
















Arizona Administrative Code[†] requires an Administrator of a School,
Child Care Establishment, or Shelter to:

REPORT COMMUNICABLE DISEASES

to the Local Health Department

-  Campylobacteriosis
- Conjunctivitis, acute
-  Cryptosporidiosis
- Diarrhea, nausea, or vomiting
-  *Escherichia coli*, Shiga toxin-producing
-  *Haemophilus influenzae*, invasive disease
-  Hepatitis A
-  Measles
-  Meningococcal invasive disease
-  Mumps
-  Pertussis (whooping cough)
-  Rubella (German measles)
-  Salmonellosis
- Scabies
-  Shigellosis
- Streptococcal group A infection
-  Varicella (chickenpox)

Key:

-  Submit a report within 24 hours after detecting a case or suspect case.
-  Submit a report within five working days after detecting a case or suspect case.
- Submit a report within 24 hours after detecting an outbreak.

[†]**A.A.C. R9-6-203**
Effective 01/01/2018

Arizona Administrative Code R9-6-203

Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter

For each individual with a disease, infestation, or symptoms of a communicable disease listed in the reporting table, or an outbreak of the communicable disease or infestation, an administrator of a school, child care establishment, or shelter shall submit a report that includes:

1. The **name** and **address** of the school, child care establishment, or shelter;
2. The **number of individuals** with the disease, infestation, or symptoms;
3. The **date and time** that the disease or infestation was detected or that the symptoms began;
4. The **number of rooms, grades, or classes** affected and the **name** of each;
5. The following information about **each individual** with the disease, infestation, or symptoms:
 - a. **Name**;
 - b. **Date of birth or age**;
 - c. If the individual is a child, **name** and **contact information** for the individual's parent or guardian;
 - d. Residential **address** and **telephone number**; and
 - e. Whether the individual is a **staff member, a student, a child in care, or a resident**;
6. The **number of individuals attending** or residing at the school, child care establishment, or shelter; and
7. The **name, address, telephone** number, and, if available, **email address** of the individual making the report.

Report to your local health agency or through MEDSIS (<https://my.health.azdhs.gov/>).

More information, including local health agency contact information and how to obtain access to MEDSIS, is available at:

<http://azdhs.gov/schoolreporting>