

**ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH SERVICES
BUREAU OF EPIDEMIOLOGY AND DISEASE CONTROL SERVICES
#SP-059-PHS-EDC**

OUTBREAK REPORTING IN THE HEALTH CARE INSTITUTION SETTING

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes Section 41-1033 for a review of the statement.

The purpose of this substantive policy statement is to notify the public how the Arizona Department of Health Services (Department) interprets the term “outbreak” and the reporting requirements in Arizona Administrative Code (A.A.C.) R9-6-202(B) for an administrator of a health care institution (HCI) in which a reportable outbreak is detected.

“Outbreak” is defined in A.A.C. R9-6-101(58) to mean “an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.”

A.A.C. R9-6-202(B) states:

An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

Table 1 lists those diseases and occurrences for which reporting is required and provides time limitations for reporting for each. Table 1 requires outbreak reporting for amebiasis; campylobacteriosis; acute conjunctivitis; cryptosporidiosis; diarrhea, nausea, or vomiting; giardiasis; hepatitis A; hepatitis E; salmonellosis; scabies; shigellosis; taeniasis; *Vibrio* infection; and yersiniosis within 24 hours after an outbreak is detected.

As the definition of “outbreak” states, an outbreak signifies an unexpected increase in incidence. What may be considered an outbreak in one setting or in one season may not be considered an outbreak in another. The Department does not expect an outbreak report when an increased incidence of a disease or sign or symptom of illness is an expected and predictable seasonal increase or when the number of cases diagnosed or detected in a particular setting is consistent with the volume of such cases expected in that setting. The Department’s interpretation of “outbreak” as related to each disease or condition for which outbreak reporting is required is provided at: <http://azdhs.gov/phs/oids/epi/pdf/investigation-management/outbreak-threshold-guide-providers.pdf>.

The Department understands that many HCIs, including hospitals and nursing care institutions, have personnel assigned to prevent, detect, and control infection (infection preventionists) who are specially trained to identify, investigate, contain, and resolve outbreaks occurring within the HCI setting. The Department also recognizes that in many instances public health intervention may not be necessary to keep such outbreaks from affecting the public health. The Department also believes, however, that public health authorities need to be made aware of each outbreak of these diseases and occurrences in order to

ensure an effective comprehensive surveillance system that provides public health authorities with the information needed to respond to developing trends and to act when necessary to protect the public health.

Because of the potential for enteric outbreaks to be foodborne or associated with bioterrorism, it is essential that public health authorities receive a report of each enteric outbreak regardless of the setting in which it occurs.

Reporting of acute conjunctivitis outbreaks is also important because acute conjunctivitis can lead to serious complications. For example, adenoviral keratoconjunctivitis can result in permanent scarring of the eye, and enteroviral acute hemorrhagic conjunctivitis can result in neurological complications. In an outbreak situation, public health involvement may be essential to ensuring that the agent is accurately identified and the outbreak is contained and resolved.

Reporting of scabies outbreaks is important because secondary infection caused by scratching can result in complications, and immunocompromised individuals, such as patients in a HCI, are especially prone to extensive infestation. Also, when scabies is complicated by β -hemolytic streptococcal infection, there is a risk of severe complications or death from toxic shock syndrome, necrotizing fasciitis, or end stage renal disease caused by acute glomerulonephritis. Public health involvement again may be essential to ensuring that a scabies outbreak is contained and resolved.

The compromised health of the population in HCIs means that an HCI may be the first place where illness is detected, so HCI outbreak reporting is crucial. Any outbreak may have an impact beyond the setting where it is detected, whether in an HCI or elsewhere. An HCI may be the first location where an outbreak that originated in the outside community (not within the HCI) is identified. Prompt reporting is essential to allow local health agencies to investigate as necessary and implement control measures as indicated to contain and resolve an outbreak. Local health agencies need to be made aware of the existence of all reportable outbreaks in order to determine whether public health involvement is necessary for each one. Initial reporting can be as simple as telephonic communication of the required elements to the local health agency.

The Department understands that an outbreak detected in an HCI may not be recognized as an outbreak immediately and sometimes not even until after it has been contained and resolved. Indeed, the Department understands that not every outbreak may be detected at all. The Department interprets A.A.C. R9-6-202(B) and Table 1 to require an HCI administrator to ensure that each reportable outbreak detected in an HCI is reported within 24 hours after it is recognized as an outbreak, even if it is reported after it has been contained and resolved.

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