



**Apache County Public Health Services District
Epidemiology Response Plan
February 9, 2016**

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Performance Alignment

This plan is written in support of Arizona Department of Health Services, Public Health Emergency Preparedness, *Sub-Awardees Requirements and Deliverables Document*, Ebola/Infectious Disease Preparedness and Response, Activity 2: Public Health surveillance and Epidemiological Investigation. The plan supports Arizona Department of Health Services Budget Period 4 2015/2016 county deliverables and aligns with the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, March 2011, Public Health Preparedness Capability 13: Public Health Surveillance and Epidemiological Investigation. Capability 13 is described below. The plan also supports the Mission Areas and Core Capabilities outlined below from the U.S. Department of Homeland Security, *National Preparedness Goal*, Second Edition, September 2015.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, March 2011

Public Health Preparedness Capability 13: Public Health Surveillance and Epidemiological Investigation

Definition: Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

This capability consists of the ability to perform the following functions:

- Function 1: Conduct public health surveillance and detection
- Function 2: Conduct public health and epidemiological investigations
- Function 3: Recommend, monitor, and analyze mitigation actions
- Function 4: Improve public health surveillance and epidemiological investigation systems

U.S. Department of Homeland Security, *National Preparedness Goal*, Second Edition, September 2015

Mission Areas and Core Capabilities supported by this plan:

Prevention Mission Area

Core Capabilities:

- Planning
- Public Information and Warning
- Operational Coordination

Response Mission Area

Core Capabilities:

- Planning
- Public Information and Warning
- Operational Coordination
- Operational Communication
- Public Health, Healthcare, and Emergency Medical Services
- Situational Assessment

Record of Distribution

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Introduction

The Apache County Public Health Services District (ACPHSD) Epidemiology Response Plan (Epi-RP) provides operational guidelines for Public Health Surveillance and Epidemiological Investigation activities in Apache County. Detecting, reporting, and the control of communicable diseases rely on a network of health care providers and agencies working collaboratively to maintain the health of individuals and populations. In Apache County, this network consists of Apache County Public Health Services District (ACPHSD), Arizona Department of Health Services (ADHS), Tribal Health Services, hospitals, clinics, healthcare providers, laboratories, behavioral health agencies, correctional health services, school health, and assisted living facilities.

Notifiable disease surveillance begins at the local and state level in Arizona. Laws and regulations mandate the reporting of specified infectious and noninfectious diseases to local and state health departments. ACPHSD, ADHS, Tribal, and other Arizona county public health departments use this information to monitor, control, and prevent the occurrence and spread of state and nationally reportable infectious and noninfectious diseases.

Disease surveillance information reported to local and state Public Health departments feeds into the Centers for Disease Control and Prevention (CDC) National Notifiable Diseases Surveillance System (NNDSS). The NNDSS is a nationwide program that allows for the collection, analysis, and sharing of health data and provides for collaboration that enables local, state, territorial, federal, and international agencies to share notifiable disease-related health information.

Purpose

This plan provides an organizational framework and guidance to facilitate effective public health surveillance, epidemiological investigations, and disease mitigation and control activities in Apache County. It describes the ACPHSD and healthcare partner roles in carrying out this mission as well and the operational structure needed to coordinate activities and support resource needs among healthcare partners. It is intended as a scalable strategy and guidance for assisting effective and timely coordination of the myriad of healthcare partners involved in protecting individual and public health during an infectious disease incident.

This plan is intended to work in conjunction with other Apache County emergency plans and in coordination with other healthcare partners' emergency plans. The plan supports ADHS Public Health Emergency Preparedness (PHEP) *Sub-Awardees Requirements and Deliverables Document*, Ebola/Infectious Disease Preparedness and Response, Activity 2: Public Health surveillance and Epidemiological Investigation, ADHS Budget Period (BP) 4 2015/2016 county deliverables, and PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation functions. It also supports selected Mission Areas and Core Capabilities in the September 2015 U.S. Department of Homeland Security, *National Preparedness Goal*, Second Edition.

Plan Objectives

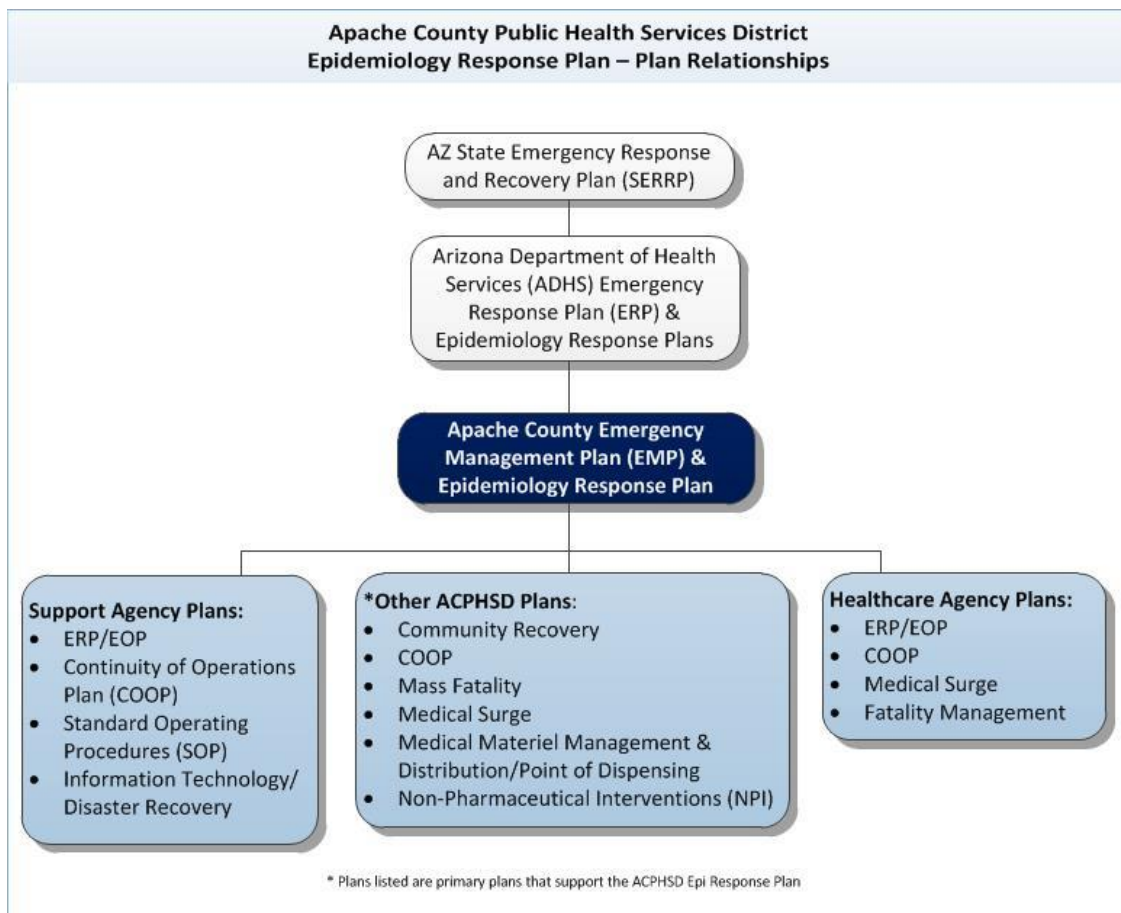
Stakeholders have identified the following objectives for development of this plan:

1. Identify healthcare system partners, agencies, and services, along with their roles and responsibilities;

2. Identify the command and control structure, outbreak protocols, information flow processes, and criteria needed to implement the plan;
3. Describe processes for:
 - a. Infectious disease surveillance, investigations, and control recommendations and implementation;
 - b. State testing of the Communicable Disease On-Call System;
 - c. MEDSIS reporting;
 - d. Participation in epidemiology trainings and exercises;
 - e. Reporting identified outbreaks and submission of Outbreak Summaries; and
 - f. Completion of the Monthly Performance Measure Report Form.
4. Describe how the plan will be exercised, updated, and maintained.

Applicability

This plan has been developed to align with other ACPHSD response plans, the Apache County Emergency Management Plan (P) and its annexes and appendices, and other local healthcare and support agency emergency response plans. The diagram below illustrates the relationship of the ACPHSD Epidemiology Response Plan to local and jurisdictional plans, the ADHS Emergency Operations Plan (ADHS EOP) and the Arizona State Emergency Response and Recovery Plan (SERRP).



Scope

The ACPHSD Epidemiology Response Plan applies to jurisdictional agencies and organizations involved in the surveillance, reporting, and investigation of infectious diseases in Apache County. The plan lists organizations that may be involved and their roles and responsibilities. It describes the concept of operations, information flow, plan activation, mutual aid, and other support resources. The plan supports the coordination of resources needed to facilitate an efficient response.

ADHS is the coordinating state agency for epidemiology response and disease control in Arizona. ACPHSD is the focal point for coordination of epidemiology response and disease control in Apache County. ACPHSD will provide local coordination of epidemiology response activities and will coordinate response activities, public information and recommendations with ADHS. Resource request details will be coordinated with ADHS and channeled through ACDEM as necessary.

This plan may be activated in response to a detected elevation in disease morbidity, detection or prevention of an emerging pathogen, disease control activities associated with a bioterrorism agent, or other disease surveillance and mitigation activities as deemed necessary by the ACPHSD Director or designee.

Performance Expectations

Stakeholders have identified the following performance objectives for Public Health Surveillance and Epidemiological Investigations for ACPHSD:

1. Coordinate activities and information with healthcare partners.
2. Coordinate public information with ACDEM and ADHS, as needed.
3. Begin outbreak investigations within 24 hours.
4. Conduct outbreak interviews within 48 hours.
5. Conduct investigations of reported infectious diseases and Public Health incidents as required by Arizona rules and statutes and Medical Electronic Disease Surveillance Intelligence System (MEDSIS) policies and procedures.

Planning Assumptions

1. Response intensity to an occurrence of a public health emergency/incident or a terrorist act depends on the scope, nature, and credibility of the emergency/incident or terrorist act.
2. Activation of this plan does not assume that requested assistance and support from ADHS, CDC, or other federal agencies will be available.
3. A public health emergency that activates this plan may be a multi-disciplinary event requiring broad interagency coordination and response.
4. A public health emergency that activates this plan may be local, multi-jurisdictional, statewide, or national in scope and response.
5. An outbreak determination must be determined by a significant departure of scope, proximity, and scale from usual baseline measures.

Authorities and References

U.S. Department of Homeland Security, *National Preparedness Goal*, Second Edition, September 2015.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*, March 2011

Arizona Revised Statutes (A.R.S.)

- Title 36. Public Health and Safety
 - § 36-136: Powers and duties of director; compensation of personnel
 - § 36-272: Disease control research commission; members; terms; appointment; compensation; meetings
 - § 36-726: Petition for court ordered examination, monitoring, treatment, isolation or quarantine
 - 36-782. Enhanced surveillance advisory

A.R.S. Title 36 Public Health and Safety details are outlined in Appendix B.

Arizona Administrative Code (A.A.C.)

- Title 9. Health Services
 - Chapter 6. Department of Health Services Communicable Diseases and Infestations

A.A.C. Title 9. Health Services can be accessed at http://apps.azsos.gov/public_services/Title_09/9-10.pdf.

Concept of Operations

Primary, Coordinating, Secondary/Support, and Non-Governmental Agencies

Primary Agency:

Apache County Public Health Services District (ACPHSD)

Coordinating Agencies:

Apache County Division of Emergency Management (ACDEM)

Tribal Partners

Arizona Department of Health Services (ADHS)

- Health Emergency Operations Center (HEOC)
- Division of Behavioral Health Services (BHS)
- Division of Public Health Services (PHS)
 - Bureau of Public Health Emergency Preparedness (PHEP)
 - Bureau of Epidemiology and Disease Control (EDC)

- Bureau of Emergency Medical Services and Trauma System
- Bureau of State Laboratory Services
- Public Health Licensing

Arizona Department of Emergency and Military Affairs (AZ DEMA) Emergency Management (EM)

Secondary/Support Agencies:

County and Local Law Enforcement
 County and Municipal Governments
 Fire Departments/Emergency Medical Services (EMS)
 Correctional Health Partners
 School Health Partners

Non-Governmental Organizations (NGOs)

Regional Behavioral Health Authority (RBHA)
 Arizona Coalition for Healthcare Emergency Response (AZCHER), Northern Healthcare Coalition
 Hospitals
 Health Care Facilities
 Long Term Care Agencies
 Community Health Centers
 Pharmacies

Federal Agencies

- United States Department of Homeland Security
- United States Department of Health and Human Services (HHS)
 - Indian Health Service (IHS)
 - Centers for Disease Control and Prevention (CDC)
 - National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ)

Roles and Responsibilities

Apache County Public Health Services District (ACPHSD)

1. Provide immediate notifications to the Public Health Director.
2. Coordinate all activities with the Public Health Director.
3. Provide public health support to the Apache County Emergency Management (ACDEM) as needed, including provision of staff to the Apache County Emergency Operations Center (ACEOC) as appropriate.
4. Maintain public health and healthcare system situational awareness and provide regular status reports to ADHS.
5. Conduct surveillance and epidemiology activities.
6. Upon plan activation, consult with ADHS for incident/disease specific recommendations and information.
7. Coordinate information with community healthcare providers and partners, including ACDEM.
8. Coordinate Public Health information with the Public Health Public Information Officer (PIO).
9. Coordinate behavioral health resources and agencies with ADHS to provide specialized support to the community and responders, including Critical Incident Stress Management (CISM).

10. Act as the primary point of communication for hospitals, healthcare facilities, and other healthcare providers.
11. Provide coordination of medical and healthcare information, medical resource allocation recommendations, and management of public health policy/regulatory issues.
12. Coordinate requests for additional needed resources relating to healthcare needs and healthcare responder personal protective equipment (PPE).
13. Make recommendations for implementing corrective actions to mitigate damages from future incidents.
14. Coordinate epidemiology response activities and information exchange with Tribal Partners.

Apache County Division of Emergency Management (ACDEM)

1. Activate the appropriate Apache County Emergency Management Plan (EMP), Annexes, and Appendices, depending on the type and scope of an incident.
2. Communicate situational reports and assessments to involved agencies, providing updates as they are available.
3. Coordinate activities with involved agencies.
4. Maintain Emergency Operations Center (EOC) activation as appropriate and maintain liaison with other jurisdictional EOCs, department operations centers (DOCs), Incident Command Posts (ICPs), or agencies as necessary.
5. Notify the Board of Supervisors (BOS) when a local jurisdiction declares a state of emergency.
6. Make recommendations to the BOS or their representative.
7. Support the acquisition and the movement of resources as needed.
8. Coordinate resource requests and information with the Arizona State Emergency Operations Center (SEOC), if activated, or with the AZ DEMA.
9. Support public information needs and activate the Joint Information Center (JIC) as appropriate.
10. Activate and coordinate deployment of any needed ancillary operations and/or facilities (e.g., alternate healthcare/behavioral health sites).
11. Activate mutual aid agreements for additional resources.

County and Local Law Enforcement:

1. Coordinate law enforcement activities with other law enforcement agencies and the ACDEM.
2. Provide a representative to the ACEOC as needed.
3. Provide situational status information to the ACEOC, if activated, or the ACDEM as needed.
4. Coordinate and support security needs during epidemiology response activities.
5. Manage public information through the Apache County Sheriff's Office (ACSO) PIO in coordination with the ACPHSD PIO.

Fire Departments/Emergency Medical Services (EMS)

1. Provide emergency medical services.
2. Provide transport to hospital facilities except when specialized transport is required per ADHS.
3. For those fire districts with Hazardous Materials (HazMat) Teams, provide hazardous materials support and recommendations to maintain healthcare systems service delivery.

County and Municipal Governments

1. Coordinate epidemiology related activities and information with ACPHSD (through ACEOC if activated).
2. Provide public works support as needed.
3. Provide law enforcement support.

Tribal Partners

1. Coordinate epidemiology response activities and information exchange with ACPHSD.
2. Coordinate emergency management activities and information exchange with ACDEM.

State Resources

Correctional Health and School Health Partners

1. Provide disease reporting information to ACPHSD.
2. Provide situational status to ACPHSD and ADHS as requested.
3. Request medical provision resources needed during an emergency or disasters that are beyond the capacity of affected facilities through ACPHSD.
4. Participate in planning efforts to mitigate the effects of future disaster/emergency incidents.
5. Coordinate healthcare service provision information with ACPHSD.
6. Coordinate licensing issues with ADHS.

Arizona Department of Health Services (ADHS)

Health Emergency Operations Center (HEOC)

1. Coordinate epidemiology and other public health activities with federal, state, and local agencies.
2. Support resource and personnel allocation requests with the SEOC, ACEOC, and ACPHSD as appropriate.
3. Provide epidemiologic data or other health-related information to ACPHSD and stakeholders for decision making and public information dissemination.
4. Ensure communication protocols and procedures are followed to guarantee clear and concise health-related messaging.
5. Assist locally-led epidemiology response efforts.
6. Coordinate epidemiology response support efforts with Centers for Disease Control and Prevention (CDC) and U.S. Department of Health and Human Services (HHS).
7. Coordinate and assist the SEOC in obtaining National Disaster Medical System (NDMS) assets, if needed.
8. Assist the counties, as requested, in supporting NDMS assets as appropriate.
9. Coordinate public health information with County Public Health agencies and PIOs.

Division of Behavioral Health Services (DHS)

The Division of Behavioral Health Services is transitioning to the Arizona Health Care Cost Containment System. As of July 1, 2016, the website for behavioral health information will be <http://www.azahcccs.gov>.

Bureau of Public Health Emergency Preparedness (PHEP)

1. Utilize the Health Alert Network (HAN) to disseminate information to county health officials, hospitals and healthcare facilities, physicians, laboratory directors, and other agencies as required.
2. Monitor public health and epidemiology response status.
3. Support and make public health and disease exposure, investigation, and control recommendations to the local public health department.
4. Support and make recommendations for environmental response actions and mitigation strategies as needed.
5. Make recommendations for implementing corrective actions to mitigate damages from future incidents.

Bureau of Epidemiology and Disease Control (EDC)

1. Monitor infectious diseases in the affected areas and make disease control recommendations if necessary.
2. Advise local public health and healthcare facilities on clinical specimen collection requirements and laboratory testing.
3. Consult with the CDC, as necessary, about disease control activities and recommendations.

Bureau of Emergency Medical Services (EMS) and Trauma System

1. Monitor the status of emergency medical services provision in the affected areas.
2. Provide assistance in recommendations to EMS agencies, as needed and possible.
3. Assist local public health in the coordination of patient transportation needs.

Arizona State Public Health Laboratory (ASPHL)

1. Monitor the status of available laboratory services in the affected area.
2. Provide collection media and analysis support as necessary to laboratories in the affected areas.
3. Provide recommendations on specimen collections and laboratory testing.

Public Health Licensing Services (PHLS)

1. Monitor the licensing status and available services of licensed healthcare facilities and long-term care agencies.
2. Provide licensing rule clarification and recommendations to ACPHSD, healthcare facilities, and long-term care agencies.
3. Support licensing requirements and reoccupation of affected facilities as needed.

Arizona Health Care Cost Containment System (AHCCCS)

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. The Division of Behavioral Health Services is transitioning to the Arizona Health Care Cost Containment System. As of July 1, 2016, the website for behavioral health information will be <http://www.azahcccs.gov>.

Arizona Department of Emergency and Military Affairs (AZ DEMA)

1. Activate emergency support functions within the SERRP as appropriate.
2. Maintain activation of the SEOC and AZ JIC as needed.
3. Coordinate requests for resources as processed by the counties, including any federal assets.
4. SEOC will advise the Governor about situational status and make recommendations as appropriate.
5. Manage and coordinate communications with response partners.
6. Coordinate Public Health and Health Care resource requests and information with ADHS.
 - o Communicate plans, requirements, and strategies to core capability service providers.
7. Acquire and manage resources, supplies, and services from core capability service providers via contracts, mission assignments, interagency agreements, and donations.

Federal Resources

United States Department of Homeland Security (DHS)

The United States (U.S.) Department of Homeland Security (DHS), through U.S. Customs and Border Protection (CBP), is engaged on a daily basis with its interagency partners to prepare for and respond to Ebola and other potential threats to public health. CBP has developed enhanced passenger screening for travelers entering the U.S. from or through an Ebola-affected country. These measures are in place at five U.S. airports where over 94% of travelers from the affected region enter the U.S.

United States Department of Health and Human Services (HHS)

Upon request, ADHS may request HHS recovery support for public health emergencies involving healthcare organizations. This support may include training, funding and grant opportunities, guidance, research, and reports.

Indian Health Service (IHS)

The Indian Health Service (IHS) is an operating division (OPDIV) within the U.S. Department of Health and Human Services (HHS). IHS is responsible for providing medical and public health services to members of federally recognized Tribes and Alaska Natives. IHS coordinates epidemiology related information with ACPHSD.

Centers for Disease Control and Prevention (CDC)

Upon request, ADHS may request CDC epidemiological support for public health emergencies. Support may include but is not limited to disease control and surveillance recommendations, behavioral health recommendations, support for medical countermeasures and equipment to protect public health, subject matter expertise, and environmental exposure and mitigation recommendations.

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DSMQ)

The Division of Global Migration and Quarantine (DSMQ) is one of 7 divisions within the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID). It focuses on immigrant, refugee and migrant

health, overseas field programs, quarantine and border health services, travelers' health, policy and regulatory affairs, community interventions for infection control (non-pharmaceutical interventions), and U.S. – Mexico Health.

Non-Governmental Resources

Regional Behavioral Health Authority (RBHA)

Arizona Health Care Cost Containment System (AHCCCS) contracts with the ADHS DBHS to bring behavioral health services to its acute (general medical) care members. AHCCCS oversees all Medicaid services in Arizona. The AHCCCS contract with ADHS DBHS identifies the standards for behavioral health services.

ADHS DBHS contracts with RBHAs to have a network of providers, clinics and other appropriate facilities and services to deliver behavioral health services to eligible members in their contracted geographic service area (GSA). Health Choice Integrated Care (HCIC) serves Apache, Coconino, Mohave, Navajo, and Yavapai Counties.

RBHAs are able to provide services to individuals and Critical Incident Stress Management (CISM) services to responders and their families.

Arizona Coalition for Healthcare Emergency Response (AZCHER), Northern Healthcare Coalition

The AZCHER Northern Healthcare Coalition facilitates collaboration among public health, healthcare, pre-hospital entities, and various community partners to prepare for, respond to, and recover from an emergency or disaster. The Northern Healthcare Coalition consists of four counties (Apache, Coconino, and Navajo, and Yavapai).

Hospitals, Healthcare Facilities, Long-Term Care Agencies, Community Health Centers (CHC)

1. Provide disease reporting information to ACPHSD.
2. Provide situational status to ACPHSD and ADHS as requested.
3. Request medical provision resources needed during an emergency or disasters that are beyond the capacity of affected facilities through ACPHSD.
4. Participate in planning efforts to mitigate the effects of future disaster/emergency incidents.
5. Coordinate healthcare service provision information with ACPHSD.
6. Coordinate licensing issues with ADHS.

Pharmacies

1. Collaborate with ACPHSD for information exchange and planning activities.
2. Report filled prescriptions of select drugs per ADHS reporting rules.

Command and Control

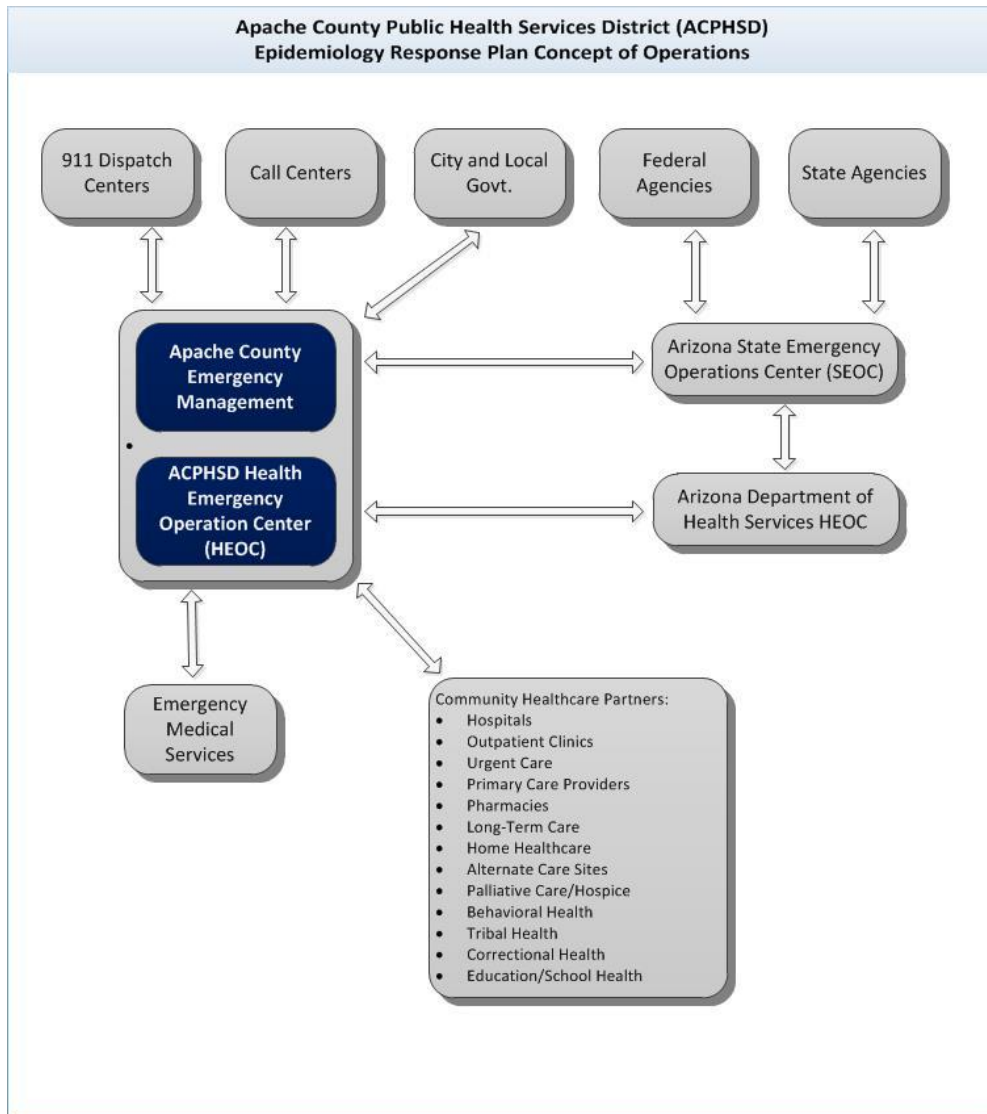
Effective coordination among public health and healthcare partners is a key factor in a successful epidemiological response to an infectious disease threat. ACPHSD is the Apache County coordinating agency for epidemiology response and Emergency Support Function (ESF) 8, Public Health and Medical Services. ACPHSD also provides public health support for other ESFs as appropriate.

Apache County utilizes the Incident Command System (ICS), in compliance with the National Incident Management System (NIMS), for operational management and coordination of epidemiology response. ACPHSD is responsible for activating and maintaining the ACPHSD HEOC. ACDEM is responsible for activating and maintaining the ACEOC as needed. The ACEOC may request that ACPHSD assign representatives to the ACEOC as needed.

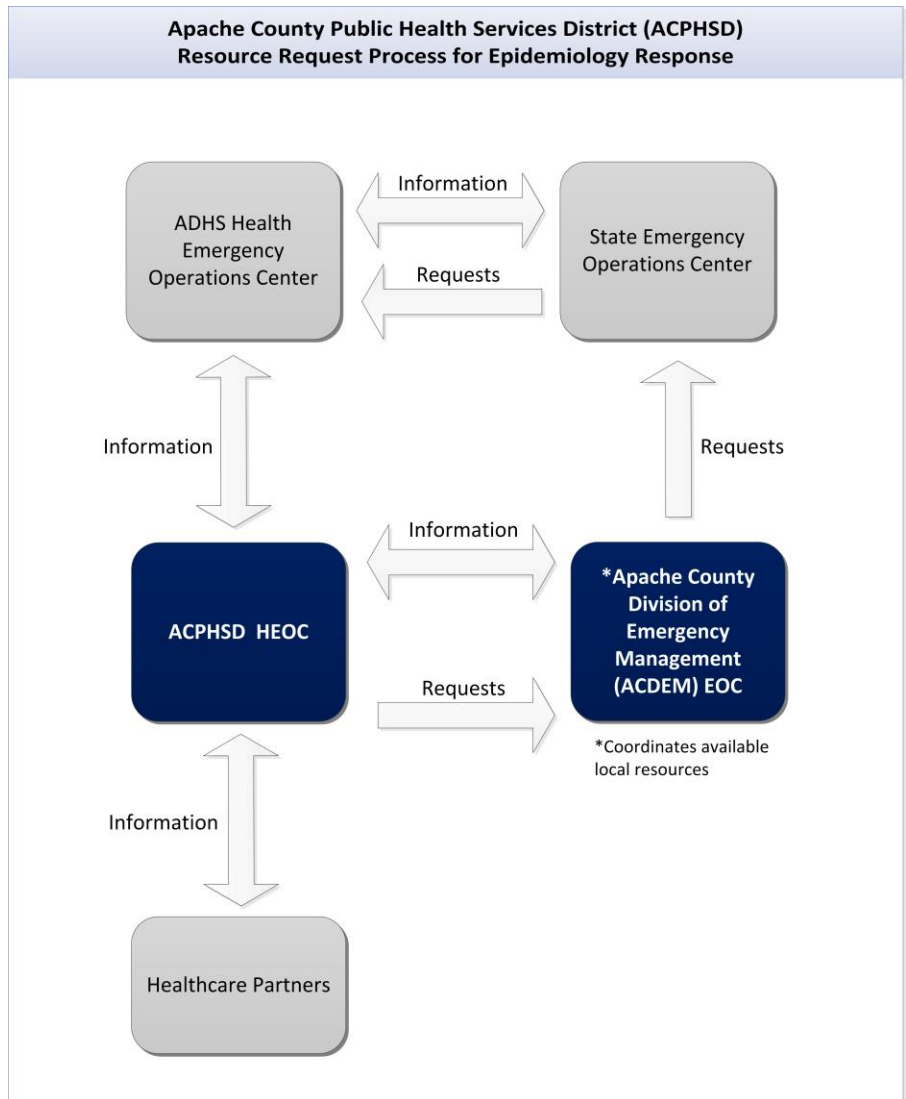
The ACEOC is responsible for coordination of resource requests and deployment. The ACEOC coordinates information with other non-health response partners, including the SEOC, jurisdictional law enforcement, volunteer organizations, and information exchange with tribal emergency management.

ACPHSD coordinates epidemiology and health related public information with ADHS, ACDEM, and healthcare partners, including the jurisdictional RBHA, tribal health agencies, IHS, hospitals and other healthcare partners, school health, and correctional health.

The diagram on the following page shows the ICS operational relationship between local, state, and federal agencies.



ACPHSD coordinates disease-specific information with ADHS and healthcare partners. Resource request details are coordinated with ADHS and channeled through the ACEOC to the SEOC. ADHS maintains a representative at the SEOC during emergencies with a public health component. ADHS will assist the SEOC and ACEOC in the identification and coordination of public health resources and information and will work with ACPHSD to provide specific details about resource requests. Healthcare facilities communicate directly with the ADHS HEOC about facility licensing issues. The following diagram shows the resource information exchange and request pathways for ACPHSD Epidemiology Response.



Plan Activation

Plan activation is based on multiple factors that are assessed by ACPHSD and approved by the ACPHSD Director or designee. Factors that may be considered include temporal distribution of disease, changes in historical trends, cyclical patterns, and intervals between exposure to causative factors and onset of disease. Other additional factors that may be assessed include scope, proximity, and scale of disease occurrence. For example, affected age groups, genders, or specific population groups may show divergence from usual disease patterns. Diseases may show atypical trends in geographic occurrence or affect very large numbers of people.

Upon plan activation approval, ACPHSD will notify Healthcare Partners of the activation status and begin response operations and additional plan activations as necessary. Activation of this plan may trigger ACDEM to activate the ACEOC and Emergency Support Function (ESF) 8.

The Apache County Epi-RP Activation Guidelines Table on the following page is intended as an activation guideline only. Actual activation levels may be increased or decreased based on disease-specific incidents and information.

Apache County Epidemiology Response Plan Activation Guidelines Table

Activation Level	Description	Criteria/Indicators	Plan Activation Status and Actions
4	Baseline infectious disease levels	<ul style="list-style-type: none"> • Routine passive surveillance activities; • Disease levels at or below baseline; • No emerging pathogens or bioterrorism agents suspected; • No alerts or warnings from ADHS. 	Plan not activated ACPHSD continues routine infectious disease surveillance and control activities.
3	Elevated infectious disease level in Apache County	<ul style="list-style-type: none"> • Increased number of reports and investigations for a specific disease; • Alerts and recommendations from ADHS. • Insufficient staffing to complete epidemiology activities. 	Plan possibly activated ADHS and healthcare partners notified. Active case finding activities initiated. Enhanced control measures initiated (e.g. vaccine clinics). Possible public information dissemination. Regional partners and ACDEM notified. COOP activation team on alert. ACPHSD HEOC team on standby.
2	Outbreak of infectious disease in Apache County and/or regional or statewide outbreak	<ul style="list-style-type: none"> • Need resources beyond local capabilities; • ADHS HEOC activation; • Statewide disease recommendations; • Alerts and recommendations from ADHS; • ADHS PIO information coordination. 	Plan activated ACPHSD HEOC activated. Possible virtual or physical activation of ACEOC. Possible assignment of ACPHSD representative to ACEOC (if activated). COOP activated. Alert/standby or activation of CDCT and DORT. Active surveillance initiated. Regular information exchange with ADHS and healthcare partners. Resources requested from regional partners. Public information coordination with ADHS PIO.
1	Pandemic or Bioterrorism incident	<ul style="list-style-type: none"> • Pandemic influenza; • Bioterrorism incident; • Limited, if any, outside support available due to widespread scenario; • Strategic National Stockpile or other medical countermeasure stockpile support; • Large burden on medical establishments due to increased number of ill and/or dying victims; lack of morgue space within jurisdiction; • Large regional, statewide, or national impact. 	Plan activated SEOC and AZ JIC activated. ACPHSD HEOC activated. ACEOC activated. ACPHSD CDCT assigned to ACEOC. CDCT and DORTs activated. Active surveillance maintained. Regular information exchange with ADHS and healthcare partners. Public information coordination with ADHS PIO and state JIC.

During Level 4, this plan is not activated. Routine disease surveillance and investigation activities are maintained. Disease levels are at or below baseline levels. There are no significant alerts or warnings from ADHS and no emerging pathogens or bioterrorism agents are suspected of contributing to infectious disease cases.

This plan may be activated at Level 3. At level 3, elevated disease levels have been detected. Activation may occur based on insufficient staffing resources to complete investigations. ACPHSD will notify County Administration, ADHS, regional partners, healthcare partners, and ACDEM. Active case finding and disease control activities are initiated. The Continuity of Operations Plan (COOP) Activation Team is alerted and the ACPHSD HEOC team is on standby.

An infectious disease outbreak locally, regionally, or statewide may result in Level 2 activation. Additional resources, including staffing support, are needed to support response activities. The ACPHSD HEOC will coordinate with the ADHS HEOC, if activated, or with ADHS. The ACEOC may be activated. The ACPHSD COOP is activated. The ACPHSD Crisis Disease Coordination Team (CDCT) and Disease Outbreak Response Team(s) (DORT) may be on alert/standby or be activated. Public information activities are coordinated with county, state, and healthcare partners.

A Level 1 activation of the Epi-RP indicates that a pandemic disease or bioterrorism incident is in progress. Local and state HEOCs and EOCs are activated. Resource support from outside Apache County may be delayed, limited, or unavailable. Information exchange, communications, and public information are closely coordinated at the local, state, and federal levels.

Plan Deactivation

ACPHSD will deactivate the Epi-RP or parts of the plan when the ACPHSD Director or designee determines that no further resource support is needed. Deactivation will be coordinated with deactivation of the ACEOC and/or the ACPHSD HEOC. Deactivation will comply with NIMS procedures.

Mutual Aid

The ACEOC is responsible for activation of local Mutual Aid Agreements and requesting activation of statewide and national Mutual Aid Agreements through the SEOC. The ACEOC will coordinate mutual aid resources within Apache County.

A listing of statewide and national Mutual Aid agreements follows:

1. Arizona is a member of the Emergency Management Assistance Compact (EMAC) along with all other U.S. states and the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. EMAC provides for mutual aid between states in managing governor declared emergencies or disasters. Arizona Revised Statutes (ARS) Title 26, Chapter 3, Articles I – XIII provide specific guidance on General Provisions, General Implementation, Party State Responsibilities, Limitations, Licenses and Permits, Liability, Supplementary Agreements, Compensation, Reimbursement, Evacuation, Implementation, Validity, and Additional Provisions.

2. The Arizona Mutual Aid Compact (AZMAC) is a formal agreement among Arizona jurisdictional emergency responders to lend assistance across jurisdictional boundaries. Signatories include all fifteen (15) Arizona counties and many tribes, cities, and other jurisdictions.
3. Arizona is a signatory to the Southwest Caucus Supplement to Interstate Civil Defense (ICD) and Disaster Compact (DC) of 1992. This provides for mutual aid between Arizona, California, Colorado, Nevada, New Mexico, and Utah. Nevada and Utah are not yet signatories.
4. Arizona was entered into the Interstate Civil Defense and Disaster Compact of 1953 by the Governor's Executive Order 76-2. This order made the Compact recognized by the state and clearly usable in a disaster or other interstate emergency of whatever cause or nature.

Continuity of Operations

ACPHSD maintains a Continuity of Operations Plan (COOP) which is activated during emergencies that are expected to disrupt essential public health functions. Any disruption in ACPHSD's staffing, worksites, and/or technology and communication systems may warrant activation of the COOP plan. COOP addresses the immediate prioritization of resources to support a disaster response while maintaining essential agency functions and business processes. The ACPHSD COOP may be activated or co-activated with any other emergency plan as needed upon the approval of the ACPHSD Director or designee. The COOP enables ACPHSD to:

- Identify steps for activation and deactivation of COOP.
- Identify essential functions and business processes.
- Operate with a significantly reduced workforce and with diminished resource availability.
- Specify succession to critical offices and delegations of authority.
- Deploy to and operate from identified alternate work sites should the primary facility become uninhabitable.
- Provide for the safekeeping of vital records and databases.
- Provide for interoperable communications.
- Provide for devolution of essential functions to a pre-identified organization in the event that an emergency or disaster renders ACPHSD leadership and staff unavailable or incapable of performing COOP functions at the primary or alternate work site.

ACPHSD maintains a designated COOP Advisory Team (CAT) that is activated by the ACPHSD Director or designee. The CAT analyzes situational impact on essential functions and develops staffing and resource recommendations consistent with incident response efforts, maintenance of essential public health functions, and reconstitution processes.

Epidemiology Response Operations

Per the CDC, epidemiology is the scientific, systematic, and data driven study of the frequency and pattern distribution, causes, and risk factors of health-related states (such as illness) and events in specified populations. Epidemiology looks at community health and applies epidemiological methods to control health problems such as disease occurrence.

In the U.S., disease data is collected by CDC's National Notifiable Disease Surveillance System (NNDSS). The national use of epidemiological methods was first authorized in 1878. Congress authorized the U.S. Marine Hospital Service (forerunner of the Public Health Service) to collect reports from U.S. consuls overseas about local occurrences of diseases such as cholera, smallpox, plague, and yellow fever. This information was used to institute quarantine measures to prevent introducing or spreading these diseases in the U.S. Currently, CDC works in partnership with local, state, and territorial health departments to collect and publish nationally notifiable health data. NNDSS staff and health departments also work closely with the Council of State and Territorial Epidemiologists (CSTE). CSTE, as the voice of the states, works in collaboration with CDC programs to determine changes to the list of nationally notifiable conditions. The CDC also maintains case definitions for notifiable diseases in order to standardize the disease cases that are reported.

Arizona Epidemiology Reporting Resources

States may also implement laws regulating disease reporting and control. Arizona Administrative Code (A.A.C.) Title 9. Health Services, Chapter 6. Department of Health Services Communicable Diseases and Infestations can be accessed at http://apps.azsos.gov/public_services/Title_09/9-06.pdf. It describes Communicable Disease reporting and control requirements for Arizona. Arizona reportable disease requirements include at a minimum the nationally notifiable diseases and additional rules as determined necessary. ADHS Epidemiology and Control maintains disease control information, case definitions, legal reporting requirements and other resources on their website at <http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php>.

Surveillance

Epidemiologic surveillance is ongoing systematic collection, analysis, and interpretation of health data. The data that is collected is organized and analyzed. Results are communicated to the public health and medical communities to help with disease prevention and control efforts. During non-outbreak times surveillance data provides information about baseline levels of diseases which serve as reference points in analyzing potential disease outbreaks. Data collected allow public health agencies to monitor, on a regional basis, what is going on with potential sources of infectious diseases or indicators of bio-terrorist acts. Surveillance activities nationally are divided into five categories; Hospital Discharge data, Hospitalization, Mortality, Laboratory, and State assessments. CDC recommends that surveillance enhancements be developed during early phases of disease monitoring so that baselines can be established for the normal onset of seasonal events.

The epidemiological surveillance and investigation capability in Apache County is based on a foundation of reporting requirements which have been standardized nationally, following guidance provided by the CDC and World Health Organization (WHO). Maintaining adherence to these reporting requirements will facilitate:

- Validation of surveillance data through report monitoring and communications with health care providers, facilities, medical examiner's office and institutions of congregation.
- Monitoring County baseline data and referencing back to report quarries.
- Diagnoses and validation of diseases through specimen collection and proper reporting.

Disease information routed through the five categories mentioned above to ACPHSD is used to interpret changes from usual levels based on seasonal expectations. Departures from normal disease trends and baseline data will trigger increased communications among ACPHSD, ADHS, ADEM, and other state and federal agencies to share information and consult about any disease event that may be occurring beyond normal levels. Should special

surveillance activities need to be implemented, ACPHSD will initiate direct contact with hospitals, physicians, laboratories, and other select healthcare partners. As indicated in the Apache County Emergency Management Plan (EMP), the five condition levels identified through the Apache County Condition Level (APCON) system will be utilized to manage a level of readiness throughout the county.

Alerts and notifications will be sent via the Communicator Notification System (CNS) to specific designees (Tier 1-3 Notifications, as appropriate) about changes in conditions. Communications is a critical component of the EMP and has a direct bearing on the success of an emergency response. Once information is gathered and shared, investigations into reported deviations from baseline disease levels will be initiated.

Disease surveillance provides a means for early detection of excessive or unexpected cases of disease, presence of a substance, or increased use of a service. To be most effective, surveillance activities require the assistance of private physician's offices, schools, care centers, industry settings, emergency medical services, pharmacies, hospitals and other community partners.

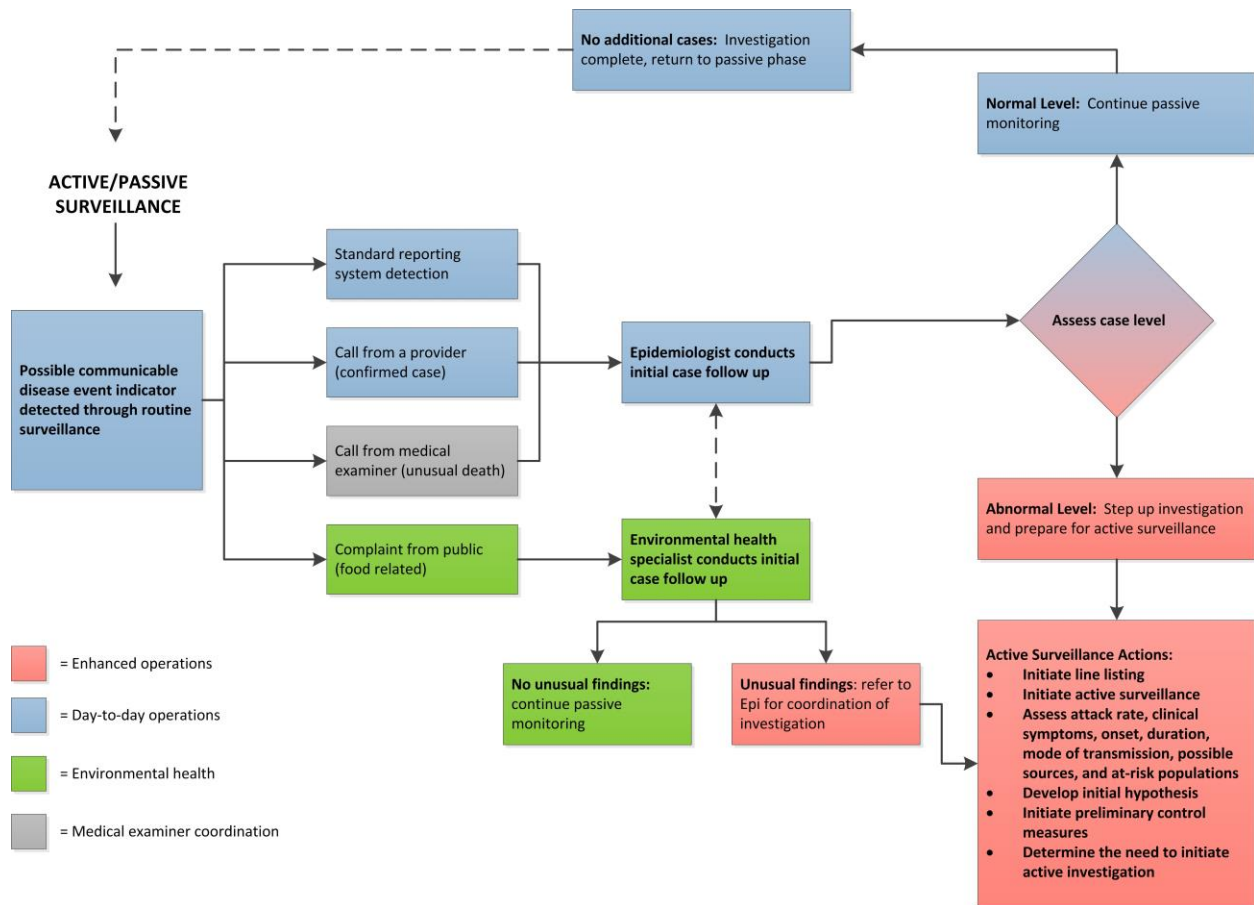
Passive

Surveillance systems are classified as either passive or active. Passive surveillance capability relies on health care providers and other legally mandatory disease reporters to report cases of disease or medication use. This system is efficient and requires few resources; however, there is a possibility of underreporting which may affect both detection of baseline disease levels and outbreaks. This system functions well if ACPHSD and healthcare providers have good communications and information sharing relationships. The critical point in passive surveillance is whether the level of disease reaches or goes above a predetermined target level. If the level reaches or surpasses the target level, surveillance may be increased to an Active level, as described in the next section below. Maintaining communications during routine business operations promotes closer coordination when normal surveillance actions need to be elevated due to an unusual level of disease activity.

Active

During active surveillance activities, the health department contacts healthcare providers, laboratories, and other healthcare partners requesting information about conditions or diseases to identify possible cases. This constitutes a higher level of alert status where ACPHD telephones or faxes individual providers to assess current situations. This level of inquiry will be implemented during any potential public health emergency or incident and is especially useful when it is important to identify all cases. The following Active and Passive Surveillance Flow Chart illustrates information pathways that may be utilized in determining the need for active or passive surveillance activities.

Active and Passive Surveillance Flow Chart



Arizona Disease Surveillance System

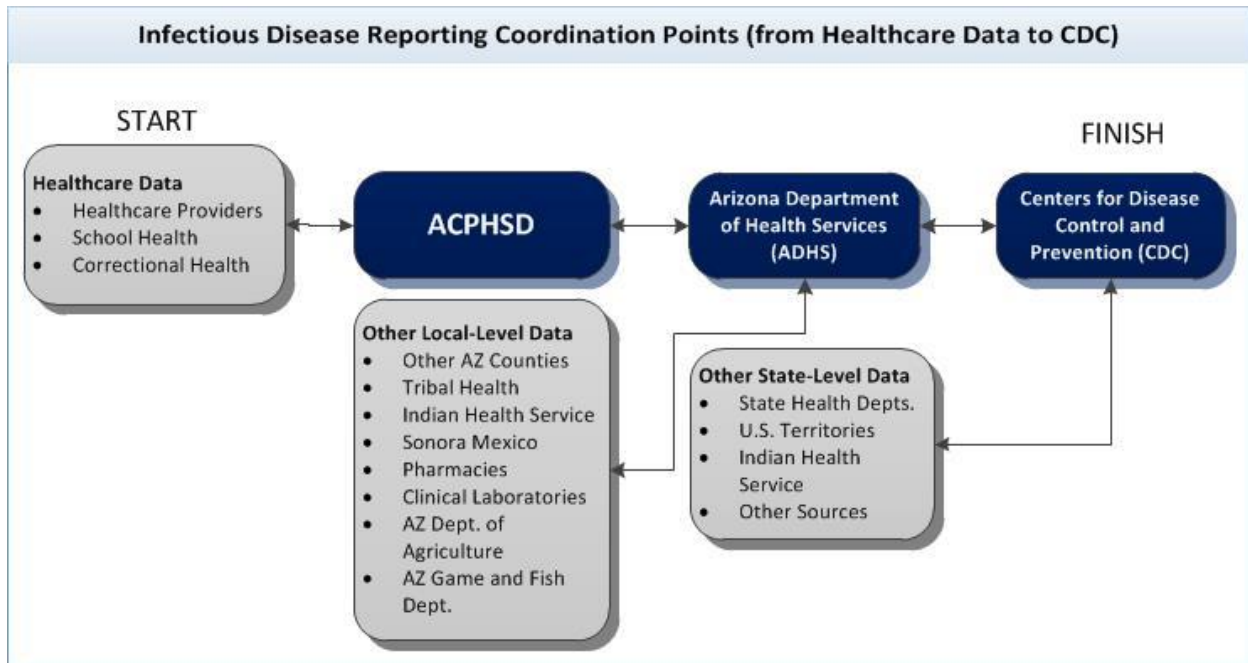
Communicable disease reporting is the cornerstone of public health surveillance and disease control. Prompt reporting gives the local health agency time to interrupt disease transmission, locate and prophylax or treat exposed contacts, identify and contain outbreaks, ensure effective treatment and follow-up of cases, and alert the health community. Disease surveillance in Arizona is coordinated and maintained through ADHS. The Arizona surveillance system is similar to the national system and reports data to the national system on a prescribed time frame. ACPHD follows Arizona Administrative Code Rule 9-6-206 (Local Health Agency Responsibilities Regarding Communicable Disease Reports) for reporting of reportable diseases, outbreaks, and unexplained deaths to ADHS.

Although communicable disease reporting is mandatory for healthcare provider and other specified partners, early detection of diseases and outbreaks in ACPHSD is often accomplished through the following:

- Phone calls from providers, providing information and asking for directions about protocols, shipping specimens, and community precautions.
- Electronic Laboratory Reports which are sent to the epidemiologist and the public health nurse in charge of STDs and TB.

- Reports sent from Sentinel sites (schools and medical providers).
- Phone calls from providers at the local hospitals regarding protocols, specimen testing (e.g. rabies), and community notifications.

Under Arizona Administrative Code (AAC) R9-6-202, 203, 204, and 205, a health care provider, an administrator of a health care facility or correctional facility, an administrator of a school, child care establishment, or shelter, or their authorized representatives shall submit a communicable disease report to the local health agency. The local health agency is usually the county health department or tribal health agency. Clinical laboratory directors or their representatives shall submit laboratory reports to the state health department. Pharmacists and administrators of pharmacies shall submit reports to the state health department. Violation of reporting rules is a class III misdemeanor and is subject to referral to the facility's licensing agency or provider's state licensing board. The following diagram identifies key surveillance coordination points in Arizona and for ACPHSD.



Arizona disease information and reporting requirements can be accessed at <http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-home>. Reporting requirements as of the date of this plan for health care providers, clinical laboratories, schools and childcare, and pharmacies, and local health departments is varies and are listed in Appendices C through G. Veterinary professionals also have disease reporting requirements and report potential zoonotic diseases in animals to ADHS, ADA, and AGFD as specified. Veterinary professional reporting requirements can be accessed at the website listed previously.

ACPHSD Data Security and Reporting

In Apache County, the designated epidemiologist stores data on the MEDSIS database as cases are investigated, as well as on hard copy files which are stored in a locked file cabinet. Sexually Transmitted Disease (STD) information is received by one of the clinical nurses (the STD, Human Immunodeficiency Virus (HIV), and TB Coordinator). Usually this information is submitted on Communicable Disease Reports (CDRs) from laboratories or providers. Notes are kept about contacts, and all this information is kept on hard copy files in a locked file cabinet. HIV data is also kept on the State Luther database, in addition to the hard copy files. ILI data is received from our providers, school and medical, a copy is faxed to ADHS and another copy is stored in locked files. This information is summarized to the state on the monthly Epi ESC calls. Usually at the beginning of flu season the ILI data, as well as school absenteeism information is sent to our providers and others mentioned previously on ACPHSD Weekly Disease Updates.

Information following Points of Dispensing (PODs) activities, practice ICS incidents, and real emergency ICS incidents is compiled in After Action Reports and sent to the state on SIREN, as well as filed in hard copy files by the Health District Manager, the PHEP Division Manager, and the PIO. The suggested improvement sections of these reports are broken down and assigned to staff members to work on. Mortality data is managed by ACPHSD Vital Records Department. Mortality data is usually received and stored on the Electronic Death Registry System (EDRS) electronically through ADHS as well as on hard copies locked in files in the Department of Vital Records.

Medical Electronic Disease Intelligence System

ACPHSD reports disease surveillance information to ADHS via the Medical Electronic Disease Intelligence System (MEDSIS). MEDSIS is a Health Insurance Portability and Accountability Act (HIPAA) compliant system and was developed in partnership with local health agencies to enhance disease surveillance and detection of potential outbreaks. Electronic Laboratory Reporting (ELR) from commercial, clinical, and hospital laboratories is available through daily transmission to MEDSIS and allows for an efficient method of disseminating laboratory test and result information to local health departments.

The design and functionality of MEDSIS meet the federal requirements of HSP's secure e-mail communications, secure data messaging and translation services, the Public Health Information Network (PHIN), the public health logical data model, and the National Electronic Disease Surveillance System (NEDSS). MEDSIS is integrated into the Health Services Portal (HSP) and can take advantage role-based public health directory, and failover capacities.

Case information from MEDSIS is reviewed by the ACPHSD epidemiologist daily to identify potential community disease threats and cases that might be linked to a common source, transmission, or exposure. The ACPHSD epidemiologist follows up with phone calls to local contacts in reservation areas in the northern part of the county, or calls to providers in clinics and hospitals, as well as contacts in schools and day care centers. If there are suspected commonalities and the cases are located on the reservation area, the epidemiologist will notify medical contacts on the reservation and determine if Indian Health Service (IHS) is investigating an outbreak. If IHS is handling the investigation, the county epidemiologist and ACPHSD will assume a hands-off approach unless IHS requests help. The epidemiologist will ensure that IHS is aware that ACPHSD will assist if needed.

When the epidemiologist receives notification of diseases which represent greater threats to the public from local providers, the epidemiologist notifies ADHS to provide status information, if needed, on a daily or more frequent

basis. The county epidemiologist coordinates with ADHS, as necessary, and enters case information into MEDSIS if it is not already posted.

The designated county epidemiologist also writes a Weekly Disease Update every which summarizes current disease status in the state as well as the county, comparing these trends to past levels. This information is sent out to 15 different entities, including key personnel in the health district as well as most of the local medical providers, health managers, emergency managers, clinical services staff, and the Medical Examiner. These reports are emailed, faxed, or phoned depending on the preference of the receiver and their current location.

Arizona Health Alert Network

The Arizona Health Alert Network (AZHAN) is part of the ADHS Office of Public Health Emergency Preparedness and Response. AZHAN was created to address the communications needs associated with both public health response and daily operational sharing of information for planning and disease surveillance. AZHAN serves as a communications network between State and local public health agencies, healthcare providers, hospitals, and emergency management organizations. AZHAN objectives have led to the development of projects to address response communications and information sharing, including the Secure Integrated Response Electronic Network (SIREN). SIREN is a secure web-based collaboration and alerting network supporting response and disease surveillance applications including MEDSIS.

When ACPHSD receives a Health Alert Network (HAN) notification it is sent over internet email and received by the Health Director, the Public Health Emergency Preparedness (PHEP) Manager, and the epidemiologist. The Health Director and the PHEP Manager forward the HAN to any personnel that have been identified as appropriate to receive the alert within the Health District or the community. The epidemiologist also forwards the most of the HAN notifications on a need to know basis to medical providers and clinicians in southern Apache County, as well as to the head epidemiologist on the Navajo Nation.

Additional Surveillance Activities

Additional surveillance activities that may be utilized to monitor disease levels and detect outbreaks include monitoring Ebola traveler monitoring, hospital discharge data, hospital surveillance, mortality surveillance, the Laboratory Response Network (LRN), syndromic surveillance, influenza-like illness (ILI) and respiratory syncytial virus (RSV) surveillance, and other surveillance methodologies. These surveillance activities are described below.

Ebola Traveler Monitoring

ADHS has been working with healthcare providers and public health agencies to provide Ebola training and information following the 2014-2015 Ebola outbreak in West Africa. ADHS has focused on preparing public health and healthcare partners in the event a traveler arrives in Arizona carrying Ebola virus. The five airports listed are the usual arrival airports for travelers from areas where Ebola usually occurs. They are:

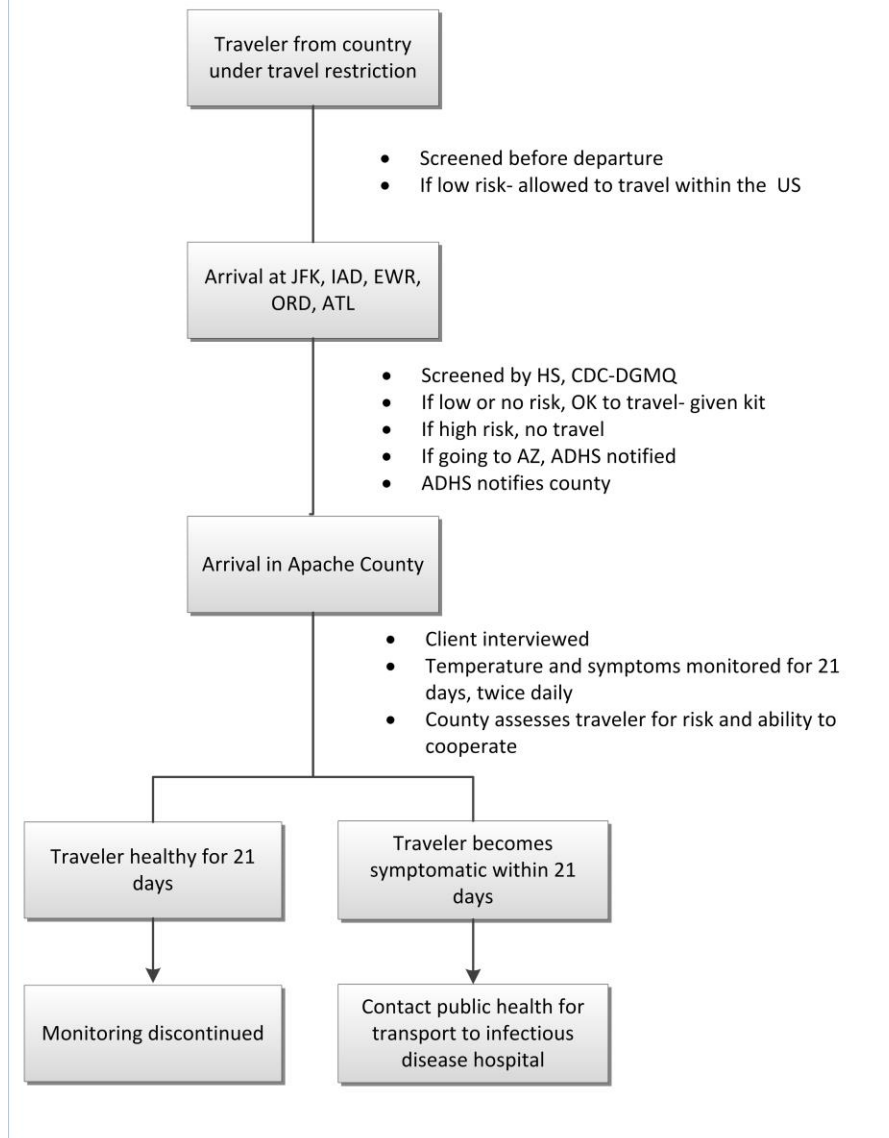
- JFK John F. Kennedy International Airport, New York, NY
- IAD Dulles International Airport, Dulles, VA
- EWR Newark Liberty International Airport, Newark, NJ
- ORD Chicago O'Hare International Airport, Chicago, IL

- ATL Hartsfield–Jackson Atlanta International Airport, Atlanta, GA

Travelers arriving from areas with travel restrictions are screened for risk level and symptoms at the outgoing airport. If determined to be low risk, travel to the U.S. is allowed. Travelers are screened again at arrival airports in the U.S. If they are determined to be at high risk, no further travel is allowed. If they are determined to be low risk, they are allowed to travel, given a kit (containing information, symptom logs, and other materials), and the receiving state public health department is notified. If traveling to Arizona, ADHS notifies the public health department in the destination county. The local health department interviews the travelers and conducts symptom (including twice daily temperatures) monitoring for twenty-one (21) days. If the traveler develops symptoms or elevated temperatures during the monitoring period, the local health department will consult with ADHS for guidance in coordinating the transport of the traveler to a designated infectious disease hospital. If the traveler remains asymptomatic during the monitoring period, the local public health department discontinues symptom monitoring. Ebola guidance for public health and healthcare facilities can be found at <http://azdhs.gov/preparedness/epidemiology-disease-control/ebola/index.php>. The diagram below illustrates Ebola monitoring for travelers from areas with travel restrictions; a key strategy for identifying people who may be at risk for Ebola virus disease.

Apache County Public Health Services District (ACPHSD) Ebola Monitoring for Travelers

(Relevant only when CDC travel restrictions are in place)



Hospital Discharge Data

Hospital discharge data may include monitoring reporting through MEDSIS for reports of chief complaint information or discharge summary data, however these electronic systems are not fully implemented by ADHS at this time, highlighting the need for local surveillance methodologies.

Hospital Surveillance

Currently no national or state system exists to report in a timely manner data on hospitalization. As a result, ACPHSD may need to:

- Conduct informal calls to hospitals and hospital laboratories throughout the county to assess the level of in-patient trends.
- Maintain relationships and establish local systems to share information among health care providers, hospitals and ACPHSD.

Mortality Surveillance

Mortality surveillance includes data analysis of death certificates to indicate surge percentages from what is seen as normal. This surveillance method requires that ACPHSD conduct the following activities:

- Ensuring a process is in place to receive data regarding disease related or unusual deaths that may indicate a potential outbreak or covert acts of terrorism.
- Maintaining informal contact with Apache County Department of Vital Records to analyze mortality data.
- Closely monitoring and receiving pediatric mortality data as an indicator of potential disease outbreaks.

Laboratory Response Network

The Laboratory Response Network (LRN) was established by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in accordance with Presidential Decision Directive 39, which outlined national anti-terrorism policies and assigned specific missions to federal departments and agencies. Founding partners include the Federal Bureau of Investigation (FBI) and the Association of Public Health Laboratories, the LRN. The LRN is charged with the task of maintaining an integrated network of state and local public health, federal, military, and international laboratories that can respond to bioterrorism, chemical terrorism and other public health emergencies. The LRN links public health laboratories, veterinary, agriculture, military, and water and food testing laboratories.

Examples of LRN activities include:

- Between October and December of 2001, LRN laboratories successfully and accurately tested more than 125,000 samples for anthrax, which amounted to more than 1 million separate bio-analytical tests.
- Validated test results of CDC developed H5N1 Avian Influenza test kits so they could be deployed to LRN laboratories nationwide.
- Daily analysis of BioWatch samples using Polymerase Chain Reaction (PCR) technology. BioWatch is an environmental surveillance effort initiated by the U.S. Department of Homeland Security.
- Developed PCR assays for identifying the coronavirus believed to be responsible for Severe Acute Respiratory Syndrome. The tests and reagents are available to LRN member laboratories.

Arizona State Public Health Laboratory

ADHS Bureau of State Laboratory Services (SLS) provides laboratory analyses to identify and investigate infectious and communicable diseases including newly emergent pathogens. ADHS SLS also partners with

local public health partners and ADHS Epidemiology and Disease Control in confirming diagnoses and supporting disease outbreak investigations. Information on ADHS SLS services may be found at <http://www.azdhs.gov/preparedness/state-laboratory/index.php>.

Syndromic Surveillance

Syndromic surveillance systems are electronic systems using health-related data to provide immediate analysis and feedback for public health agencies to detect and follow-up potential outbreaks. Though historically syndromic surveillance has been utilized to target investigation of potential cases, its utility for detecting outbreaks associated with bioterrorism is increasingly being explored by public health officials.

Influenza-Like Illness (ILI) and Respiratory Syncytial Virus (RSV) Surveillance

The Arizona Department of Health Services conducts influenza and respiratory syncytial virus surveillance in collaboration with local health departments and participating health care providers and laboratories. This data helps to identify the influenza infection and respiratory disease outbreak levels seasonally.

Other Surveillance Methodologies

Other surveillance methodologies may be utilized to help detect disease outbreaks or the presence of disease agents. Methods may include:

- Local public health departments may collect health provider-level disease information from informal sources at schools, long-term care facilities hospitals, clinics or other health care institutions.
- Local public health departments may monitor school absenteeism regularly.
- Local and state public health departments may collaborate with worksites that track absenteeism or have a health nurse on site, regularly visit with these industries to assess potential disease patterns.
- State public health may collaborate with hospital systems to track healthcare associated disease trends.
- Federal agencies may deploy specific detection systems, such as Biowatch, to detect the intentional release of disease agents into the environment with the purpose of causing morbidity and mortality. For example, BioWatch is the only federally-managed, locally-operated nationwide bio-surveillance system designed to detect the intentional release of select aerosolized biological agents. Deployed in more than 30 metropolitan areas throughout the country, the system is a collaborative effort of health personnel at all levels of government. A brief discussion of bioterrorism and/or emerging disease agents is included in the next section.

Bioterrorism/Emerging Disease Agents

Bioterrorism involves the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. While bioterrorism agents are typically found in nature, it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water, or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread

from person to person and some, like anthrax, cannot. Additional information about bioterrorism can be found on the CDC website at <http://emergency.cdc.gov/bioterrorism/overview.asp>.

Bioterrorism and/or emerging disease agents can be separated into three categories, depending on how easily they can be spread and the severity of illness or mortality they cause. Emerging infectious diseases can be defined as infectious diseases that have newly appeared in a population or have existed but are rapidly increasing in incidence or geographic range, or that are caused by one of the U.S. HHS, National Institutes of Health (NIH), National Institute of Allergy and Infectious Diseases (NIAID) Category A, B, or C priority pathogens. The NIAID Emerging Infectious Diseases/Pathogens category includes Biodefense Research and Additional Emerging Infectious Diseases/Pathogens.

NIAID's pathogen priority list is periodically reviewed and is subject to revision in conjunction with federal partners, including the U.S. Department of Homeland Security, which determines threat assessments, and the Centers for Disease Control and Prevention, which is responsible for responding to emerging pathogen threats in the United States.

Category A Pathogens

Category A pathogens are those organisms/biological agents that pose the highest risk to national security and public health because they:

- Can be easily disseminated or transmitted from person to person
- Result in high mortality rates and have the potential for major public health impact
- Might cause public panic and social disruption
- Require special action for public health preparedness

Category A Priority Pathogens

- *Bacillus anthracis* (anthrax)
- *Clostridium botulinum* toxin (botulism)
- *Yersinia pestis* (plague)
- Variola major (smallpox) and other related pox viruses
- *Francisella tularensis* (tularemia)
- Viral hemorrhagic fevers
 - Arenaviruses
 - Junin, Machupo, Guanarito, Chapare (new in fiscal year (FY) 14), Lassa, Lujo (new in FY 14)
 - Bunyaviruses
 - Hantaviruses causing Hanta Pulmonary syndrome, Rift Valley Fever, Crimean Congo Hemorrhagic Fever
 - Flaviruses
 - Dengue
 - Filoviruses
 - Ebola
 - Marburg

Category B Pathogens

Category B pathogens are the second highest priority organisms/biological agents. They:

- Are moderately easy to disseminate
- Result in moderate morbidity rates and low mortality rates
- Require specific enhancements for diagnostic capacity and enhanced disease surveillance

Category B Priority Pathogens

- *Burkholderia pseudomallei* (melioidosis)
- *Coxiella burnetii* (Q fever)
- *Brucella* species (brucellosis)
- *Burkholderia mallei* (glanders)
- *Chlamydia psittaci* (Psittacosis)
- Ricin toxin (*Ricinus communis*)
- Epsilon toxin (*Clostridium perfringens*)
- Staphylococcus enterotoxin B (SEB)
- Typhus fever (*Rickettsia prowazekii*)
- Food- and waterborne pathogens
 - Bacteria
 - Diarrheagenic *E.coli*
 - Pathogenic Vibrios
 - *Shigella* species
 - Salmonella
 - *Listeria monocytogenes*
 - *Campylobacter jejuni*
 - *Yersinia enterocolitica*
 - Viruses
 - Caliciviruses
 - Hepatitis A
 - Protozoa
 - *Cryptosporidium parvum*
 - *Cyclospora cayatanensis*
 - *Giardia lamblia*
 - *Entamoeba histolytica*
 - *Toxoplasma gondii*
 - *Naegleria fowleri* (new in FY 14)
 - *Balamuthia mandrillaris* (new in FY 14)
 - Fungi
 - Microsporidia
- Mosquito-borne encephalitis viruses
 - West Nile virus (WNV)
 - LaCrosse encephalitis (LACV)
 - California encephalitis
 - Venezuelan equine encephalitis (VEE)

- Eastern equine encephalitis (EEE)
- Western equine encephalitis (WEE)
- Japanese encephalitis virus (JE)
- St. Louis encephalitis virus (SLEV)

Category C Pathogens

Category C pathogens are the third highest priority and include emerging pathogens that could be engineered for mass dissemination in the future because of:

- Availability
- Ease of production and dissemination
- Potential for high morbidity and mortality rates and major health impact

Category C Priority Pathogens

- Nipah and Hendra viruses
- Additional hantaviruses
- Tickborne hemorrhagic fever viruses
 - Bunyaviruses
 - Severe Fever with Thrombocytopenia Syndrome virus (SFTSV), Heartland virus
 - Flaviruses
 - Omsk Hemorrhagic Fever virus, Alkhurma virus, Kyasanur Forest virus
- Tickborne encephalitis complex flaviviruses
 - Tickborne encephalitis viruses
 - European subtype
 - Far Eastern subtype
 - Siberian subtype
 - Powassan/Deer Tick virus
- Yellow fever virus
- Tuberculosis, including drug-resistant TB
- Influenza virus
- Other Rickettsias
- Rabies virus
- Prions
- Chikungunya virus
- *Coccidioides* spp.
- Severe acute respiratory syndrome associated coronavirus (SARS-CoV), MERS-CoV, and other highly pathogenic human coronaviruses (new in FY 14)
- Antimicrobial resistance, excluding research on sexually transmitted organisms, unless the resistance is newly emerging*
 - Research on mechanisms of antimicrobial resistance
 - Studies of the emergence and/or spread of antimicrobial resistance genes within pathogen populations
 - Studies of the emergence and/or spread of antimicrobial-resistant pathogens in human populations

- Research on therapeutic approaches that target resistance mechanisms
- Modification of existing antimicrobials to overcome emergent resistance
- Antimicrobial research, as related to engineered threats and naturally occurring drug-resistant pathogens, focused on development of broad-spectrum antimicrobials
- *NIAID Category C Antimicrobial Resistance—Excluded Sexually Transmitted Organisms
 - Bacterial vaginosis, *Chlamydia trachomatis*, cytomegalovirus, *Granuloma inguinale*, *Hemophilus ducreyi*, hepatitis B virus, hepatitis C virus, herpes simplex virus, human immunodeficiency virus, human papillomavirus, *Treponema pallidum*, *Trichomonas vaginalis*

Investigations

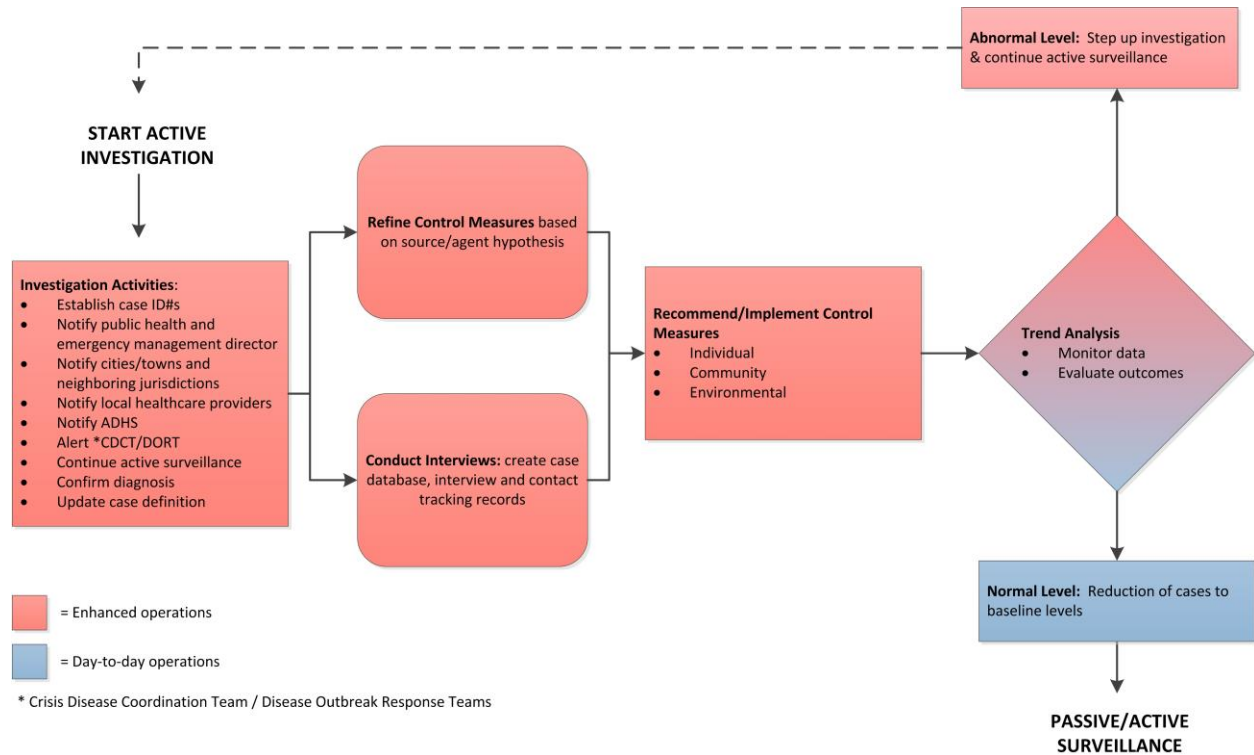
Investigations are part of the public health response to reports of unusual disease (both deliberate disease agent release and naturally occurring diseases) or unusual deaths in the county. The goals of disease investigations are to:

- Decrease the number of disease cases by improving outbreak response and disease prevention.
- Decrease the impact of outbreaks by providing rapid case/suspect case investigations.
- Implement timely disease control measures.
- Continue active investigation and active surveillance activities until disease occurrence returns to baseline levels.
- Provide accurate and timely public information.
- Maintain HIPAA compliance.

Although epidemiologic investigations may have unique aspects based on the character of specific disease outbreaks, common steps include:

- Preparing for field work.
- Establishing the existence of the outbreak.
- Contacting and coordinating with key personnel.
- Verifying diagnoses.
- Defining cases and conducting case finding.
- Orienting the data by time, place, and person.
- Implementing control and prevention measures, such as vaccinations, medications, and non-pharmaceutical interventions.
- Developing possible hypotheses.
- Planning and conducting an epidemiologic study to test the hypotheses.
- Analyzing the data collected and interpreting results.
- Reporting the findings of the outbreak investigation.

The following diagram shows the general process flow for active investigations.



In an identified outbreak or other occurrence of unusual disease levels ACPHSD will notify and update the ACPHSD Director, Clinical Manager, and PHEP Division Manager. The Director, Clinical Manager, and PHEP Division Manager will consult with ADHS and designate an acting Epidemiologist or determine if an Epidemiologist or epidemiology team from ADHS needs to be requested. ADHS will assist the county in supporting investigation activities.

Arizona A.A.C. R9-6-206F requires that outbreaks be reported by local health departments to ADHS within one working day after a local health department receives a report. ACPHSD will need to report to ADHS the location/setting of the outbreak, number of ill cases and susceptible cases, dates reported, infectious disease etiology suspected, and contact information. If needed, the ACPHSD Director or designee will activate the Crisis Disease Coordination Team (CDCT). The CDCT will determine the activation and composition of Disease Outbreak Response Teams (DORT) to respond and evaluate reported cases, determine the cause of the outbreak and determine which disease control measures may be necessary to limit disease spread in closed settings or in the community. Additional information will be collected from the Indian Health Service (IHS) for possible outbreaks on tribal lands. The ACPHSD COOP may be activated during outbreak investigation activities.

Crisis Disease Coordination Team (CDCT)

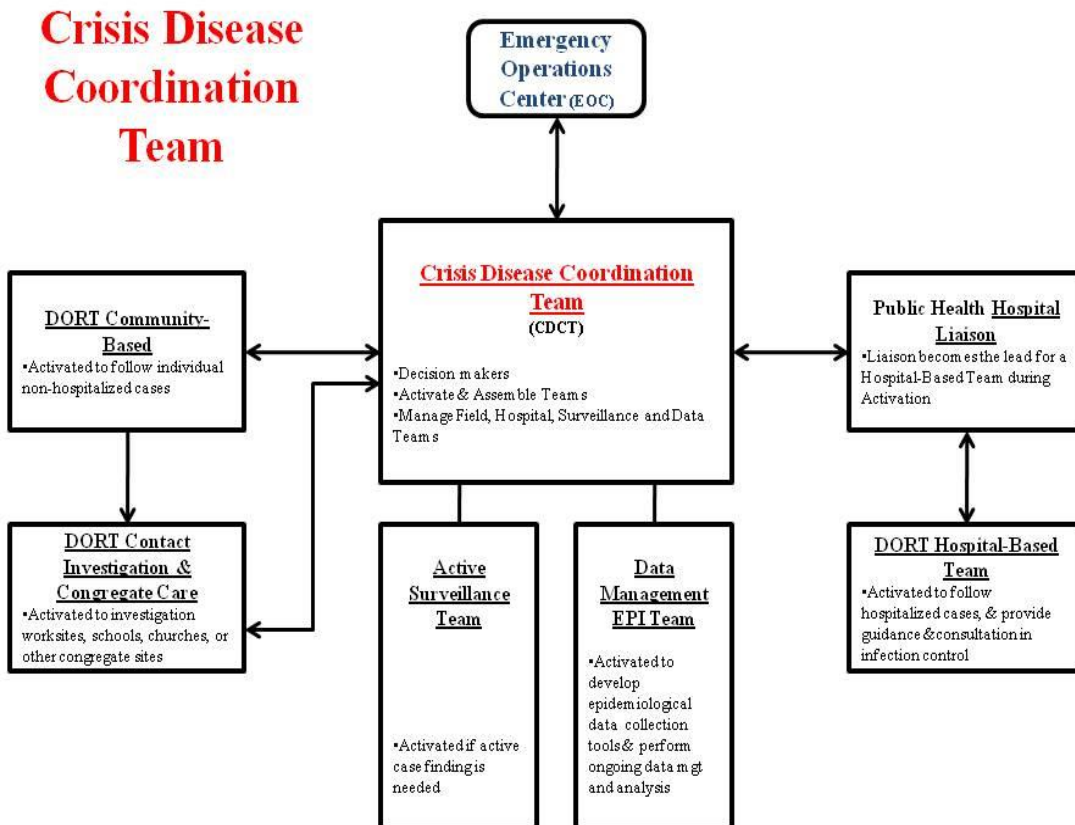
The Crisis Disease Coordination Team (CDCT) will be activated to liaise with the ACEOC and provide incident management oversight and guidance. The CDCT has the following roles and responsibilities:

- Liaises with ACPHSD Director or designee, ACPHSD Health Emergency Operations Center (HEOC), ACDEM and ACEOC, ADHS Epidemiology and Disease Control and HEOC, and county partners.
- Provides incident management oversight.
- Activates and assembles Disease Outbreak Teams (DORT).
- Has delegated authority to make decisions to affect field operations of the Disease Outbreak Response Teams (DORT).
- Interfaces with the Active Surveillance and Epidemiology/Data Management Teams
- Prioritizes investigations.
- Prepares daily reports.

The CDCT staffing will be composed of the following:

- Assistant Health Officer or Delegate to serve as Incident Commander
- Public Health Epidemiologist
- ADHS State Laboratory Services (SLS) on-call consultant
- Public Health Nurse
- Added ICS positions as needed and available

The following diagram illustrates the CDCT interface with the DORT, the Active Surveillance Team, the Epidemiology/Data Management Team, and the EOC.



Depending on the size of an outbreak and the intensity of an outbreak, various teams may need to be activated by the CDCT. The following table shows examples of team staffing scenarios and their activation status based on the size of an outbreak and how many people are affected:

Staffing and Activation Status for Outbreak Scenarios				
Team	Scenario			
	Small (<10 persons)	Medium (10-30 persons)	Large (30-100 persons) • Person-to-Person Transmission • Hospitalized Cases	Extreme (>100 persons) • Person-to-Person Transmission • Hospitalized Cases
CDCT Locate @ the EOC	Alert	Standby	Activate	Activate
Active Surveillance	Alert 1 RN or 1 PHN	Standby 1+RN or 1 PHN	Activate 2+RN or 2+PHN	Activate 2-4 PHN
Data Management/Epi	Alert/Standby 1 Epi	Activate 1 Epi	Activate 1 Epi, 1-2 Data	Activate 2+Epi, 3+Data
Community DORT	Alert	Standby	Activate	Activate
Congregate Care DORT	Alert 1 CDI	Alert/Standby 1-2 CDI	Activate 2 CDI	Activate 2+ CDI
Hospital DORT	Alert/Standby 1 Team (max 1PHN/RN + CDI)	Activate 1 Team (1-2 PHN/RN +CDI)	Activate 1 Team per hospital (1-2 PHN/RN +CDI) assume SARS like scenario	Activate 1 Team per hospital (2 PHN/RN +CDI) assume SARS like scenario

Disease Outbreak Response Teams (DORT)

The CDCT determines whether DORTs should be activated and how they are staffed. Depending on the characteristics of an outbreak, an activated DORT may be composed of various health professionals and may be:

- Community-Based
- Contact Investigation and Congregate Care-Based (e.g. churches or schools)
- Healthcare Facility-Based
- IHS-based, i.e. IHS will be the lead agency for the DORT

DORT responsibilities include:

- Recommending disease control measures to the CDCT, including recommendations for isolation and quarantine or facility or school closures.
- Identifying at-risk populations (e.g. young, elder, immunocompromised).
- Conducting suspect/case investigations and follow-up.
- Providing health education to cases.
- Identifying and removing disease sources if the outbreak is a common-source outbreak.
- Providing and collecting sample kits as appropriate.

Follow-up on affected individuals is usually done by an epidemiologist, epidemiologist and sanitarian team, and/or by Public Health Nurse (PHN), by phone or in person visits. The table on the following page shows examples of potential staffing requirements, tasks, and skills for various types of DORTs based on whether the outbreak is community-wide, focused on congregate care settings, occurring in healthcare facility settings, or combinations of all three:

Potential DORT Staffing Requirements, Tasks, and Skills Needed

Team	Staffing	Tasks	Skills Needed
<p align="center">Community-Based DORT</p>	<p>RN/PHN's; Environmental Health Specialist; Epidemiologist, Communicable Disease Investigator (CDI)</p>	<ul style="list-style-type: none"> • Case assessment, contact tracing, contact investigation, specimen collection for non-hospitalized cases • Refer patients for treatment • Implement isolation/quarantine orders • Ensure appropriate housing is available to implement isolation and quarantine • Observe and monitor cases • Provide continual updates and reports to EOC 	<ul style="list-style-type: none"> • Case Management • Phlebotomy and specimen collection • Interview skills • Ability to communicate with physicians • Knowledge of disease processes and infection controls • Ability to give injections • Ability to wear Personal Protection Equipment (PPE), fit tested • Ability to drive a private or county vehicle
<p align="center">Congregate Care DORT</p>	<p>Communicable Disease Investigator (CDI)</p>	<ul style="list-style-type: none"> • Contact investigator • Congregate care investigation of schools, worksites, churches, or other group sites • Review symptoms with contacts • Provide information/patient education of the disease • Refer the patient for medical care 	<ul style="list-style-type: none"> • Basic knowledge of disease process and infection control • Symptom review • Patient education • Able to refer for medical care and prophylaxis
<p align="center">Health Care Facility DORT</p>	<p>RN; PHN's</p>	<ul style="list-style-type: none"> • Case assessment, contact tracing, contact investigation of hospitalized cases • In conjunction with the hospital's Infection Control Staff, provide education on isolation, quarantine and other disease control measures within the facility • Conduct continual data collection on cases • Provide continual updates and reports to the EOC • Discharge monitoring and possibly discharge approval 	<ul style="list-style-type: none"> • Patient medical chart review and abstraction • Interviewing Skills • Coordination with hospital infection control staff • Knowledge of infection control in health care facilities • Act as to Public Health Department liaison to the hospital • Facilitate follow-up of patients and health care workers when they are discharged to their homes by referring cases back to EOC for assignment to a community-based team

Upon activation of a DORT, situational information and considerations must be coordinated between the ACPHSD Director and Director of Emergency Management to determine recommendations for Apache County Condition (APCON) level adjustments. APCON levels will directly affect ACEOC activation status.

If activated, the ACEOC will request CDCT subject matter experts (SMEs) to oversee public health coordination, provide operational direction for the incident as the Incident Management Team, and provide direction to the DORTs. The CDCT SMEs can be a field based team or located at the EOC to provide coordination between the EOC and various branch DORTs.

The ACPHSD designated epidemiologist (state, regional, or local), DORT, or combination of public health officers/medical providers involved in outbreak response will continually monitor the therapeutic outcome(s) of an outbreak to see if the treatments and disease control strategies (e.g. school closures, quarantines, social distancing, mosquito abatement) implemented by ACPHSD are efficacious. This may be determined by various measures including a community wide decline in the numbers of new disease cases reported, a decline in new cases in critical areas like hospitals and clinics over a specified time period, a decline in school or work absenteeism, or additional measures as appropriate to the specific disease agent.

For example, during the 2009 H1N1 Flu Pandemic the epidemiologist monitored the weekly ILI data, as well as reported cases of laboratory reported flu from private laboratories, rapid test results from providers, and ADHS SLS confirmed PCR results; and reported these data to the PHEP Manager, and the Health District Manager. Apache County and Maricopa County were the first counties to see an early spike in flu numbers and these early cases were used as trigger levels to increase education of the public through PSAs, flyers, and school and school district visits to inform the schools and parents better about what was going on, what they could do to help prevent the spread, as well as the importance of up to date vaccinations, keeping hands/surfaces clean, and social distancing. This was then followed up by vaccination clinics at the schools and Public Health Offices. Close and continuous weekly data monitoring by the epidemiologist/state eventually showed evidence of a reduction in the number of new cases as well as a high percent of patient recovery which was then used as the trigger to effect a reduction in the local health department's efforts to educate, vaccinate, and encourage social distancing.

Outbreak Categories and Resources

ADHS Office of Infectious Disease Services (OIDS) provides support for local health departments in outbreak investigations by coordinating clinical and environmental specimen testing at the Arizona State Public Health Laboratory and managing statewide outbreak related data. ADHS also works closely with CDC, the Arizona Department of Agriculture, the Food and Drug Administration (FDA) and the US Department of Agriculture (USDA) for support and collaboration on multistate investigations. Most infectious disease outbreaks can be classified into categories based on some common characteristics. ADHS categorizes outbreaks into five basic categories:

- Foodborne and Waterborne
- Vectorborne or Zoonotic
- Respiratory or Influenza-Like Illness
- Vaccine Preventable Diseases
- Healthcare-Associated Infection Outbreaks

Information on disease outbreaks, including the *Foodborne and Waterborne Outbreak Investigation Resource Manual* and the *Influenza-Like Illness or Respiratory disease Outbreak Investigation Guidelines* can be accessed at <http://www.azdhs.gov/phs/oids/epi/outbreak-investigation-management.htm>. This website also provides information on outbreak reporting and specimen collection information for local health agencies and Arizona State

Public Health Laboratory resources and forms. Disease specific information can be accessed at <http://www.azdhs.gov/phs/oids/epi/outbreak-investigation-management.htm>

Public Information Coordination

ACPHSD will proactively address the need for timely and accurate public information provision to:

- Aid in case finding by increasing public awareness.
- Facilitate case reporting by increasing medical care provider awareness.
- Initiate and maintain community awareness of the situational status of a disease outbreak or concern.
- Address and dispel rumors and false reports regarding disease threats.
- Facilitate the implementation of individual, community, and environmental disease control measures.

The ACPHSD Risk Communication Plan addresses the processes to coordinate and disseminate messages and informational materials to the public, health care professionals, policy makers, media, and others about specific infectious disease agents, vaccinations (if applicable), medications, and non-pharmaceutical interventions.

Plan Maintenance

This plan will be reviewed annually and updated at least every five years by revision or change. The date of the plan will be determined by the most recent signature date on the planning document. ACPHSD will coordinate annual reviews, revisions, and changes with involved agencies.

A plan change involves making specific changes to a limited number of pages to update the document. A plan revision is a complete rewriting of the existing plan, resulting in a new document. Revisions are advisable when numerous pages of the plan are updated, major portions of the plan are deleted, or substantial text needs to be added.

Changes or revisions will be made to the plan when it is no longer current. Changes in the plan may be needed when:

1. Hazard consequences or risk areas change.
2. The concept of operations changes.
3. Departments, agencies, or groups which perform emergency functions are reorganized or can no longer perform emergency tasks laid out in this plan.
4. Warning and communications systems are upgraded.
5. Additional emergency resources are obtained through acquisition or agreement, the disposition of existing resources changes, or anticipated emergency resources are no longer available.
6. A training exercise or an actual emergency reveals significant deficiencies in the existing plan.
7. When state planning standards are revised.

This plan will be tested during exercises or real responses to identify problem areas and evaluate changes that will be made as the plan is revised.

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Appendix A: Acronyms

A.A.C.	Arizona Administrative Code
ACDEM	Apache County Division of Emergency Management
ACEMP	Apache County Emergency Management Plan
ACEOC	Apache County Emergency Operations Center
ACPHSD	Apache County Public Health Services District
ACSO	Apache County Sheriff's Office
ADHS	Arizona Department of Health Services
AHCCCS	Arizona Health Care Cost Containment System
APCON	Apache County Condition Level
A.R.S.	Arizona Revised Statutes
ASPHL	Arizona State Public Health Laboratory
AZ	Arizona
AzCHER	Arizona Coalition for Healthcare Emergency Response
AZ DEMA	Arizona Department of Emergency and Military Affairs
AZHAN	Arizona Health Alert Network
AZMAC	Arizona Mutual Aid Compact
BOS	Board of Supervisors
BP	Budget Period
CAT	Coop Advisory Team
CBP	Customs and Border Protection
CD	Civil Defense
CDC	Centers for Disease Control and Prevention
CDCT	Crisis Disease Coordination Team
CDR	Communicable Disease Report
CISM	Critical Incident Stress Management
CNS	Communicator Notification System
CSTE	Council of State and Territorial Epidemiologists
DC	Disaster Compact
DHS	Department of Homeland Security
DOC	Department Operations Center
DORT	Disease Outbreak Response Team
EDC	Epidemiology and Disease Control
EDRS	Electronic Death Registry System
ELR	Electronic Lab Reporting
EM	Emergency Management
EMAC	Emergency Management Assistance Compact
EMP	Emergency Management Plan
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
Epi-RP	Epidemiology Response Plan
ERP	Emergency Response Plan
ESC	Epidemiology Surveillance and Capacity
ESF	Emergency Support Function
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
GSA	Geographic Service Area
HAN	Health Alert Network
HazMat	Hazardous Materials
HCIC	Health Choice Integrated Care
HEOC	Health Emergency Operations Center

HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HSP	Health Services Portal
ICP	Incident Command Post
ICS	Incident Command System
IHS	Indian Health Service
ILI	Influenza-Like Illness
IMT	Incident Management Team
JIC	Joint Information Center
LHD	Local Health Department
MEDSIS	Medical Electronic Disease Surveillance Intelligence System
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NDMS	National Disaster Medical System
NEDSS	National Electronic disease Surveillance System
NGO	Non-Governmental Organization
NIAID	National Institute of Allergy and Infectious Diseases
NIH	National Institutes of Health
NIMS	National Incident Management System
NNDSS	National Notifiable Diseases Surveillance System
NPI	Non-Pharmaceutical Interventions
ODS	Office of Infectious Disease Services
PHEP	Public Health Emergency Preparedness
PHIN	Public Health Alert Network
PHLS	Public Health Licensing Services
PHN	Public Health Nurse
PHS	Public Health Services
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
RBHA	Regional Behavioral Health Authority
RSV	Respiratory Syncytial Virus
SEOC	State Emergency Operations Center
SERRP	State Emergency Response and Recovery Plan
SIREN	Secure Integrated Response Electronic Network
SME	Subject Matter Expert
SOP	Standard Operating Procedures
STD	Sexually Transmitted Disease
TB	Tuberculosis
U.S.	United States
USDA	United States Department of Agriculture
WHO	World Health Organization

Appendix B: A.R.S. Title 36 Public Health and Safety

Title 36. Public Health and Safety

36-136. Powers and duties of director; compensation of personnel

A. The director shall:

1. Be the executive officer of the department of health services and the state registrar of vital statistics but shall not receive compensation for services as registrar.
2. Perform all duties necessary to carry out the functions and responsibilities of the department.
3. Prescribe the organization of the department. The director shall appoint or remove personnel as necessary for the efficient work of the department and shall prescribe the duties of all personnel. The director may abolish any office or position in the department that the director believes is unnecessary.
4. Administer and enforce the laws relating to health and sanitation and the rules of the department.
5. Provide for the examination of any premises if the director has reasonable cause to believe that on the premises there exists a violation of any health law or rule of the state.
6. Exercise general supervision over all matters relating to sanitation and health throughout the state. When in the opinion of the director it is necessary or advisable, a sanitary survey of the whole or of any part of the state shall be made. The director may enter, examine and survey any source and means of water supply, sewage disposal plant, sewerage system, prison, public or private place of detention, asylum, hospital, school, public building, private institution, factory, workshop, tenement, public washroom, public restroom, public toilet and toilet facility, public eating room and restaurant, dairy, milk plant or food manufacturing or processing plant, and any premises in which the director has reason to believe there exists a violation of any health law or rule of the state that the director has the duty to administer.
7. Prepare sanitary and public health rules.
8. Perform other duties prescribed by law.

B. If the director has reasonable cause to believe that there exists a violation of any health law or rule of the state, the director may inspect any person or property in transportation through the state, and any car, boat, train, trailer, airplane or other vehicle in which that person or property is transported, and may enforce detention or disinfection as reasonably necessary for the public health if there exists a violation of any health law or rule.

C. The director may deputize, in writing, any qualified officer or employee in the department to do or perform on the director's behalf any act the director is by law empowered to do or charged with the responsibility of doing.

D. The director may delegate to a local health department, county environmental department or public health services district any functions, powers or duties that the director believes can be competently, efficiently and

properly performed by the local health department, county environmental department or public health services district if:

1. The director or superintendent of the local health agency, environmental agency or public health services district is willing to accept the delegation and agrees to perform or exercise the functions, powers and duties conferred in accordance with the standards of performance established by the director.

2. Monies appropriated or otherwise made available to the department for distribution to or division among counties or public health services districts for local health work may be allocated or reallocated in a manner designed to assure the accomplishment of recognized local public health activities and delegated functions, powers and duties in accordance with applicable standards of performance. Whenever in the director's opinion there is cause, the director may terminate all or a part of any delegation and may reallocate all or a part of any funds that may have been conditioned on the further performance of the functions, powers or duties conferred.

E. The compensation of all personnel shall be as determined pursuant to section 38-611.

F. The director may make and amend rules necessary for the proper administration and enforcement of the laws relating to the public health.

G. Notwithstanding subsection H, paragraph 1 of this section, the director may define and prescribe emergency measures for detecting, reporting, preventing and controlling communicable or infectious diseases or conditions if the director has reasonable cause to believe that a serious threat to public health and welfare exists. Emergency measures are effective for no longer than eighteen months.

H. The director, by rule, shall:

1. Define and prescribe reasonably necessary measures for detecting, reporting, preventing and controlling communicable and preventable diseases. The rules shall declare certain diseases reportable. The rules shall prescribe measures, including isolation or quarantine, reasonably required to prevent the occurrence of, or to seek early detection and alleviation of, disability, insofar as possible, from communicable or preventable diseases. The rules shall include reasonably necessary measures to control animal diseases transmittable to humans.

2. Define and prescribe reasonably necessary measures, in addition to those prescribed by law, regarding the preparation, embalming, cremation, interment, disinterment and transportation of dead human bodies and the conduct of funerals, relating to and restricted to communicable diseases and regarding the removal, transportation, cremation, interment or disinterment of any dead human body.

3. Define and prescribe reasonably necessary procedures not inconsistent with law in regard to the use and accessibility of vital records, delayed birth registration and the completion, change and amendment of vital records.

4. Except as relating to the beneficial use of wildlife meat by public institutions and charitable organizations pursuant to title 17, prescribe reasonably necessary measures to assure that all food or drink, including meat and meat products and milk and milk products sold at the retail level, provided for human consumption is free from unwholesome, poisonous or other foreign substances and filth, insects or disease-causing organisms. The rules shall prescribe reasonably necessary measures governing the production, processing, labeling, storing, handling,

serving and transportation of these products. The rules shall prescribe minimum standards for the sanitary facilities and conditions that shall be maintained in any warehouse, restaurant or other premises, except a meat packing plant, slaughterhouse, wholesale meat processing plant, dairy product manufacturing plant or trade product manufacturing plant. The rules shall prescribe minimum standards for any truck or other vehicle in which food or drink is produced, processed, stored, handled, served or transported. The rules shall provide for the inspection and licensing of premises and vehicles so used, and for abatement as public nuisances of any premises or vehicles that do not comply with the rules and minimum standards. The rules shall provide an exemption relating to food or drink that is:

(a) Served at a noncommercial social event that takes place at a workplace, such as a potluck.

(b) Prepared at a cooking school that is conducted in an owner-occupied home.

(c) Not potentially hazardous and prepared in a kitchen of a private home for occasional sale or distribution for noncommercial purposes.

(d) Prepared or served at an employee-conducted function that lasts less than four hours and is not regularly scheduled, such as an employee recognition, an employee fund-raising or an employee social event.

(e) Offered at a child care facility and limited to commercially prepackaged food that is not potentially hazardous and whole fruits and vegetables that are washed and cut on site for immediate consumption.

(f) Offered at locations that sell only commercially prepackaged food or drink that is not potentially hazardous.

(g) Baked and confectionary goods that are not potentially hazardous and that are prepared in a kitchen of a private home for commercial purposes if packaged with a label that clearly states the address of the maker, includes contact information for the maker, lists all the ingredients in the product and discloses that the product was prepared in a home. The label must be given to the final consumer of the product. If the product was made in a facility for individuals with developmental disabilities, the label must also disclose that fact. The person preparing the food or supervising the food preparation must obtain a food handler's card or certificate if one is issued by the local county and must register with an online registry established by the department pursuant to paragraph 13 of this subsection. For the purposes of this subdivision, "potentially hazardous" means baked and confectionary goods that meet the requirements of the food code published by the United States food and drug administration, as modified and incorporated by reference by the department by rule.

5. Prescribe reasonably necessary measures to assure that all meat and meat products for human consumption handled at the retail level are delivered in a manner and from sources approved by the Arizona department of agriculture and are free from unwholesome, poisonous or other foreign substances and filth, insects or disease-causing organisms. The rules shall prescribe standards for sanitary facilities to be used in identity, storage, handling and sale of all meat and meat products sold at the retail level.

6. Prescribe reasonably necessary measures regarding production, processing, labeling, handling, serving and transportation of bottled water to assure that all bottled drinking water distributed for human consumption is free from unwholesome, poisonous, deleterious or other foreign substances and filth or disease-causing organisms. The rules shall prescribe minimum standards for the sanitary facilities and conditions that shall be maintained at any source of water, bottling plant and truck or vehicle in which bottled water is produced, processed, stored or

transported and shall provide for inspection and certification of bottled drinking water sources, plants, processes and transportation and for abatement as a public nuisance of any water supply, label, premises, equipment, process or vehicle that does not comply with the minimum standards. The rules shall prescribe minimum standards for bacteriological, physical and chemical quality for bottled water and for the submission of samples at intervals prescribed in the standards.

7. Define and prescribe reasonably necessary measures governing ice production, handling, storing and distribution to assure that all ice sold or distributed for human consumption or for the preservation or storage of food for human consumption is free from unwholesome, poisonous, deleterious or other foreign substances and filth or disease-causing organisms. The rules shall prescribe minimum standards for the sanitary facilities and conditions and the quality of ice that shall be maintained at any ice plant, storage and truck or vehicle in which ice is produced, stored, handled or transported and shall provide for inspection and licensing of the premises and vehicles, and for abatement as public nuisances of ice, premises, equipment, processes or vehicles that do not comply with the minimum standards.

8. Define and prescribe reasonably necessary measures concerning sewage and excreta disposal, garbage and trash collection, storage and disposal, and water supply for recreational and summer camps, campgrounds, motels, tourist courts, trailer coach parks and hotels. The rules shall prescribe minimum standards for preparation of food in community kitchens, adequacy of excreta disposal, garbage and trash collection, storage and disposal and water supply for recreational and summer camps, campgrounds, motels, tourist courts, trailer coach parks and hotels and shall provide for inspection of these premises and for abatement as public nuisances of any premises or facilities that do not comply with the rules.

9. Define and prescribe reasonably necessary measures concerning the sewage and excreta disposal, garbage and trash collection, storage and disposal, water supply and food preparation of all public schools. The rules shall prescribe minimum standards for sanitary conditions that shall be maintained in any public school and shall provide for inspection of these premises and facilities and for abatement as public nuisances of any premises that do not comply with the minimum standards.

10. Prescribe reasonably necessary measures to prevent pollution of water used in public or semipublic swimming pools and bathing places and to prevent deleterious health conditions at these places. The rules shall prescribe minimum standards for sanitary conditions that shall be maintained at any public or semipublic swimming pool or bathing place and shall provide for inspection of these premises and for abatement as public nuisances of any premises and facilities that do not comply with the minimum standards. The rules shall be developed in cooperation with the director of the department of environmental quality and shall be consistent with the rules adopted by the director of the department of environmental quality pursuant to section 49-104, subsection B, paragraph 12.

11. Prescribe reasonably necessary measures to keep confidential information relating to diagnostic findings and treatment of patients, as well as information relating to contacts, suspects and associates of communicable disease patients. In no event shall confidential information be made available for political or commercial purposes.

12. Prescribe reasonably necessary measures regarding human immunodeficiency virus testing as a means to control the transmission of that virus, including the designation of anonymous test sites as dictated by current epidemiologic and scientific evidence.

13. Establish an online registry of food preparers that are authorized to prepare food for commercial purposes pursuant to paragraph 4 of this subsection.

I. The rules adopted under the authority conferred by this section shall be observed throughout the state and shall be enforced by each local board of health or public health services district, but this section does not limit the right of any local board of health or county board of supervisors to adopt ordinances and rules as authorized by law within its jurisdiction, provided that the ordinances and rules do not conflict with state law and are equal to or more restrictive than the rules of the director.

J. The powers and duties prescribed by this section do not apply in instances in which regulatory powers and duties relating to public health are vested by the legislature in any other state board, commission, agency or instrumentality, except that with regard to the regulation of meat and meat products, the department of health services and the Arizona department of agriculture within the area delegated to each shall adopt rules that are not in conflict.

K. The director, in establishing fees authorized by this section, shall comply with title 41, chapter 6. The department shall not set a fee at more than the department's cost of providing the service for which the fee is charged. State agencies are exempt from all fees imposed pursuant to this section.

L. After consultation with the state superintendent of public instruction, the director shall prescribe the criteria the department shall use in deciding whether or not to notify a local school district that a pupil in the district has tested positive for the human immunodeficiency virus antibody. The director shall prescribe the procedure by which the department shall notify a school district if, pursuant to these criteria, the department determines that notification is warranted in a particular situation. This procedure shall include a requirement that before notification the department shall determine to its satisfaction that the district has an appropriate policy relating to nondiscrimination of the infected pupil and confidentiality of test results and that proper educational counseling has been or will be provided to staff and pupils.

M. Until the department adopts exemptions by rule as required by subsection H, paragraph 4, subdivision (f) of this section, food and drink is exempt from the rules prescribed in subsection H of this section if offered at locations that sell only commercially prepackaged food or drink that is not potentially hazardous, without a limitation on its display area.

36-272. Biomedical research commission; members; terms; appointment; compensation; meetings

A. The biomedical research commission is established in the department consisting of the following members who are appointed by the governor pursuant to section 38-211:

1. Three members representing the medical community who are experienced in disease related research, no more than one of whom may be employed by or otherwise associated with any state agency, state university or political subdivision of this state.

2. Three members representing the scientific research community, no more than two of whom may be employed by or otherwise associated with any state agency, state university or political subdivision of this state.

3. Three members representing the general public.

B. The commission shall advise the department regarding ways to advance research in this state relating to:

1. The causes, epidemiology and diagnosis of diseases.
2. The formulation of cures for diseases.
3. The development of medically accepted treatment and prevention of diseases, including the discovery and development of new drugs.

C. Notwithstanding any other provision of law, the terms of members are three years beginning on May 1.

D. Commission members are eligible to receive compensation in the amount of two hundred dollars per day for every day of actual service in the business of the commission and are eligible for reimbursement of expenses necessarily and properly incurred in attending commission meetings.

E. The commission shall meet at least quarterly at the call of the chairperson. The commission shall also meet at the call of either three commission members or two commission members and the commission's executive director. The commission shall elect a chairperson and co-chairperson from among its membership annually at its first quarterly meeting.

36-726. Petition for court ordered examination, monitoring, treatment, isolation or quarantine

A. The tuberculosis control officer, the local health officer or a designated legal representative may petition the superior court for court ordered examination, monitoring, treatment, isolation or quarantine of an afflicted person who presents a substantial danger to another person or to the community and who has failed to comply with a voluntary treatment plan or a written order to cooperate. The petition may be brought in the county where the afflicted person resides or is physically located. The petition shall be in the form and manner approved by the director.

B. The petition shall include:

1. The afflicted person's name, address, date of birth and physical location or last known address. The petitioner may refer to the afflicted person by a pseudonym if specifically requested by the afflicted person.
2. A statement containing the grounds and underlying facts demonstrating that the person is an afflicted person.
3. A statement that the afflicted person has failed to comply with a voluntary treatment plan or an order to cooperate or has a history of noncompliance with an appropriate prescribed course of medication or other interventions.
4. A statement containing the grounds and underlying facts demonstrating that the afflicted person presents a substantial danger to another person or to the community.
5. The least restrictive alternatives to court ordered examination, monitoring, treatment, isolation or quarantine that are appropriate or available.

6. A statement identifying the afflicted person as a minor or an incapacitated person, if applicable, and any facts that could assist the court to determine if the provisions of section 36-730 apply.

C. If the petitioner determines that the afflicted person's health is likely to deteriorate before a court hearing can begin, the petition shall include a statement containing the afflicted person's current clinical condition and a request for an immediate order from the court authorizing the administration of medically necessary treatment to preserve the afflicted person's medical condition before a hearing on the petition.

D. The petitioner shall inform the court when the afflicted person's medical condition may require the court to adjust the conditions and circumstances to accommodate the afflicted person's condition pursuant to section 36-725.

E. The petition shall be accompanied by the affidavit or affidavits of the person who conducted the investigation and by the affidavit or affidavits of the petitioner or intervenors. The affidavits shall detail the evidence that indicates that the person is an afflicted person and evidence that indicates that the afflicted person is a substantial danger to another person or to the community. The petition shall include a summary of the facts that support the allegations of the petition.

F. The petition shall request the court to issue an immediate order authorizing the compulsory detention and continued detention of the afflicted person in a designated facility for supervised monitoring, treatment, isolation or quarantine pending a detention hearing on the petition for public health protection. This detention hearing shall be conducted within fifteen days after a petition for public health protection is filed in the superior court.

G. Before the superior court has an opportunity to rule on the petition's merits, the court may order the immediate or continued detention of the afflicted person in an institution approved by the department, the tuberculosis control officer or the local health officer if the court determines that there is reasonable cause to believe that the afflicted person is likely to be a substantial danger to another person or to the community.

H. If the court orders that the afflicted person be immediately detained, the court shall issue orders necessary to provide for the apprehension, transportation and detention of the afflicted person pending the outcome of the detention hearing and shall provide notice of detention to the afflicted person's physician, or, if the afflicted person is a minor or an incapacitated person, the afflicted person's parent or guardian, or if none, the next of kin. The court shall appoint an attorney for the afflicted person if one has not been appointed.

I. If after reviewing the petition and supporting documents and other evidence the court determines that the petition and supporting documentation and evidence submitted to the court do not support a finding that the person is an afflicted person or is a substantial danger to another person or the community, the court shall issue a written order to release the person as soon as reasonably possible.

J. If after a petition has been filed and before the hearing the petitioner or the medical director of the receiving institution, with the advice and consent of the tuberculosis control officer or local health officer, determines that the person is not an afflicted person, the petitioner shall withdraw the petition and the petitioner or the medical director of the receiving institution shall discharge the person as soon as reasonably possible.

K. If after a petition has been filed and before the hearing the petitioner or the medical director of the receiving facility, with the advice and consent of the tuberculosis control officer or the local health officer, determines that

the afflicted person will voluntarily comply with the orders of the tuberculosis control officer or the local health officer, the petitioner may request the court to hold the petition in abeyance pending satisfactory compliance by the afflicted person with the terms of the voluntary treatment plan. The court shall not hold the petition in abeyance for longer than six months. Prior to the end of six months, the petitioner may request the court to continue holding the petition in abeyance for a period of time specified by the court.

L. A detention hearing shall be held within fifteen days after the petition is filed with the clerk of the superior court unless:

1. The court determines for good cause shown that a continuance of the detention hearing is necessary in the interests of public health. For the purposes of this paragraph, "good cause" includes the unavailability of necessary witnesses or that additional time is necessary to receive and interpret laboratory test results.

2. The afflicted person or, if a minor or incapacitated person, the afflicted person's parent or guardian, on consultation with an attorney, determines that it would be in the afflicted person's best interest to request a continuance.

M. A continuance granted to any party by the court pursuant to subsection L of this section shall not exceed thirty days unless the parties agree to an additional continuance.

N. The purpose of a detention hearing is to determine if the afflicted person has tuberculosis. The burden of proof is on the petitioner to prove by clear and convincing evidence that detention is necessary because the person is an afflicted person and is a substantial danger to another person or to the community.

O. At any time before the hearing the department may intervene as a party to any proceedings pursuant to this section by filing a written notice of intervention with the clerk of the superior court in the county in which the petition is filed. The intervenor may cross-examine any witnesses presented by the other parties, subpoena and present witnesses of its own, including physicians and infectious disease experts, and present evidence. On stipulation with all parties or on order of the court, the intervenor may have physicians conduct physical examinations of the afflicted person and offer testimony as to whether the person has active tuberculosis or is a substantial danger to another person or to the community and offer testimony as to the least restrictive examination, treatment, monitoring, isolation or quarantine alternatives available to the court.

P. Within five days after the filing of a petition for public health protection, the petitioner shall serve on the afflicted person or, if a minor or incapacitated person, the afflicted person's parent or guardian a copy of the petition and affidavits in support of it and the notice of the hearing. The notice shall inform the afflicted person of the purpose of the hearing and the right to an attorney. If the afflicted person has not employed an attorney, the court shall appoint an attorney at least seven days before the hearing. The notice shall fix the date, time and place for the hearing. The notice requirements of this section cannot be waived.

Q. At least five days before the court conducts the hearing on the petition or within a reasonable time after the appointment of a court appointed attorney, copies of the petition, affidavits in support of it, the notice of the hearing, the investigation reports, the afflicted person's medical records and copies of other exhibits shall be made available by the petitioner to the afflicted person or, if a minor or incapacitated person, the afflicted person's parent or guardian or that person's attorney for examination and reproduction.

R. A person has the right to have an evaluation performed by an independent physician. This evaluation shall include a physical examination and laboratory analysis. If the afflicted person is unable to afford an examination the court shall appoint an independent evaluator acceptable to the afflicted person from a list of licensed physicians who are willing to accept court appointed evaluations. The afflicted person may require the independent physician who performed the evaluation to appear as a witness at a hearing conducted pursuant to this section.

36-782. Enhanced surveillance advisory

A. The governor, in consultation with the director, may issue an enhanced surveillance advisory if the governor has reasonable cause to believe that an illness, health condition or clinical syndrome caused by bioterrorism, epidemic or pandemic disease or a highly fatal and highly infectious agent or biological toxin has or may occur or that there is a public event that could reasonably be the object of a bioterrorism event. The illness or health condition may not include acquired immune deficiency syndrome or any other infection caused by the human immunodeficiency virus.

B. As determined by the governor after considering the least restrictive measures necessary that are consistent with public health and safety, the enhanced surveillance advisory shall direct the following in accordance with this article:

1. Those persons and entities required to report.
2. The clinical syndromes, any illness or health condition that may be associated with bioterrorism or a specific illness or health condition to be reported.
3. Patient tracking.
4. Information sharing.
5. Specimen testing coordination.

C. The director shall notify local health authorities before the governor issues an enhanced surveillance advisory. The department and local health authorities shall provide the enhanced surveillance advisory to those persons and entities required by the advisory to report pursuant to this article by using any available means of communication. This article does not alter the department's or a local health authority's ability to monitor community health status or implement control measures for the early detection of communicable and preventable diseases otherwise allowed by law.

D. Before the governor issues an enhanced surveillance advisory, the department and local health authorities must meet with representatives of persons or institutions who will be affected by the enhanced surveillance advisory pursuant to section 36-783, subsections A, B and C. If, because of an immediate threat to the public health, the department and local health authorities are not able to hold this meeting before the governor issues the advisory, the meeting must take place within seventy-two hours after the governor issues the advisory.

E. To the extent possible, the department and local health authorities shall share department and local health authority personnel, equipment, materials, supplies and other resources to assist persons and institutions affected to implement the terms of the advisory.

F. At the governor's direction, the department may use reasonable efforts to assist the persons and institutions to receive reimbursement of costs incurred because of the implementation of the advisory.

G. An enhanced surveillance advisory may be revised or terminated at any time by the director and automatically terminates after sixty days, unless renewed by the governor.

36-783. Increased reporting during enhanced surveillance advisory

- A. A health care provider or medical examiner shall report to the local health authority all cases of any illness, health condition or clinical syndrome specified in the enhanced surveillance advisory. The report shall provide additional information designated in the enhanced surveillance advisory.
- B. The state veterinarian, a veterinarian, a veterinarian laboratory professional or a wildlife professional shall report any case of animal illness or death due to the disease or other health condition designated in the enhanced surveillance advisory to the department or local health authority. The report shall include the species and number of affected animals and the name and address of the reporting veterinarian, veterinarian laboratory professional or wildlife professional.
- C. A pharmacist who identifies any unusual increase in prescriptions for antibiotics or any unusual increase in prescriptions or sales of over-the-counter pharmaceuticals to treat the illness, health condition or clinical syndrome identified in the enhanced surveillance advisory shall report this information to the local health authority. The report shall include the type of pharmaceutical and the name and address of the pharmaceutical provider.
- D. The reports must be in writing or by any method directed by the department or local public health authority and must be submitted within twenty-four hours after identifying the reportable circumstance. All persons required to report under this section must cooperate with the department and local health authority in effecting the enhanced surveillance advisory. Failure to report pursuant to this section is an act of unprofessional conduct.
- E. The department and local public health authority shall maintain as confidential:
1. Any information or a particular part of information provided under this section that, if made public, would divulge the trade secrets of a person or business.
 2. Other information likely to cause substantial harm to the person's or business' competitive position.
- F. The local health authority shall immediately notify the department of any reports received during the period of an enhanced surveillance advisory.

36-784. Patient tracking during enhanced surveillance advisory

- A. During an enhanced surveillance advisory, to identify, diagnose, treat and track persons who may have been exposed to an illness, health condition or clinical syndrome identified in an enhanced surveillance advisory, the department and local health authority may access confidential patient information, including medical records, wherever and by whomever held and whether or not patient identity is known.
- B. The department or local health authority shall counsel and interview any person as necessary to assist it in the positive identification of exposed persons and to develop information relating to the source and spread of the illness or health condition. This information must include the names and addresses of any persons from whom the illness or health condition may have been contracted and to whom the illness or health condition may have spread.
- C. Any medical information or other information from which a person might be identified that is received by the department or local health authority in the course of an enhanced surveillance advisory is confidential and is not available to the public.

36-785. Information sharing during an enhanced surveillance advisory

- A. During an enhanced surveillance advisory, when a public safety authority learns of a suspicious disease event, or it learns of a threatened bioterrorism act at any time, it shall immediately notify the department or the local health authority, and the agency that receives this information must immediately notify the other agency.
- B. When the department or the local health authority identifies a reportable illness or health condition, unusual disease cluster or suspicious disease event that it reasonably believes may be caused by bioterrorism, the department or local health authority must immediately notify at any time the appropriate public safety authority and, if appropriate, tribal health authorities.

C. Sharing of information on reportable illnesses, health conditions, unusual disease clusters or suspicious disease events between public safety and local health authorities is limited to the information necessary to effect the enhanced surveillance advisory and does not include the release of medical records to public safety authorities. Information from which a person might be identified that is received by the department, local health authority or public safety authority in the course of an enhanced surveillance advisory is confidential and not available to the public.

36-786. Laboratory testing during an enhanced surveillance advisory

A. The state laboratory shall coordinate specimen testing relating to enhanced surveillance advisory. If necessary and at state expense, the department may designate other laboratories to assist it in testing specimens.

B. The department shall determine the criteria necessary for private or public laboratories to conduct clinical or environmental testing associated with bioterrorism or any illness or health condition subject to the enhanced surveillance advisory.

C. During an enhanced surveillance advisory, a public safety authority, if requested by the department or local health authority, shall coordinate and provide transportation of clinical or environmental samples to the state laboratory or other testing laboratory designated by the department.

Appendix C: Arizona Reporting Requirements for Healthcare Providers

The following table summarizes the reporting requirements for healthcare providers, healthcare institutions, and correctional facilities. The table provides information required for standard reporting throughout Arizona including:

- A comprehensive list of diseases to monitor.
- Reporting Time frames to address the potential threats.
- Accepted reporting media to meet the needs of the various local, state, and national emergency management agencies.
- Address the sources of disease diagnoses, or detection of suspected cases for diseases of interest.

Arizona Administrative Code* Requires Providers To:
Report Communicable Diseases
 to the Local Health Department

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

<http://www.azdhs.gov/phs/oids/reporting/providers.htm>

*A.A.C. R9-6-202
 Effective 04/01/2008

Appendix D: Arizona Laboratory Reporting Requirements

The following table summarizes the reporting requirements of clinical laboratories in Arizona.

Reports should be sent to:
 Arizona Department of Health Services
 Infectious Disease Epidemiology
 150 North 18th Avenue, Suite 140
 Phoenix, AZ 85007
 602-364-3676 or 602-364-3199 (fax)

ARIZONA LABORATORY REPORTING REQUIREMENTS

Isolates should be sent to:
 Arizona State Laboratory
 250 North 17th Avenue
 Phoenix, AZ 85007

②	Arboviruses	②*	<i>Haemophilus influenzae</i> , other, isolated from a normally sterile site	☒	<i>Plasmodium</i> spp.
☒*	<i>Bacillus anthracis</i>	☒	Hantavirus	☒	Respiratory syncytial virus
☒*	<i>Bordetella pertussis</i>	☒ ¹	Hepatitis A virus (anti-HAV-IgM serologies)	☒+	Rubella virus and anti-rubella-IgM serologies
②*	<i>Brucella</i> spp.	☒ ¹	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, or detection of viral nucleic acid)	②*	<i>Salmonella</i> spp.
②*	<i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	☒ ¹	Hepatitis C virus	☒	SARS-associated corona virus
☒	<i>Campylobacter</i> spp.	☒ ¹	Hepatitis D virus	②*	<i>Shigella</i> spp.
☒	CD ₄ -T-lymphocyte count of fewer than 200 per microliter of whole blood or CD ₄ -T-lymphocyte percentage of total lymphocytes of less than 14%	☒ ¹ +	Hepatitis E virus (anti-HEV-IgM serologies)	☒	<i>Streptococcus</i> Group A, isolated from a normally sterile site
☒	<i>Chlamydia trachomatis</i>	☒	HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒	<i>Streptococcus</i> Group B, isolated from a normally sterile site in an infant younger than 90 days of age
☒☒	<i>Clostridium botulinum</i> toxin (botulism)	☒	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒*	<i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, isolated from a normally sterile site
☒	<i>Coccidioides</i> spp., by culture or serologies	☒	Influenza virus	☒	<i>Treponema pallidum</i> (syphilis)
②	<i>Coxiella burnetii</i>	☒*	<i>Legionella</i> spp. (culture or DFA)	☒	<i>Trypanosoma cruzi</i> (Chagas disease)
☒	<i>Cryptosporidium</i> spp.	②*	<i>Listeria</i> spp., isolated from a normally sterile site	②*	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
②	<i>Cyclospora</i> spp.	☒+	Measles virus and anti-measles-IgM serologies	②*	Vancomycin resistant <i>Staphylococcus epidermidis</i>
☒	Dengue virus	☒ ²	Methicillin-resistant <i>Staphylococcus aureus</i> , isolated from a normally sterile site	☒☒	Variola virus (smallpox)
☒☒	Emerging or exotic disease agent	②+	Mumps virus and anti-mumps-IgM serologies	②*	<i>Fibrio</i> spp.
☒	<i>Entamoeba histolytica</i>	☒*	<i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	☒☒	Viral hemorrhagic fever agent
②	<i>Escherichia coli</i> O157:H7	☒	<i>Neisseria gonorrhoeae</i>	☒	West Nile virus
②*	<i>Escherichia coli</i> , <i>Shiga</i> -toxin producing	☒*	<i>Neisseria meningitidis</i> , isolated from a normally sterile site	②*	<i>Yersinia</i> spp. (other than <i>Y. pestis</i>)
☒*	<i>Francisella tularensis</i>	☒	Norovirus	☒☒*	<i>Yersinia pestis</i> (plague)
☒*	<i>Haemophilus influenzae</i> , type b, isolated from a normally sterile site				

- ② Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
- ☒ Submit a report within 24 hours after obtaining a positive test result.
- ③ Submit a report within one working day after obtaining a positive test result.
- ☒ Submit a report within five working days after obtaining a positive test result or a test result specified on this page.
- * Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
- + For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.
- ¹ When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.
- ² Submit a report only when an initial positive result is obtained for an individual.
- ³ Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.

<http://www.azdhs.gov/phs/oids/reporting/labs.htm>

A.A.C. R9-6-204
 Effective 04/01/2008

Appendix E: Reporting Requirements for Schools, Child-Care Establishments and Shelters

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
- Enterohemorrhagic *Escherichia coli*
- 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 (chicken pox)

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

<http://www.azdhs.gov/phs/oids/reporting/schools.htm>

*A.A.C. R9-6-203
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Appendix F: Reporting Requirements for Pharmacies

The following information summarizes reporting requirements for pharmacies:

1. A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report that complies with subsection (C) to the Arizona Department of Health Services within five working days after the prescription is filled.
2. Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
 1. Isoniazid,
 2. Streptomycin,
 3. Any rifamycin,
 4. Pyrazinamide, or
 5. Ethambutol.
3. A pharmacist or an administrator of a pharmacy shall **submit a report** required under subsection (A) by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Arizona Department of Health Services and shall include in the report:
 1. The following information about the individual for whom the drugs are prescribed:
 1. Name,
 2. Address,
 3. Telephone number, and
 4. Date of birth; and
 2. The following information about the prescription:
 1. The name of the drugs prescribed,
 2. The date of the prescription,
 3. The name and telephone number of the prescribing health care provider.
4. Reports should be mailed or faxed to:

Arizona Department of Health Services
Tuberculosis Control Program
150 N. 18th Avenue, Suite 140
Phoenix, AZ 85007
Phone: (602) 364-4750
Fax: (602) 364-3267

Appendix G: Reporting Requirements for Local Health Departments

Local Health Agency Reporting Requirements

III	Amebiasis	III	Hantavirus infection	III	Rocky Mountain spotted fever
☞ III	Anthrax	III	Hemolytic uremic syndrome	☞ III S	Rubella (German measles)
O-III	Aseptic meningitis viral	III	Hepatitis A	☞ III S	Rubella syndrome congenital
☐	Basidiobolomycosis	III	Hepatitis B and Hepatitis D	III	Salmonellosis
☞ III S	Botulism	III	Hepatitis C	O-☐	Scabies
III	Brucellosis	III	Hepatitis E	☞ III	Severe acute respiratory syndrome
III	Campylobacteriosis	None	Herpes genitalis	III	Shigellosis
III	Chagas infection and related disease (American Trypanosomiasis)	III	Human Immunodeficiency Virus (HIV) infection and related disease	☞ III	Smallpox
III	Chancroid (<i>Haemophilus ducreyi</i>)	III	Influenza-associated mortality in a child	O-III	Streptococcal Group A infection
5-day only	Chlamydia infection sexually transmitted	☐	Kawasaki syndrome	III	Streptococcal Group B infection in an infant younger than 90 days of age
☐ III	Cholera	III	Legionellosis (<i>Legionnaires'</i> disease)	☐	<i>Streptococcus pneumoniae</i> infection
O-III	Coccidioidomycosis (Valley Fever)	III	Leptospirosis	III O-III	Syphilis
III	Colorado tick fever	III	Listeriosis	III	Taeniasis
O-☐	Conjunctivitis: acute	III	Lyme disease	III	Tetanus
☐	Creutzfeldt-Jakob disease	III	Lymphocytic choriomeningitis	III	Toxic shock syndrome
III	Cryptosporidiosis	III	Malaria	III	Trichinosis
III	<i>Cyclospora</i> infection	☞ III S	Measles (rubeola)	III	Tuberculosis
☐	Cysticercosis	III	Melioidosis	☞ III	Tularemia
III	Dengue	☞ III	Meningococcal invasive disease	III	Typhoid fever
O-III	Diarrhea nausea or vomiting	☞ III S	Mumps	III	Typhus fever
☞ III	Diphtheria	O-III	Norovirus	☐ III	Unexplained death with a history of fever
III	Ehrlichioses (Ehrlichiosis and Anaplasmosis)	5-day only	Pediculosis (lice infestation)	III	Vaccinia-related adverse event
☞ III	Emerging or exotic disease	III	Pertussis (whooping cough)	☞ III	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☐ III	Encephalitis: viral or parasitic	☞ III	Plague	☐ III	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
III	Enterohemorrhagic <i>Escherichia coli</i>	☞ III S	Polio myelitis	☐	Varicella (chickenpox)
III	Enterotoxigenic <i>Escherichia coli</i>	III	Psittacosis (ornithosis)	III	<i>Vibrio</i> infection
O-III	Giardiasis	☐ III	Q Fever	☞ III S	Viral hemorrhagic fever
5-day only	Gonorrhea	☞ III	Rabies in a human	III	West Nile virus-related syndromes
III	<i>Haemophilus influenzae</i> : invasive disease	III	Relapsing fever (borreliosis)	☐ III	Yellow fever
☐	Hansen's disease (Leprosy)	☐	Reye syndrome	☐ III	Yersiniosis (enteropathogenic <i>Yersinia</i>)

Unless otherwise specified notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.

☞ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.

☐ Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.

III Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.

☐ Submit an epidemiologic investigation report within 60 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.

☞ Ensure that an isolate from a case is submitted to the Arizona State Laboratory.

S Ensure that specimens from a case as specified by the Department are submitted to the Arizona State Laboratory.

O Submit a report after conducting an epidemiological investigation of an outbreak.

<http://www.azdhs.gov/phs/oids/reporting/index.htm>

A.A.C. R9-6-206

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