), the Department or local health agency shall comply with the requirements in:
 1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
 2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.
- H. When the Department receives a written copy of the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. § 8-341 or 13-1415, the Department shall either:
 1. Provide to the victim:
 - a. A description of the results of the test to detect HIV infection;
 - b. The information specified in R9-6-802(D); and
 - c. A written copy of the test results; or
 2. Provide to the local health agency in whose designated service area the victim is living:
 - a. The name and address of the victim,
 - b. A written copy of the results of the test to detect HIV infection, and
 - c. Notice that the Department did not provide notification as specified in subsection (H)(1).
- I. If a local health agency is notified by the Department as specified in subsection (H)(2), the local health agency shall:
 1. Provide to the victim:
 - a. A description of the results of the test to detect HIV infection;
 - b. The information specified in R9-6-802(D); and
 - c. A written copy of the test results; or
 2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect HIV infection.

Historical Note

Section R9-6-1004 renumbered from R9-6-1003 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

R9-6-1005. Repealed**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3). Repealed by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-1006. Notification

- A. The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection, as required under A.R.S. § 36-664(I), 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.
- B. As authorized under A.R.S. § 36-136(M), 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;

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- b. That school district personnel who are informed that a pupil tested positive for HIV shall keep the information confidential; and
- c. That the school district shall provide HIV-education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

ARTICLE 11. STI-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 infections" or "STI" means the same as "sexually transmitted diseases" in A.R.S. § 13-1415 or other diseases that may be transmitted through sexual contact.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4).

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 STI, 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 STI for which the subject was tested:
 - a. A description of the infection or syndrome caused by the STI, including its symptoms;
 - b. Treatment options for the STI and where treatment may be obtained;
 - c. A description of how the STI is transmitted to others;
 - d. A description of measures to reduce the likelihood of transmitting the STI 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 STI;
 - 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 that the subject obtain serologic testing for syphilis according to R9-6-391.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

R9-6-1103. Local Health Agency Requirements**A. For each STI case, a local health agency shall:**

1. Comply with the requirements in:
 - a. R9-6-321(A)(1) and (2) for each chancroid case reported to the local health agency, and
 - b. R9-6-391(A)(3)(a) through (c) for each syphilis case reported to the local health agency;
2. Offer or arrange for treatment for each STI case that seeks treatment from the local health agency for:
 - a. Chancroid,
 - b. Chlamydia infection,
 - c. Gonorrhea, or
 - d. Syphilis;
3. Provide information about the following to each STI case that seeks treatment from the local health agency:
 - a. A description of the infection or syndrome caused by the applicable STI, including its symptoms;
 - b. Treatment options for the applicable STI;
 - c. A description of measures to reduce the likelihood of transmitting the STI to others and that it is necessary to continue the measures until the infection is eliminated; and
 - d. The confidential nature of the STI case's test results; and
4. Inform the STI 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:

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- i. 90 days preceding the onset of symptoms of primary syphilis up to the date the syphilis case began treatment for primary syphilis infection;
 - ii. Six months preceding the onset of symptoms of secondary syphilis up to the date the syphilis case began treatment for secondary syphilis infection; or
 - iii. 12 months preceding the date the syphilis case was diagnosed with syphilis if the syphilis case cannot identify when symptoms of primary or secondary syphilis began;
 2. Offer or arrange for each contact named by a chancroid or syphilis case to receive testing and, if appropriate, treatment for chancroid or syphilis; and
 3. Provide information to each contact named by a chancroid or syphilis case about:
 - a. The characteristics of the applicable STI,
 - b. The syndrome caused by the applicable STI,
 - c. Measures to reduce the likelihood of transmitting the applicable STI, 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 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 STI,
 - b. The syndrome caused by the applicable STI,
 - c. Measures to reduce the likelihood of transmitting the applicable STI, and
 - d. The confidential nature of the contact's test results.
- Historical Note**
- New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).
- R9-6-1104. Court-ordered STI-related Testing**
- A.** A health care provider who receives the results of a test, ordered by the health care provider to detect an STI 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 STI 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 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 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 STI-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 infection 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 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 a sexually transmitted 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 a sexually transmitted infection, if not provided as specified in subsection (E)(2)(b); and
 - iii. Notice that the submitting entity did not provide notification as specified in subsection (E)(3)(a).
- F.** If the Department or a local health agency is notified by a submitting entity as specified in subsection (E)(3)(b), the Department or local health agency shall comply with the requirements in:
1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
 2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.
- G.** When the Department receives the results of a test to detect a sexually transmitted infection 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 infection,
 - b. The information specified in R9-6-802(D), and
 - c. A written copy of the test results for the sexually transmitted infection; 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 infection, and

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- 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 infection;
 - b. The information specified in R9-6-802(D); and
 - c. A written copy of the test results for the sexually transmitted infection; 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 infection.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4).

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

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

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

Historical Note

Section R9-6-1201 renumbered from R9-6-601 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

R9-6-1202. Local Health Agency Reporting Requirements

A local health agency shall report to the Department:

1. Regarding each individual in its jurisdiction who:
 - a. Has been diagnosed with active tuberculosis,
 - b. Is suspected of having active tuberculosis, or
 - c. Is believed to have been exposed to an individual with infectious active tuberculosis;
2. According to R9-6-206:

- a. After receiving information according to R9-6-202; and
 - b. After conducting an epidemiologic investigation of a case, suspect case, or contact;
3. Within 30 days after receiving the information needed to complete an initial summary for a case of active tuberculosis, in a Department-provided format, containing:
 - a. Demographic information about the case,
 - b. Information specific to the case's diagnosis of active tuberculosis,
 - c. Information about the case's risk factors for tuberculosis, and
 - d. Information specific to the treatment being provided to the case;
 4. As applicable, within 30 days after receiving the information needed to complete a summary of laboratory test results for a case of active tuberculosis, in a Department-provided format, including:
 - a. The results from the analysis of the agent causing tuberculosis in the case, and
 - b. The drug sensitivity pattern of the agent causing tuberculosis in the case;
 5. Within 30 days after determining the final disposition of a case or, except for a case still receiving treatment, two years after the case's initial diagnosis of active tuberculosis, whichever is earlier, in a Department-provided format, including:
 - a. Whether the case:
 - i. Completed treatment, including confirmation of the case's freedom from active tuberculosis;
 - ii. Refused treatment;
 - iii. Was lost to follow-up before completing treatment;
 - iv. Left the jurisdiction of the local health agency before completing treatment; or
 - v. Died;
 - b. If applicable, the method by which the local health agency has knowledge of completion of treatment;
 - c. If the period of treatment was longer than 12 months, the reason for the extended treatment; and
 - d. A description of each course or method of treatment provided to the case, including the date each treatment was initiated.

Historical Note

Section R9-6-1202 renumbered from R9-6-602 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

R9-6-1203. Tuberculosis Control in Correctional Facilities

- A.** An administrator of a correctional facility shall ensure that:
1. Each new inmate in the correctional facility undergoes a symptom screening for tuberculosis while processing into the correctional facility;
 2. An inmate in whom symptoms suggestive of tuberculosis are detected during screening:
 - a. Is immediately:
 - i. Placed in airborne infection isolation, or
 - ii. Required to wear a surgical mask and retained in an environment where exposure to the general inmate population is minimal and the

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

2. If unable to provide prior notification because of security concerns, notify the local health agency within 24 hours after releasing a tuberculosis case or suspect case;
3. Provide to a local health agency, within three working days after the local health agency's request, the information required by the local health agency to comply with R9-6-1202(5); and
4. Provide a tuberculosis case or suspect case or an inmate being treated for latent tuberculosis infection the name and address of the local health agency before the case, suspect case, or inmate is released.

Historical Note

Section R9-6-1203 renumbered from R9-6-603 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

R9-6-1204. Standards of Medical Care

- A. Unless a health care provider believes, based on the health care provider's professional judgment, that deviation is medically necessary, a health care provider caring for an afflicted person shall comply with the recommendations for treatment of tuberculosis in the Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis (October 2016), which is incorporated by reference, on file with the Department, and available from the American Thoracic Society, 25 Broadway, New York, NY 10004 or at www.atsjournals.org.
- B. If a health care provider caring for an afflicted person deviates from the recommendations for treatment of tuberculosis specified in subsection (A), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation.
- C. If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis specified in subsection (A) is inappropriate and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the afflicted person's treatment as authorized under A.R.S. § 36-723(C).

Historical Note

Section R9-6-1204 renumbered from R9-6-604 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**ARTICLE 13. IMMUNIZATIONS OR VACCINES
REQUIRING PRESCRIPTIONS FOR PHARMACIST
ADMINISTRATION****R9-6-1301. Immunizations or Vaccines Requiring a Prescription Order for Pharmacist Administration**

- A. In this Section, unless otherwise specified, the following definitions apply:
 1. "Certified pharmacist" means an individual licensed under A.R.S. Title 32, Chapter 18, who is authorized under A.A.C. R4-23-411 to administer immunizations or vaccines.
 2. "Immunization" has the same meaning as in A.R.S. § 36-671.
 3. "Prescription order" has the same meaning as in A.R.S. § 32-1901.
- B. The following immunizations or vaccines require a prescription order before the immunization or vaccine may be administered under A.A.C. R4-23-411 by a certified pharmacist:

TITLE 9. HEALTH SERVICES

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

1. Japanese Encephalitis vaccine,
2. Rabies vaccine,
3. Typhoid vaccines,
4. Yellow fever vaccine, and
5. Cholera vaccine.

Historical Note

New Section made by exempt rulemaking at 15 A.A.R. 1793, effective October 5, 2009 (Supp. 09-4). Amended by exempt rulemaking at 23 A.A.R. 3360, effective November 14, 2017 (Supp. 17-4).