

Arizona Administrative Code\* Requires Providers To:

# REPORT 'EM

to the Local Health Department Phone#

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

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

\* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.

Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.

Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.

O Submit a report within 24 hours after detecting an outbreak.