

Arizona Administrative Code[†] Requires Providers To:
Report Communicable Diseases
 to the Local Health Department

- | | | |
|--|---|---|
| *O Amebiasis | Hantavirus infection | *O Salmonellosis |
| Anthrax | Hemolytic uremic syndrome | Scabies |
| Aseptic meningitis: viral | *O Hepatitis A | Severe acute respiratory syndrome |
| Basidiobolomycosis | Hepatitis B and D | *O Shigellosis |
| Botulism | Hepatitis C | Smallpox |
| Brucellosis | *O Hepatitis E | Streptococcal Group A: invasive disease |
| *O Campylobacteriosis | Herpes genitalis | Streptococcal Group B: invasive disease in infants younger than 90 days of age |
| Chagas disease (American trypanosomiasis) | HIV infection and related disease | <i>Streptococcus pneumoniae</i> (pneumococcal invasive disease) |
| Chancroid | Influenza-associated mortality in a child | Syphilis |
| Chlamydia infection, sexually transmitted | Kawasaki syndrome | *O Taeniasis |
| * Cholera | Legionellosis (Legionnaires' disease) | Tetanus |
| Coccidioidomycosis (valley fever) | Leptospirosis | Toxic shock syndrome |
| Colorado tick fever | Listeriosis | Trichinosis |
| Conjunctivitis: acute | Lyme disease | Tuberculosis, active disease |
| Creutzfeldt-Jakob disease | Lymphocytic choriomeningitis | Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result) |
| *O Cryptosporidiosis | Malaria | Tularemia |
| <i>Cyclospora</i> infection | Measles (rubeola) | Typhoid fever |
| Cysticercosis | Meningococcal invasive disease | Typhus fever |
| Dengue | Mumps | Unexplained death with a history of fever |
| Diarrhea, nausea, or vomiting | Pertussis (whooping cough) | Vaccinia-related adverse event |
| Diphtheria | Plague | Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i> |
| Ehrlichiosis and Anaplasmosis | Poliomyelitis | Vancomycin-resistant <i>Staphylococcus epidermidis</i> |
| Emerging or exotic disease | Psittacosis (ornithosis) | Varicella (chickenpox) |
| Encephalitis, viral or parasitic | Q fever | *O <i>Vibrio</i> infection |
| Enterohemorrhagic <i>Escherichia coli</i> | Rabies in a human | Viral hemorrhagic fever |
| Enterotoxigenic <i>Escherichia coli</i> | Relapsing fever (borreliosis) | West Nile virus infection |
| *O Giardiasis | Reye syndrome | Yellow fever |
| Gonorrhea | Rocky Mountain spotted fever | *O Yersiniosis |
| <i>Haemophilus influenzae</i> : invasive disease | * Rubella (German measles) | |
| Hansen's disease (Leprosy) | Rubella syndrome, congenital | |

-
- Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
- * If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
- Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- Submit a report within 24 hours after detecting an outbreak.