

Department-provided Formats for submitting Epidemiologic Investigation Reports

As described in Arizona Administrative Code R9-6-206(D), "a local health agency shall submit to the Department a report, in a Department-provided format, of an epidemiologic investigation conducted by the local health agency".

This list details the "Department-provided format" for each morbidity for which an epidemiologic investigation is required. This list is subject to change.

[See "Department-Provided Formats for Reporting" on our website for formats for other types of reports and for STD or HIV investigations.](#)

*Note that the epidemiologic investigation is generally required by rule for each reported "case or suspect case". A suspect case is "an individual whose medical history, signs, or symptoms indicate that the individual may have a communicable disease", and does not necessarily refer to the suspect case classification. While the formats below are specifically intended for cases with confirmed or probable case classifications, suspect cases should be investigated sufficiently to identify if they may in fact be cases or can be ruled out. There are no specific formats required for suspect case classifications.

Epidemiological investigation reports of STDs (chancroid, syphilis) should be entered in PRISM when available. For LHAs without access to PRISM, notification should occur by submitting the paper Interview Record by secure email or secure fax. The paper Interview Record is available on the ADHS Share Point folder. Contact the STD team at std@azdhs.gov for questions.

Epidemiological investigation reports for HIV can be submitted via PRISM if the LHA has approval from the ADHS HIV Surveillance and HIV Prevention Programs. LHAs without approval to submit HIV reports via PRISM must submit a paper HARS form by secure fax. Contact the HIV teams for questions.

The investigation forms mentioned below can all be found on the Investigation Forms website, unless otherwise specified.

<http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#investigations-forms>

Changes compared to the previous version are highlighted.

Group	MORBIDITY	Required by rule?	How should an epi investigation be submitted by LHD?	For the DSO:	Comments	Travel info in MEDSIS should be entered in:
VPD	Acute Flaccid Myelitis	N	Attach investigation form in MEDSIS			Travel table
Food	Amebiasis	Y	Fill out DSO	Complete the full DSO		Travel table
Vector	Anaplasmosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
Vector	Anthrax	Y	Attach investigation form in MEDSIS			Travel table

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Vector	Arboviral disease	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Vector	Babesiosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
Other	Basidiobolomycosis	Y	Attach investigation form in MEDSIS			N/A
Food	Botulism	Y	Fill out DSO	Complete the full DSO	A required CDC form needs to be completed by the LHD OR the attending physician. Available by emailing food@azdhs.gov.	Travel table
Food	Botulism, infant	Y	Fill out DSO	Complete the full DSO		Travel table
Vector	Brucellosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
Food	Campylobacteriosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	Current investigation form does not match the DSO. Complete the form and attach in MEDSIS. Then complete the DSO as much as possible.	Travel table
HAI	Candida auris	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.		DSO will be added later.	Travel table
Vector	Chagas	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.	Fill out Type in DSO		DSO and Travel table
Vector	Chikungunya	Y	Fill out DSO	Complete the full DSO		DSO and Travel table

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Food	Cholera	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	Email food@azdhs.gov when the form is attached within 30 days of case report.	Travel table
Other	Coccidioidomycosis	N	N/A			N/A
Vector	Colorado tick fever	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			DSO and Travel table
HAI	CRE	N	Fill out DSO	Complete the full DSO	For all cases (CP-CRE and non-CP-CRE)	Travel table
Other	Creutzfeldt-Jakob disease	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Food	Cryptosporidiosis	Y	Fill out DSO	Complete the full DSO		Travel table
Food	Cyclospora infection	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	Current investigation form does not match the DSO. Complete the form and attach in MEDSIS. Then complete the DSO as much as possible.	Travel table
Food	Cysticercosis	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			Travel table
Vector	Dengue	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
VPD	Diphtheria	Y	Fill out DSO	Complete the full DSO		Travel table
Food	<i>E. coli</i> , Shiga toxin-producing	Y	Fill out DSO	Complete the full DSO		Travel table

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Vector	Ebola Virus Disease	Y	Attach investigation form in MEDSIS			Travel table
Vector	Ehrlichiosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
Other	Emerging or exotic disease	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			Travel table
Food	Encephalitis, parasitic	Y	Discuss with ADHS Staff			Travel table
Vector	Encephalitis, viral	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			Travel table
Food	Free-living Amoeba	Y	Attach investigation form in MEDSIS		Contact ADHS ASAP	Travel table
Food	Gastroenteritis, viral	OB	Other		Complete an outbreak report in MEDSIS Outbreak Management	N/A
Food	Giardiasis	Y	Fill out DSO	Complete the full DSO		Travel table
VPD	<i>Haemophilus influenzae</i>, invasive disease	Y	Fill out DSO	Complete the full DSO		Travel table
TB	Hansen's disease (Leprosy)	Y	Fill out DSO	Complete the full DSO		Travel table
Vector	Hantavirus infection	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
Food	Hemolytic uremic syndrome	Y	Fill out DSO	Complete the full DSO		Travel table

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Food/ VPD	Hepatitis A	Y	Fill out DSO	Complete the full DSO (can skip NETSS fields in current DSO - DSO to be updated shortly)		Travel table
VPD	Hepatitis B	Y	Fill out DSO	Complete the full DSO	DSO questions depend on Type selected (acute, chronic, perinatal).	Travel table
Other	Hepatitis C	N	N/A			N/A
VPD	Hepatitis D	Y	Fill out DSO	Complete the full DSO		Travel table
Food	Hepatitis E	Y	Attach investigation form in MEDSIS		Form must be completed PRIOR to submitting the specimen to CDC for testing.	Travel table
Other	Influenza virus	N	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		Travel table
Other	Influenza virus with mortality in child	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		N/A
HAI	Legionellosis	Y	Fill out DSO	Complete the full DSO	For cases with travel during incubation period, attach CDC case report form in MEDSIS.	Travel table
Vector	Leptospirosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
Food	Listeriosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	Email food@azdhs.gov when the form is attached, within 7 days of case report.	Travel table
Vector	Lyme disease	Y	Fill out DSO	Complete the full DSO		DSO and Travel table

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Vector	Lymphocytic choriomeningitis	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			Travel table
Vector	Malaria	Y	Fill out DSO AND attach investigation form in MEDSIS	Fill out Species in DSO		Travel table
VPD	Measles	Y	Fill out DSO	Can skip "Activity History" section at end of DSO		DSO and Travel table
Vector	Melioidosis or glanders	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.	Fill out Type in DSO		DSO and Travel table
VPD	Meningococcal invasive disease	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Other	Middle East Respiratory Syndrome	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	DSO contains only a few key questions from form.	DSO and Travel table
HAI	MRSA, Invasive	N	N/A			N/A
VPD	Mumps	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Food	Norovirus	OB	Other		Complete an outbreak report in MEDSIS Outbreak Management	N/A
Food	Paratyphoid fever	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	Email food@azdhs.gov when the form is attached , within 30 days of case report.	Travel table

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VPD	Pertussis	Y	Fill out DSO	Complete first 5 sections AND first 3 questions in Epi section: (epi-link, outbreak-related, transmission setting)		DSO and Travel table
Vector	Plague	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
VPD	Poliomyelitis	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Vector	Psittacosis	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Vector	Q fever	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
Vector	Rabies in a human	Y	Attach investigation form in MEDSIS			Travel table
Vector	Relapsing fever	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			Travel table
Vector	Rocky Mtn. spotted fever	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Other	RSV	N	N/A			N/A
VPD	Rubella	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
VPD	Rubella syndrome, congenital	Y	Fill out DSO	Complete the full DSO		DSO and Travel table

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Food	Salmonellosis	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	The current version of the form does not match the DSO, but a DSO update is eminent. Thus, for most cases, only fill out the DSO (no form required to be attached). For cases reporting exposure to live poultry, also complete the Salmonella poultry exposure questionnaire, available at azdhs.gov/entericresources . When requested by ADHS, please complete the National Hypothesis Generating Questionnaire (available on the investigation form website)	Travel table
Other	SARS	Y	Discuss with ADHS Staff			Travel table
Food	Shigellosis	Y	Fill out DSO	Complete the full DSO		Travel table
Other	Smallpox	Y	Discuss with ADHS Staff			Travel table
Vector	Spotted fever group rickettsiosis	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Vector	St. Louis encephalitis virus	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
HAI	Streptococcal Group A, invasive	N	N/A			N/A
HAI	Streptococcal Group B, invasive, infant <90 days	N	N/A			N/A
HAI	Streptococcus pneumoniae, invasive	N	N/A			N/A
Food	Taeniasis	Y	Discuss with ADHS Staff			Travel table
VPD	Tetanus	Y	Fill out DSO	Complete the full DSO		Travel table

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Other	Toxic shock syndrome	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			N/A
Food	Trichinosis	Y	Attach investigation form in MEDSIS			Travel table
Vector	Tularemia	Y	Attach investigation form in MEDSIS			Travel table
Food	Typhoid fever	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	Email food@azdhs.gov when the form is attached within 30 days of case report.	Travel table
Vector	Typhus Fever	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO		DSO and Travel table
VPD	Vaccinia-related event	Y	Other		Report through VAERS website and include comments in MEDSIS case.	N/A
VPD	Varicella (chickenpox)	Only investig. of deaths is required	Fill out DSO for all cases AND (for deaths only) attach investigation form in MEDSIS	Complete Vaccine History and Grade of Lesions DSO variables for ALL CASES	Ideally, complete these DSO variables for all varicella cases (not only deaths). The varicella deaths form (to be used for deaths only) can be found on the Investigation Forms website.	DSO and Travel table
Food	Vibrio infection	Y	Fill out DSO AND attach investigation form in MEDSIS	Complete the full DSO	Email food@azdhs.gov when the form is attached within 30 days of case report.	Travel table

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Vector	Viral hemorrhagic fever	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			Travel table
HAI	VISA	Y	Attach investigation form in MEDSIS			Travel table
HAI	VRSA	Y	Attach investigation form in MEDSIS			Travel table
HAI	VRSE	N	N/A			N/A
Vector	West Nile virus	Y	Fill out DSO	Complete the full DSO		DSO and Travel table
Vector	Yellow fever	Y	Describe the clinical picture/symptoms and investigation in MEDSIS notes or comments, or discuss with ADHS staff.			Travel table
Food	Yersiniosis	Y	Fill out DSO	Complete the full DSO		Travel table
Vector	Zika	Y	Fill out DSO	Complete the full DSO		DSO and Travel table