

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

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

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

R9-6-301. Definitions

In this Article, unless otherwise specified:

1. “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.
2. “Blood center” means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
3. “Contact precautions” means, in addition to use of standard precautions:
 - a. Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual’s bed from the bed of another individual; and
 - b. Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.
4. “Contaminated” means to have come in contact with a disease-causing agent or toxin.
5. “Disinfection” means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
6. “Disinfestation” means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
7. “Droplet precautions” means, in addition to use of standard precautions:
 - a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual’s bed from the bed of another individual;
 - b. Ensuring that the individual wears a mask covering the individual’s mouth and nose, if medically appropriate, when not in the room described in subsection (7)(a); and
 - c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.
8. “Follow-up” means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
9. “Incapacitated adult” means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.

10. “Midwife” has the same meaning as in A.R.S. § 36-751.
11. “Pediculocide” means a shampoo or cream rinse manufactured and labeled for controlling head lice.
12. “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.
13. “Plasma center” means a facility where the process of plasmapheresis or another form of apheresis is conducted.
14. “Public or semipublic water contact recreation device or facility” means a piece of equipment, setting, or structure that:
 - a. Is used for water contact recreation, as defined in A.A.C. R9-8-801;
 - b. Is open to all individuals or to all residents of a community, members of a club or camp, 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.
- ~~14.~~15. “State health officer” means the Director of the Department or the Director’s designee.
16. “Vector” means a mosquito, tick, flea, or other arthropod that transmits a disease from one individual to another individual.

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 as requested by the Department;
4. Facilitate notification of known contacts;
5. Conduct surveillance;

6. Determine trends;
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter;
8. Disseminate surveillance information to health care providers;
9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease; and
10. Report to the Department, as specified in R9-6-206 and this Article.

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

A. When a local health agency is required by this Article or requested by the Department 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. Upon a request from the Department, a local health agency shall issue a written order for additional control measures:

1. 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, except as provided in subsection (A)(2);
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 to reduce the possibility of infecting other individuals;
 - 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 persons 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 persons 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.

~~B.C.~~ Within 10 calendar days after the issuing of a written order described in subsection (A) or (B), if the Department or a local health agency determines that isolation or quarantine and other control measure requirements need to continue for more than 10 calendar days after the date of the order, the local health agency shall file a petition for a court order that:

1. Authorizes the continuation of isolation or quarantine and other control measure requirements pertaining to an individual or group of individuals;
2. Includes the following:
 - a. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
 - b. The identity of each individual or group of individuals subject to isolation or quarantine and other control measure requirements;
 - c. If applicable, the ~~The~~ premises at which each individual or group of individuals is isolated or quarantined;
 - d. The date and time at which isolation or quarantine and other control measure requirements began; and
 - e. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

~~C.D.~~ A local health agency that files a petition for a court order under subsection ~~(B)~~ (C) shall provide notice to each individual or group of individuals 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.

~~D.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.

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.

R9-6-304.01. 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, suspect case, or carrier of a bacterial disease, for which the agent is known or suspected to be resistant to antibiotics, 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 or may be infected with an agent known or suspected to be resistant to antibiotics.
2. An administrator of the correctional facility transferring a case, suspect case, or carrier of a bacterial disease, for which the agent is known or suspected to be resistant to antibiotics, to another correctional facility or to a health care institution shall, either personally or through a representative, ensure that the receiving correctional facility or health care institution is informed that the individual is or may be infected with an agent known or suspected to be resistant to antibiotics.

R9-6-305. Amebiasis

Case control measures: A local health agency shall:

1. Exclude an amebiasis case or suspect case with diarrhea from:
 - a. ~~working~~ 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.i.~~ Treatment with an amebicide is initiated, and
 - ~~b.ii.~~ Two successive stool specimens negative for amoebae are obtained from specimens collected at least 24 hours apart; and
 - b. Using a public or semipublic water contact recreation device or facility for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported amebiasis case or suspect case; and
3. For each amebiasis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-305.01. Anaplasmosis

Case control measures: A local health agency shall:

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

R9-6-306. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each anthrax case or suspect case is submitted to the Arizona State Laboratory.

B. Environmental control measures: A local health agency shall provide or arrange for sterilization by dry heating or incineration of objects contaminated by *Bacillus anthracis*.

~~R9-6-307. Aseptic Meningitis~~

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

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

R9-6-307. 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: Upon the request of 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.

R9-6-307.01. 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).

R9-6-308. 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 ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D).

R9-6-309. 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 ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D); and

- b. Ensure that ~~a specimen~~ one or more specimens from each botulism case or suspect case ~~is~~ are submitted to the Arizona State Laboratory; ~~and,~~
- e. ~~In consultation with the Department, determine if treatment of the botulism case is required.~~

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

- 1. Food known to be contaminated by *Clostridium botulinum* 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.

R9-6-310. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
- 3. Ensure that an isolate or a specimen, as available, from each brucellosis case is submitted to the Arizona State Laboratory.

R9-6-311. Campylobacteriosis

Case control measures: A local health agency shall:

- 1. Exclude a campylobacteriosis case or suspect case with diarrhea from:
 - a. ~~working~~ 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,
 - ~~a-ii.~~ A culture stool specimen negative for *Campylobacter* spp. is obtained from ~~a stool specimen~~ 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. ~~Diarrhea has resolved;~~
 - b. Using a public or semipublic water contact recreation device or facility 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 ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D).

R9-6-311.01 Carbapenem-resistant Enterobacteriaceae

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
 - a. Isolate and institute contact precautions for a carbapenem-resistant enterobacteriaceae case, suspect case, or carrier; and
 - b. If a carbapenem-resistant enterobacteriaceae case, suspect case, or carrier is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-304.01.
2. An administrator of a correctional facility, either personally or through a representative, shall:
 - a. Isolate and institute contact precautions for a carbapenem-resistant enterobacteriaceae case, suspect case, or carrier; and
 - b. If a carbapenem-resistant enterobacteriaceae case, suspect case, or carrier is being transferred to another correctional facility or to a health care institution, comply with R9-6-304.01.
3. A local health agency, in consultation with the Department, shall:
 - a. Ensure that a case, suspect case, or carrier of carbapenem-resistant enterobacteriaceae is isolated as necessary to prevent transmission; and
 - b. Upon request, ensure that an isolate or a specimen, as available, from each case, suspect case, or carrier of carbapenem-resistant enterobacteriaceae is submitted to the Arizona State Laboratory.

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

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

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

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
2. For each Chagas infection or disease case:
 - a. Submit to the Department, as specified in ~~Article 2~~, Table 4 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.

R9-6-313. 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 ~~Article 2~~, Table 4 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.

R9-6-313.01. 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: A local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each chikungunya case or suspect case and implement vector control measures as necessary.

R9-6-314. ~~Chlamydia~~ Chlamydia trachomatis Infection, ~~Sexually Transmitted~~

A. Case control measures:

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

R9-6-315. Cholera

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

1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a cholera case or suspect case from:
 - a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for ~~Vibrio cholerae~~ Vibrio cholerae are obtained from stool specimens collected at least 24 hours apart and, if the case or suspect case has received antibiotic treatment, at least 48 hours after discontinuing antibiotics; and
 - b. Using a public or semipublic water contact recreation device or facility 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 ~~Article 2~~, Table 4 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.

R9-6-315.01. *Clostridium difficile*

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a *Clostridium difficile* case, suspect case, or carrier 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 *Clostridium difficile* case, suspect case, or carrier.
2. If a *Clostridium difficile* case, suspect case, or carrier 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 *Clostridium difficile* case, suspect case, or carrier.

R9-6-316. 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, ~~as specified in Article 2, Table 4~~, the information required under ~~R9-6-202(E)~~ R9-6-206(E).

R9-6-317. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-318. Conjunctivitis: Acute

- A. Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.
- B. Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported conjunctivitis outbreak; and
 2. For each conjunctivitis outbreak, submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(F)~~ R9-6-206(E).

R9-6-319. 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 ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D).

R9-6-320. Cryptosporidiosis

Case control measures: A local health agency shall:

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from:
 - a. ~~working~~ 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 a public or semipublic water contact recreation device or facility 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 ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D).

R9-6-321. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-322. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-323. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported dengue case or suspect case; ~~and~~
- ~~2.3.~~ For each dengue case, submit to the Department, as specified in ~~Article 2~~, Table 4 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: 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.

R9-6-324. Diarrhea, Nausea, or Vomiting

~~A.~~ ~~Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each water, sewage, or food preparation facility associated with an outbreak of diarrhea, nausea, or vomiting.~~

~~B.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, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(F)~~ R9-6-206(E) for:
 - a. ~~Each suspected foodborne illness outbreak,~~
 - b. ~~Each suspected waterborne illness outbreak, and~~
 - c. ~~Each outbreak of viral gastroenteritis; 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 a public or semipublic water contact recreation device or facility 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 water, sewage, or food preparation facility associated with an outbreak of diarrhea, nausea, or vomiting.

R9-6-325. 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:
 - i. ~~Two~~ two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; ~~or~~
 - ii. ~~Fourteen calendar days after initiation of treatment;~~ and
 - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until:
 - i. ~~Two~~ two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case or

suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; ~~or~~

ii. ~~Fourteen calendar days after initiation of treatment.~~

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

R9-6-326. Ehrlichioses (Ehrlichiosis and Anaplasmosis)

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported ehrlichiosis ~~or anaplasmosis~~ case or suspect case; and
2. For each ehrlichiosis ~~or anaplasmosis~~ case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-327. Emerging or Exotic Disease

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

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

R9-6-328. Encephalitis: Viral or Parasitic

Case control measures: A local health agency shall:

- ~~1. Upon receiving a report under R9-6-202 of a viral or parasitic encephalitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;~~
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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-329. ~~Enterohemorrhagic~~ *Escherichia coli*, Shiga toxin-producing

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

1. Upon receiving a report under R9-6-202 or R9-6-203 of a Shiga toxin-producing *Escherichia coli* case or suspect case, notify the Department within one working day after

receiving the report and provide to the Department the information contained in the report;

~~1.2.~~ Exclude ~~an enterohemorrhagic~~ a Shiga toxin-producing *Escherichia coli* case or suspect case with diarrhea from;

~~a.~~ ~~working~~ 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.i.~~ Two successive ~~cultures~~ stool specimens negative for ~~enterohemorrhagic~~ Shiga toxin-producing *Escherichia coli* are obtained from ~~stool specimens collected from the case or suspect case~~ at least 24 hours apart and ~~at least 48 hours after discontinuing antibiotics, or~~

~~b.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 a public or semipublic water contact recreation device or facility for two weeks after diarrhea has resolved;

~~2.3.~~ Conduct an epidemiologic investigation of each reported ~~enterohemorrhagic~~ Shiga toxin-producing *Escherichia coli* case or suspect case; and

~~3.4.~~ For each ~~enterohemorrhagic~~ Shiga toxin-producing *Escherichia coli* case, submit to the Department, as specified in ~~Article 2, Table 4~~ 2.4, the information required under R9-6-206(D).

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

~~**C.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 ~~an~~ enterohemorrhagic a Shiga toxin-producing *Escherichia coli* case or outbreak, provide health education for the animal's owner about ~~enterohemorrhagic~~ Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with ~~enterohemorrhagic~~ 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 ~~an~~ enterohemorrhagic a Shiga toxin-producing *Escherichia coli* case or outbreak:

- a. Provide health education for the animal's owner about ~~enterohemorrhagic~~ Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with ~~enterohemorrhagic~~ 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 ~~enterohemorrhagic~~ Shiga toxin-producing *Escherichia coli* and methods to reduce the risk of transmission.

R9-6-331. Giardiasis

- ~~A. Case control measures: A local health agency shall exclude a giardiasis case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~
- ~~1. Two successive stool specimens negative for *Giardia lamblia* are obtained from specimens collected from the case at least 24 hours apart; or~~
 - ~~2. Treatment for giardiasis is initiated and diarrhea has resolved.~~
- ~~B. Contact control measures: A local health agency shall exclude a giardiasis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.~~
- ~~C. Outbreak control measures: A local health agency shall:~~
- ~~1. Conduct an epidemiologic investigation of each reported giardiasis outbreak;~~
 - ~~2. For each giardiasis case involved in an outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and~~
 - ~~3. For each giardiasis outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).~~

Case control measures: A local health agency shall:

1. Exclude a giardiasis case or suspect case with diarrhea from:
 - a.. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - i. Treatment for giardiasis is initiated and diarrhea has resolved, or
 - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. Using a public or semipublic water contact recreation device or facility 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).

R9-6-331.01. 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.

R9-6-332. Gonorrhea

A. Case control measures:

- ~~1.~~ ~~The Department shall review each gonorrhea case report for completeness, accuracy, and need for follow-up.~~
- 2-1. For the prevention of gonorrheal ophthalmia, a physician, physician assistant, registered nurse practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
 - a. Erythromycin ophthalmic ointment 0.5%, or
 - b. Tetracycline ophthalmic ointment 1%.
- ~~3-2.~~ 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.

R9-6-333. *Haemophilus influenzae*: Invasive Disease

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a *Haemophilus influenzae* meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 or R9-6-203 of a *Haemophilus influenzae* invasive disease case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - ~~a.~~b. Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and
 - ~~b.~~c. For each *Haemophilus influenzae* invasive disease case, submit to the Department, as specified in ~~Article 2~~, Table 4 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.

R9-6-334. 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 ~~Article 2~~, Table 4 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.

R9-6-335. Hantavirus Infection

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;
- ~~1.2.~~ Provide or arrange for Ensure that a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case ~~to receive~~ receives health education about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
- ~~2.3.~~ Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
- ~~3.4.~~ For each hantavirus infection case, submit to the Department, as specified in ~~Article 2,~~ Table 4 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.

R9-6-336. Hemolytic Uremic Syndrome

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

- ~~1.~~ Exclude a hemolytic uremic syndrome case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - ~~a.~~ Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
 - ~~b.~~ Diarrhea has resolved;
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 ~~Article 2,~~ Table 4 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.

R9-6-337. Hepatitis A

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

1. Upon receiving a report under R9-6-202 or R9-6-203 of a hepatitis A case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1.2.~~ 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;
- ~~2.3.~~ Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
- ~~3.4.~~ For each hepatitis A case, submit to the Department, as specified in ~~Article 2~~, Table 4 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.

R9-6-338. 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 ~~Article 2,~~ Table 4 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.

R9-6-339. Hepatitis C

~~Case control measures:~~

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

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.

R9-6-340. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and
- ~~2.3.~~ For each hepatitis E case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-341. ~~Human Immunodeficiency Virus (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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
3. The Department and a local health agency shall offer anonymous HIV-testing to an individual as specified in R9-6-1005.

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

C. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

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

Case control measures: A local health agency shall:

1. 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;

- ~~1.2.~~ ~~Confirm that influenza was the cause of death for~~ Conduct an epidemiologic investigation of each reported case or suspect case of influenza-associated mortality in a child; and
- ~~2.3.~~ For each case of influenza-associated mortality in a child, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~2.4~~, the information required under ~~R9-6-206(C)~~ R9-6-206(D).

R9-6-344. Legionellosis (Legionnaires' Disease)

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

1. Upon receiving a report under R9-6-202 of a legionellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and
- ~~2.3.~~ For each legionellosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~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 ~~have caused be associated with~~ a case of *Legionella* infection shall ~~disinfect the system before resuming its use~~ comply with the environmental control measures recommended by the Department or local health agency to prevent the exposure of other individuals.

R9-6-345. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and
- ~~2.3.~~ For each leptospirosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~2.4~~, the information required under R9-6-206(D).

R9-6-346. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
- ~~2.3.~~ For each listeriosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
- ~~3.4.~~ Ensure that an isolate or a specimen, as available, from each listeriosis case is submitted to the Arizona State Laboratory.

R9-6-347. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-348. Lymphocytic Choriomeningitis

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a lymphocytic choriomeningitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
- ~~2.3.~~ For each lymphocytic choriomeningitis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-349. Malaria

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported malaria case or suspect case; and
2. For each malaria case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-350. 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 ~~evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner~~ 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.
- 3.4. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each measles case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall 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 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.

R9-6-351. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;
- ~~2.3.~~ For each melioidosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
- ~~3.4.~~ Ensure that an isolate or a specimen, as available, from each melioidosis case or suspect case is submitted to the Arizona State Laboratory.

R9-6-352. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
 - d. Ensure that an isolate or a specimen, as available, from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

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

R9-6-352.01. Methicillin-resistant *Staphylococcus aureus* (MRSA)

A. Case control measures: A diagnosing health care provider or an administrator of a health care institution transferring a methicillin-resistant *Staphylococcus aureus* case, suspect case, or carrier to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-304.01.

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.

R9-6-353. 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, ~~or~~ 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.
- ~~3.4.~~ 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 ~~24 hours~~ 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 ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D); and

- d. Ensure that one or more specimens from each mumps case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
- 5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the mumps control measures recommended by a local health agency or the Department.

B. Contact control measures:

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

R9-6-354. Norovirus

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

- 1. Conduct an epidemiologic investigation of each reported norovirus outbreak; ~~and~~
- 2. Submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(F)~~ 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 water, sewage, or food preparation facility associated with a norovirus outbreak.

R9-6-354.01. Novel Coronavirus (e.g., SARS or MERS)

A. Case control measures:

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel coronavirus case or suspect case, including a case or suspect case of severe acute respiratory syndrome or Middle East respiratory syndrome, until evaluated and determined to be 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 novel coronavirus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a novel coronavirus case or suspect case to prevent transmission;
 - c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case; and
 - d. For each novel coronavirus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a novel coronavirus contact as necessary to prevent transmission.

R9-6-355. Pediculosis (Lice Infestation)

A. Case control measures:

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

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

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

R9-6-356. 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, ~~or~~ 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, ~~or~~ 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;

- ~~a.~~b. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
- ~~b.~~c. For each pertussis case, submit to the Department, as specified in ~~Article 2~~, Table 4 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, if indicated, shall provide or arrange for a contact to receive antibiotic prophylaxis.

R9-6-357. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and

- d. Ensure that an isolate or a specimen, as available, from each plague case or suspect case is submitted to the Arizona State Laboratory.
- B.** Contact control measures: A local health agency shall provide follow-up to pneumonic plague contacts for seven calendar days after last exposure to a pneumonic plague case.

R9-6-358. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
4. Ensure that one or more specimens from each poliomyelitis case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

R9-6-359. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

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

1. If a bird infected with ~~*Chlamydia psittaci*~~ or *Chlamydophila psittaci* is located in a private residence:
 - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis, and
 - b. Advise the bird's owner to obtain treatment for the bird; and
2. If a bird infected with ~~*Chlamydia psittaci*~~ or *Chlamydophila psittaci* is located in a setting other than a private residence:
 - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis,

- b. Ensure that the bird is treated or destroyed and any contaminated structures are disinfected, and
- c. Require the bird's owner to isolate the bird from contact with members of the public and from other birds until treatment of the bird is completed or the bird is destroyed.

R9-6-360. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-361. 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; ~~and~~
3. For each human rabies case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
4. Ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

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

R9-6-362. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported borreliosis case or suspect case; and
- ~~2.3.~~ For each borreliosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~2.4~~, the information required under R9-6-206(D).

R9-6-363. ~~Expired Respiratory Disease in a Health Care Institution or Correctional Facility~~

Outbreak control measures:

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

R9-6-364. ~~Rocky Mountain Spotted Fever~~

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

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

R9-6-365. 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, ~~or~~ 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.
- ~~3.4.~~ 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 ~~24 hours~~ one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;
 - c. For each rubella case, submit to the Department, as specified in ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each rubella case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the rubella control measures recommended by a local health agency or the Department.

B. Contact control measures:

1. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a

rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:

- a. A record of immunization against rubella given on or after the first birthday, or
 - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to rubella.
2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
- a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
3. A local health agency shall provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

R9-6-366. Rubella Syndrome, Congenital

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until:
 - a. The infant congenital rubella syndrome case reaches one year of age, or
 - b. Two successive negative virus cultures, from specimens collected at least one month apart, are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
 - c. For each congenital rubella syndrome case, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and

- d. Ensure that one or more specimens from each congenital rubella syndrome case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
- B. Contact control measures: An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution who is known to be pregnant does not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-365(B)(1).

R9-6-367. Salmonellosis

- A. Case control measures: A local health agency shall:
 - 1. Upon receiving a report under R9-6-202 or R9-6-203 of a salmonellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - ~~1.2.~~ Exclude a salmonellosis case or suspect case with diarrhea from:
 - a. ~~working~~ Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until ~~either of the following~~ occurs:
 - i. Diarrhea has resolved;
 - ~~a-ii.~~ Two successive ~~cultures~~ stool specimens, collected at least 24 hours apart from the salmonellosis case or suspect case, are negative for *Salmonella* spp. ~~are obtained from stool specimens collected at least 24 hours apart;~~ or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - ~~b.~~ Diarrhea has resolved;
 - b. Using a public or semipublic water contact recreation device or facility until diarrhea has resolved;
 - ~~2.3.~~ Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
 - ~~3.4.~~ For each salmonellosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).
- ~~B.~~ ~~Contact control measures: A local health agency shall exclude a salmonellosis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a~~

~~health care institution, or caring for children in or attending a child care establishment until either of the following occurs:~~

- ~~1. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or~~
- ~~2. Diarrhea has resolved.~~

C.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.

R9-6-368. Scabies

A. Case control measures:

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

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

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

- ~~1. Conduct an epidemiologic investigation of each reported scabies outbreak;~~

- ~~2.1.~~ Provide health education regarding prevention, control, and treatment of scabies to individuals affected by the outbreak;
- ~~3.2.~~ When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak; and
- ~~4.3.~~ For each scabies outbreak, submit to the Department, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-202(E)~~ R9-6-202(D).

R9-6-369. Severe Acute Respiratory Syndrome

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

- ~~1.~~ Upon receiving a report under R9-6-202 of a severe acute respiratory syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
- ~~2.~~ In consultation with the Department, ensure the isolation of and the institution of both airborne precautions and contact precautions for a severe acute respiratory syndrome case or suspect case to prevent transmission;
- ~~3.~~ Conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case; and
- ~~4.~~ For each severe acute respiratory syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under ~~R9-6-206(D)~~.

B. ~~Contact control measures: A local health agency, in consultation with the Department, shall quarantine a severe acute respiratory syndrome contact as necessary to prevent transmission.~~

R9-6-370. Shigellosis

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

1. Upon receiving a report under R9-6-202 or R9-6-203 of a shigellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~4.2.~~ Exclude a shigellosis case or suspect case with diarrhea from:
 - ~~a.~~ ~~working~~ Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until ~~either of the following occurs:~~
 - i. Antibiotic treatment is maintained for 24 hours and diarrhea has resolved;

- ~~a-ii.~~ Two successive cultures stool specimens, collected from the shigellosis case or suspect case at least 24 hours apart and, if the shigellosis case or suspect case has received antibiotic treatment, at least 48 hours after discontinuing antibiotics, are negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics; or
 - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - ~~b.~~ Treatment is maintained for 24 hours and diarrhea has resolved;
 - b. Using a public or semipublic water contact recreation device or facility for one week after diarrhea has resolved;
 - ~~2.3.~~ Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
 - ~~3.4.~~ For each shigellosis case, submit to the Department, as specified in Article 2, Table 4 2.4, the information required under R9-6-206(D).
- ~~B.~~ Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea of unknown cause from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
- ~~1.~~ Two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart, or
 - ~~2.~~ Treatment has been maintained for 24 hours and diarrhea has resolved.

R9-6-371. 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:
 - ~~1-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;
 - ~~2-b.~~ In consultation with the Department:

- a.i. ~~Ensure the that~~ isolation of and ~~the institution~~ of both airborne precautions and contact precautions have been instituted for a smallpox case or suspect case to prevent transmission; and
- b.ii. Conduct an epidemiologic investigation of each reported smallpox case or suspect case; ~~and~~
- 3.c. For each smallpox case, submit to the Department, as specified in ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D); ~~and~~
- d. Ensure that a specimen from each smallpox case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

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

R9-6-371.01. Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)

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

R9-6-372. Streptococcal Group A Infection

- A.** ~~Non-invasive streptococcal~~ 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 ~~Article 2, Table 4 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, as specified in ~~Article 2, Table 4~~, the information required under ~~R9-6-206(F)~~ R9-6-206(E).

R9-6-373. 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, as specified in ~~Article 2, Table 4~~, the information required under ~~R9-6-206(C)~~ R9-6-202(C).

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

Case control measures: A local health agency shall:

- ~~1. If a reported *Streptococcus pneumoniae* infection case or suspect case is five or more years of age:~~

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

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).

R9-6-375. Syphilis

A. Case control measures:

1. A syphilis case shall obtain serologic testing for syphilis three months, six months, and one year after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
2. A health care provider for a pregnant syphilis case shall order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery.
- ~~2.3.~~ 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 ~~Article 2, Table 4~~ 2.4, the information required under R9-6-206(D);
 - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsection (A)(1) and (A)(2); and

- d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
- ~~3.4.~~ 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, ~~as specified in Article 2, Table 4,~~ the information required under ~~R9-6-206(F)~~ R9-6-206(E).

R9-6-376. 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 ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D).

R9-6-377. 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 ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D).

R9-6-378. 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 ~~Article 2, Table 4 2.4,~~ the information required under R9-6-206(D).

R9-6-379. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
- ~~2.3.~~ For each trichinosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-380. Tuberculosis

A. Case control measures:

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

- ~~d.c.~~ For a case or suspect case of multi-drug resistant active tuberculosis; until a tuberculosis control officer has approved the release of the case or suspect case.
 - 2. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
 - 3. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a tuberculosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - ~~a.b.~~ Exclude an individual with infectious active tuberculosis or a suspect case from working, unless the individual's work setting has been approved by a tuberculosis control officer, until the individual with infectious active tuberculosis or suspect case is released from airborne precautions according to the applicable criteria in subsection (A)(1);
 - ~~i.~~ At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
 - ~~ii.~~ Anti tuberculosis treatment is initiated with multiple antibiotics;
 - ~~iii.~~ Clinical signs and symptoms of active tuberculosis are improved; and
 - ~~iv.~~ For a case of multi drug resistant active tuberculosis, a tuberculosis control officer has approved the release of the case from airborne precautions;
 - ~~b.c.~~ Conduct an epidemiologic investigation of each reported tuberculosis case, ~~or~~ suspect case, or latent infection in a child five years of age or younger;
 - ~~e.d.~~ For each tuberculosis case or suspect case, submit to the Department, as specified in ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D);
 - ~~d.e.~~ Ensure that an isolate or a specimen, as available, from each tuberculosis case is submitted to the Arizona State Laboratory; and
 - ~~e.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.

R9-6-381. Tularemia

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a tularemia case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;
 - c. For each tularemia case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
 - d. Ensure that an isolate or a specimen, as available, from each tularemia case or suspect case is submitted to the Arizona State Laboratory.

R9-6-382. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
- ~~2.3.~~ For each typhoid fever case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D);
- ~~3.4.~~ Exclude a typhoid fever case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - a. At least one month after the date of onset of illness, and

- b. After three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy;
 - ~~4.5.~~ If a culture from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection ~~(A)(3)~~ (A)(4) until three successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness;
 - ~~5.6.~~ If a positive culture is obtained on a stool specimen collected at least 12 months after onset of illness from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
 - ~~6.7.~~ 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 cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.
- B.** Contact control measures: A local health agency shall exclude a typhoid fever contact from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least 24 hours apart.

R9-6-383. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and
- ~~2.3.~~ For each typhus fever case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-385. 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;
- ~~1.2.~~ Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and
- ~~2.3.~~ For each case of a vaccinia-related adverse event, submit to the Department, as specified in ~~Article 2~~, Table 4 ~~2.4~~, the information required under R9-6-206(D).

R9-6-386. 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 case or suspect case 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 R9-6-304.01.
- ~~2.3.~~ A local health agency, in consultation with the Department, shall:
 - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, notify the Department within ~~24 hours~~ one working day after receiving the report and provide to the Department the information contained in the report;
 - b. ~~Isolate~~ 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 ~~Article 2~~, Table 4 ~~2.4~~, the information required under R9-6-206(D); and
 - e. Ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

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

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.
2. A diagnosing health care provider or an administrator of a health care institution transferring a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis* to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-304.01.
- ~~2.3.~~ A local health agency, in consultation with the Department, shall:
 - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
 - b. Ensure that a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis* is isolated as necessary to prevent transmission;
 - ~~b.c.~~ Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*;
 - ~~e.d.~~ For each case of vancomycin-resistant *Staphylococcus epidermidis*, submit to the Department, as specified in ~~Article 2,~~ Table 4 2.4, the information required under R9-6-206(D); and
 - ~~d.e.~~ Ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant *Staphylococcus epidermidis* is submitted to the Arizona State Laboratory.

R9-6-388. 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 ~~Article 2~~, Table 4 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.

R9-6-389. *Vibrio* Infection

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a *Vibrio* infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1.2.~~ Exclude a *Vibrio* infection case or suspect case with diarrhea from:
 - a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until ~~either of the following occurs:~~
 - i. Diarrhea has resolved;
 - ~~a-~~ii. Two successive ~~cultures~~ stool specimens, collected at least 24 hours apart, are negative for *Vibrio* spp. ~~are obtained from stool specimens collected at least 24 hours apart;~~ or

- iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
 - b. ~~Diarrhea has resolved;~~
 - b. Using a public or semipublic water contact recreation device or facility until diarrhea has resolved;
- ~~2.3.~~ Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
- ~~3.4.~~ For each *Vibrio* infection case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D).

R9-6-390. 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 ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
 - d. Ensure that one or more specimens from each viral hemorrhagic fever case or suspect case are submitted to the Arizona State Laboratory.

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

R9-6-391. West Nile ~~Virus-related Syndromes~~ Virus Infection

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported West Nile ~~virus-related syndrome~~ virus infection case or suspect case; ~~and~~

2. For each case of West Nile ~~virus-related syndrome~~ virus infection, submit to the Department, as specified in ~~Article 2, Table 4 2.4~~, the information required under R9-6-206(D); and
3. Ensure that each West Nile virus infection case is provided with health education that includes measures to:
 - a. Avoid mosquito bites, and
 - b. Reduce mosquito breeding sites.

B. Environmental control measures: Upon the request of 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.

R9-6-392. Yellow Fever

Case control measures: A local health agency shall:

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

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

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- ~~1.2.~~ Exclude a yersiniosis case or suspect case with diarrhea from:
 - a. ~~working~~ Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until ~~either of the following~~ occurs:
 - i. Diarrhea has resolved,

- a-ii. Two successive ~~cultures~~ stool specimens negative for enteropathogenic *Yersinia* are obtained from ~~stool specimens collected~~ the case or suspect case at least 24 hours apart and, if the yersiniosis case or suspect case has received antibiotic treatment, at least 48 hours after discontinuing antibiotics, or
- iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
- b. Diarrhea has resolved;
- b. Using a public or semipublic water contact recreation device or facility for two weeks after diarrhea has resolved;
- 2. Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;
- 4. For each yersiniosis case, submit to the Department, as specified in ~~Article 2~~, Table 4 2.4, the information required under R9-6-206(D); and
- 5. Ensure that an isolate or a specimen, as available, from each yersiniosis case is submitted to the Arizona State Laboratory.

R9-6-393.01. Zika Virus

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

- 1. Upon receiving a report under R9-6-202 of a Zika virus 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 case or suspect case;
- 3. For each Zika virus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
- 4. Ensure that one or more specimens from each Zika virus case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory; and
- 5. Provide to the Zika virus case or ensure that another person provides to the Zika virus 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: 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 case or suspect case and implement vector control measures as necessary.

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