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|  <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> <p>DEPARTMENT ORDER MANUAL</p> | <p>CHAPTER: 1100 INMATE HEALTH SERVICES</p> | <p>OPR: HS</p> |
| | <p>DEPARTMENT ORDER: 1102 COMMUNICABLE DISEASE AND INFECTION CONTROL</p> | <p>SUPERSEDES: DO 1102 (11/22/97)</p> |
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TABLE OF CONTENTS

| | | |
|---------|---|-------------|
| | PURPOSE | |
| | RESPONSIBILITY | |
| | APPLICABILITY | |
| | PROCEDURES | PAGE |
| 1102.01 | COMMUNICABLE DISEASE REPORTING EQUIREMENT..... | 1 |
| 1102.02 | CONFIDENTIALITY OF COMMUNICABLE DISEASE INFORMATION..... | 3 |
| 1102.03 | MANAGING SUSPECTED OR CONFIRMED CASES OF COMMUNICABLE DISEASES..... | 4 |
| 1102.04 | MANAGING AIRBORNE INFECTIONS..... | 6 |
| 1102.05 | TUBERCULOSIS – SCREENING, MANAGEMENT AND CONTACT INVESTIGATION..... | 8 |
| 1102.06 | MANAGEMENT AND CONTACT INVESTIGATION..... | 11 |
| 1102.07 | MANAGEMENT OF INMATES WHO TEST POSITIVE FOR HIV..... | 11 |
| 1102.08 | GENERAL EXPOSURE CONTROL GUIDELINES..... | 12 |
| | DEFINITIONS..... | 13 |
| | AUTHORITY..... | 17 |
| | ATTACHMENTS | |

PURPOSE

This Department Order implements standardized guidelines to ensure the appropriate notification and documentation of reportable communicable diseases, the appropriate management of inmates requiring medical isolation, and the protection of inmates, staff and visitors from communicable disease. It also provides for an Inmate Tuberculosis (TB) Screening program designed to control TB among inmates in the correctional setting.

References to health care professionals (i.e., Health Services, Mental Health Services, and Dental Services) are referring to the Health Services contractor or their sub-contractors unless otherwise stated.

RESPONSIBILITY

The Contractor shall be responsible for:

- Directing the Department's program to provide surveillance, prevention, diagnosis and treatment of suspected or confirmed communicable diseases.
- Notifying the Assistant Director for Health Services Contract Monitoring Bureau and other authorized recipients of each suspected or confirmed communicable disease in inmates and the epidemiological information related to communicable disease in inmates.

APPLICABILITY

This Department Order addresses communicable disease and infection control for inmates. Department employee communicable disease and infection control is addressed in Department Order #116, Employee Communicable Disease Exposure Control Plan.

This Department Order applies to both Department institutions and Contract Bed facilities. Contract Bed facilities are responsible for implementing an Inmate Screening program for communicable diseases consistent with this Department Order and for all related expenses for implementing and complying with this Department Order.

PROCEDURES

1102.01 COMMUNICABLE DISEASE REPORTING REQUIREMENT

- 1.1 For communicable disease cases or suspected cases, the Contract Facility Health Administrator or designee shall submit a communicable disease report to the local Health Department (County Health Department or Indian Health Services Unit), in accordance with Attachment A, Communicable Diseases.
- 1.2 For the communicable disease pathogens listed on Arizona Laboratory Reporting Requirements, Attachment B, the testing laboratory/hospital/clinic shall be responsible for reporting positive laboratory findings to the Arizona Department of Health Services (ADHS) within the time frames outlined in the Attachment
- 1.3 The Contract Facility Health Administrator shall:
 - 1.3.1 Obtain copies of the ADHS Communicable Disease Report (Attachment C) from the State or County Health Department.

- 1.3.2 Ensure each section of the Communicable Disease Report is accurately completed for each suspected or confirmed communicable disease.
- 1.3.3 Forward the original Communicable Disease Report to the local Health Department each month specifying what action, if any, was initiated. The institution shall forward to the local Health Department reports of disease if a non-resident of that jurisdiction is or has been treated in that jurisdiction. The Health Department contact information is available in the State and County Health Departments Contact Information, Attachment D.
- 1.3.4 Within 30 calendar days of the completion of any outbreak investigation conducted, submit to the local Health Department a written summary of the outbreak investigation to include:
 - 1.3.4.1 A description of the location.
 - 1.3.4.2 The date of notification of the outbreak.
 - 1.3.4.3 How the outbreak was verified.
 - 1.3.4.4 The number of inmates and staff reported to be ill.
 - 1.3.4.5 The number of inmates estimated at risk for illness.
 - 1.3.4.6 The definition of a case.
 - 1.3.4.7 Laboratory evidence collected and results.
 - 1.3.4.8 Hypotheses as to how the outbreak occurred.
 - 1.3.4.9 Control measures implemented.
 - 1.3.4.10 Conclusions based upon the results of the investigation.
 - 1.3.4.11 Recommendations to prevent future occurrences.
- 1.3.5 Review Communicable Disease Reports for completeness and accuracy, and if indicated:
 - 1.3.5.1 Confirm diagnoses.
 - 1.3.5.2 Conduct investigations and surveillance.
 - 1.3.5.3 Determine trends.
 - 1.3.5.4 Implement medical isolation, in accordance with section 1102.04 of this Department Order.

1102.02 CONFIDENTIALITY OF COMMUNICABLE DISEASE INFORMATION

- 1.1 Disclosure of Communicable Disease Information – The Statewide Chief Executive Officer for Health Services shall ensure health care providers and staff responsible for Department inmate Medical Records do not disclose communicable disease information or other confidential Medical Records to the inmate, a third person or a legal entity designated by the inmate until after the inmate consents to the disclosure and signs the Authorization to Disclose Copies or Provide Information from Medical Records, Form 1104-2. The third party cannot be inmate or under probation, parole or other correctional supervision.
- 1.2 Release of Information for Epidemiological Purposes – The Statewide Chief Executive Officer for Health Services shall ensure health care providers and staff responsible for Department inmate Medical Records release epidemiological information, or reports and records from which epidemiological information is derived only under the following circumstances:
 - 1.2.1 Epidemiological information may be released for statistical or public health purposes only after confidential communicable disease information has been deleted in a manner which prevents an inmate from being identified.
 - 1.2.2 Confidential communicable disease information may be disclosed:
 - 1.2.2.1 Subject to the approval of the Director and the Director of the Department of Health Services, for the limited purposes of special investigations of the natural history and epidemiology of Acquired Immune Deficiency Syndrome (AIDS) or for collaborative research efforts with a public health purpose. Disclosures shall require written assurances of confidentiality of all participating agencies.
 - 1.2.2.2 To federal, state, or local Health Departments for the limited purposes of communicable disease surveillance and control.
 - 1.2.2.3 To a third party when required by court order in accordance with Arizona Revised Statute (A.R.S.) 36-664 and A.R.S. 36-665.
- 1.3 Unauthorized Disclosure of Confidential Communicable Disease Information - Approving authorities shall:
 - 1.3.1 Require staff inadvertently learning of confidential communicable disease information to respect the confidentiality of that information.
 - 1.3.2 Investigate allegations of unauthorized disclosure of confidential communicable disease information in accordance with Department Order #601, Administrative Investigations and Employee Discipline.
- 1.4 Inmate Medical Records – The Statewide Chief Executive Officer for Health Services shall ensure:
 - 1.4.1 Inmate Medical Records are maintained, retained, transferred and disposed of in accordance with Department Order #1104, Inmate Medical Records.

- 1.4.2 Inmate medical information is released only in accordance with the following:
 - 1.4.2.1 A.R.S. 41-1606, Release of Medical Information.
 - 1.4.2.2 Department Order #901, Inmate Records Information and Court Action.
 - 1.4.2.3 Department Order #1104, Inmate Medical Records.

1102.03 MANAGING SUSPECTED OR CONFIRMED CASES OF COMMUNICABLE DISEASES

- 1.1 The health care provider shall:
 - 1.1.1 Evaluate the inmate's medical condition, including any laboratory reports and other diagnostic findings.
 - 1.1.2 Order the inmate to be placed in isolation, if indicated, after consultation with the Statewide Chief Executive Officer for Health Services or designee.
 - 1.1.3 Notify the Contract Facility Health Administrator or designee of any confirmed or suspected communicable disease.
 - 1.1.4 Follow the guidelines for the disease as described in the Health Services Technical Manual. If the guidelines for the disease are not outlined in the Health Services Technical Manual, the health care provider shall follow the guidelines of the ADHS and the Centers for Disease Control (CDC) for that particular condition.
- 1.2 The Contract Facility Health Administrator shall:
 - 1.2.1 Notify the following regarding any special housing and Personal Protective Equipment (PPE) requirements:
 - 1.2.1.1 Appropriate health care provider and security staff.
 - 1.2.1.2 The Warden, Unit Deputy Warden, the facility Occupational Health Unit Nurse, and the Occupational Health Unit Administrator.
 - 1.2.1.3 The Statewide Chief Executive Officer for Health Services.
 - 1.2.1.4 The Arizona Department of Corrections (ADC) Contract Monitor.
 - 1.2.2 Coordinate activities in the Health Unit to provide safety for health staff, if indicated.
 - 1.2.3 Direct the follow up on the inmate contacts, if indicated.
 - 1.2.4 Ensure appropriate diagnostic, treatment, prevention and laboratory services/ equipment is available for use by health care providers.

- 1.3 If indicated, the Director of Nursing shall:
 - 1.3.1 Notify the appropriate health agencies.
 - 1.3.2 Complete all required reports/records.
 - 1.3.3 Request a list of all of the contacts to the involved inmate, if contact investigation is indicated.
 - 1.3.4 Provide for any necessary observation of the affected inmate's contacts.
 - 1.3.5 Instruct staff contacts to contact the facility Occupational Health Unit.
 - 1.3.6 Forward a list of all inmate contacts transferred to other institutions to the Statewide Infection Control Nurse and the Contract Facility Health Administrator of the receiving institution.
 - 1.3.7 Notify the ADHS of inmate contacts who have been released to the community.
- 1.4 Contract Facility Health Administrators and all Site Medical Directors shall ensure health staff:
 - 1.4.1 Receive required training in the management of communicable diseases, including preventative measures and contact investigation.
 - 1.4.2 Use and/or recommend appropriate universal precautions, engineering controls and PPE at all times to avoid or control exposure to communicable diseases.
- 1.5 Department staff exposed to a suspected or confirmed case of a communicable disease shall notify the facility Occupational Health Unit, who shall notify the Contract Facility Health Administrator and the Director of Nursing.
- 1.6 Community Corrections Center staff shall report any suspected incidence of communicable disease to the ASPC-Tucson Deputy Warden, who shall arrange for examination and treatment of the inmate through the appropriate Health Unit as soon as practical.
- 1.7 Contractor staff exposed to a suspected or confirmed case of a communicable disease shall follow reporting procedures established by the Contractor.
- 1.8 Wardens, Deputy Wardens and Bureau Administrators shall ensure exposure and suspected exposure incidents are reported to the facility Occupational Health Unit and the Contract Facility Health Administrator as soon as possible, but no later than 48 hours after the incident occurs.
- 1.9 Epidemiological information involving inmates in the system shall be reported to the:
 - 1.9.1 Statewide Infection Control Nurse.
 - 1.9.2 Health Services Contractor's Regional Office.
 - 1.9.3 Assistant Director for Health Services Contract Monitoring Bureau.

- 1.9.4 Warden, Deputy Warden or Bureau Administrator.
- 1.9.5 ADHS or appropriate local Health Department.
- 1.9.6 Occupational Health Unit Administrator at Central Office.

1102.04 MANAGING AIRBORNE INFECTIONS

- 1.1 Implementation Requirements - Airborne Precautions shall be implemented on all inmates suspected of having, but not limited to any of the following:
 - 1.1.1 TB.
 - 1.1.2 Chickenpox.
 - 1.1.3 Meningococcal meningitis.
 - 1.1.4 Measles (rubeola).
 - 1.1.5 Rubella.
 - 1.1.6 Mumps.
 - 1.1.7 Pertussis.
- 1.2 Particulate Respirators
 - 1.2.1 N-95 Respirators shall be worn by all Department and Contractor staff having direct contact with or entering the inmate's room. Inmates leaving their rooms shall wear a surgical mask at all times when confirmed or suspected to have an airborne infection.
 - 1.2.2 The Contract Facility Health Administrator or designee shall notify security staff of the need for airborne precautions, including the requirement for N-95 Respirators.
- 1.3 Isolation
 - 1.3.1 Inmates suspected of having chickenpox, measles, meningococcal meningitis, mumps, rubella, scabies, shingles or any communicable disease other than TB shall be isolated in a single cell.
 - 1.3.2 Inmates deemed infectious shall remain in isolation until treatment is completed and further evaluation and testing ensures they are no longer infectious.
- 1.4 Proper hand washing shall occur immediately upon entering and leaving the room or upon any direct contact with the inmate.
- 1.5 Gowns and gloves shall be worn if direct contact with lesions and infectious discharges is anticipated.

1.6 Specimens, Supplies, Linens and Dishes - Guidelines for Special Handling

- 1.6.1 Sputum specimens and scrapings from lesions shall require special precautions.
- 1.6.2 Sputum specimens shall be transported in a puncture resistant container and labeled appropriately.
- 1.6.3 All tissues containing secretions shall be considered infectious waste.
- 1.6.4 Linens of inmates infected with measles, rubella, chickenpox, shingles and scabies shall be bagged and washed separately in hot water.
- 1.6.5 Dishes and eating utensils shall require no special handling unless otherwise indicated.
- 1.6.6 All infectious waste shall be in red plastic bags or bags labeled with the universal biohazard symbol.

1.7 Transportation Precautions

- 1.7.1 Inmates with communicable diseases, as outlined in 1.1.1 through 1.1.7 of this section shall be transported with a surgical mask in place to a hospital facility for appropriate work-up and management in accordance with the health care provider's direction.
- 1.7.2 Transportation staff shall be notified of the necessity for Airborne Precautions and wear N-95 Respirators.
- 1.7.3 The receiving facility shall be notified of the inmate's condition and isolation requirements by the facility's attending or on-call health care provider.
- 1.7.4 Precautions specific to inmates who have or are suspected of having TB shall be in accordance with section 1102.05 of this Department Order.

1.8 Immunocompromised Host Precautions

- 1.8.1 Inmates who are severely immunosuppressed or at increased risk for infection may need Immunocompromised Host Precautions taken.
- 1.8.2 The inmate shall be housed separately, in a room where all personnel are able to wash their hands immediately upon entering the room.
- 1.8.3 Only healthy health care providers shall be assigned to care for the inmate.
- 1.8.4 All persons having any direct contact with the inmate shall wash their hands thoroughly before any such contact, and shall wear surgical masks.
- 1.8.5 The inmate shall wear a surgical mask if in general population.
- 1.8.6 It shall not be required to isolate or decontaminate specimens, equipment, inmate clothing, or dishes upon removal of those items from the room unless the inmate also has a communicable disease, as specified in 1.1 through 1.1.7 of this section.

1102.05 TUBERCULOSIS – SCREENING, MANAGEMENT AND CONTACT INVESTIGATION

- 1.1 Surveillance/Prevention – Contract Facility Health Administrators and all Site Medical Directors shall ensure:
 - 1.1.1 Inmates receive Purified Protein Derivative (PPD) tests in accordance with the following schedule:
 - 1.1.1.1 All new admissions, upon arrival at the Reception Center.
 - 1.1.1.2 Annually, as indicated.
 - 1.1.1.3 As part of a TB contact investigation.
 - 1.1.1.4 Whenever deemed appropriate by the health care provider.
 - 1.1.2 A PPD test is not administered to inmates who:
 - 1.1.2.1 Provide reasonable documentation of a previous PPD conversion during the past three months followed by adequate investigation and/or treatment.
 - 1.1.2.2 Have a confirmed past positive PPD.
 - 1.1.2.3 Have a confirmed history of TB.
 - 1.1.3 Inmates vaccinated with Bacillus Calmette-Guerin (BCG) are not excluded from receiving a PPD test and are considered positive if the induration is greater than 10 mm. Expected reaction is less than 10 mm induration. Inmates being tested as part of a TB contact investigation or are positive for HIV/AIDS are considered PPD positive if the induration is greater than or equal to 5 mm.
 - 1.1.4 Inmates whose PPD tests are negative and close contact with a person who has TB are tested in accordance with the Health Services Technical Manual, HSTM Chapter 7, Section 1.5, Tuberculosis Screening and Management.
 - 1.1.5 A chest x-ray is given to:
 - 1.1.5.1 Any inmate with sign(s) and symptom(s) suggestive of TB.
 - 1.1.5.2 All inmates with a positive PPD test.
 - 1.1.5.3 All inmates who are HIV infected.
 - 1.1.6 All reported exposure to a TB case or TB suspect are investigated, and appropriate recommendations are provided to the:
 - 1.1.6.1 Assistant Director for Health Services Contract Monitoring Bureau and the Division Directors for Administrative Services, Support Services, and Offender Operations. The Director and Deputy Director shall be copied on the notification.

- 1.1.6.2 Warden, Deputy Warden or the Contract Facility Health Administrator.
- 1.1.6.3 Health Services Contractor's Regional Manager.
- 1.1.6.4 Occupational Health Unit Administrator at Central Office.
- 1.1.6.5 Offender Services Bureau Administrator, if inmate movement is impacted.

1.2 Testing inmates who refuse to cooperate

- 1.2.1 If an inmate refuses to submit to a PPD test, chest x-ray or, in suspicious cases, a medical workup, the nurse shall attempt to gain the inmate's voluntary compliance by providing counseling regarding the intent of the test and the necessity to safeguard the inmate's health, and that of other inmates and Department and Contractor staff.
- 1.2.2 If an inmate does not cooperate after receiving counseling, the Director of Nursing shall notify the Contract Facility Health Administrator, who shall notify the Warden or designee.
- 1.2.3 After being notified by the Contract Facility Health Administrator, the Warden or designee shall:
 - 1.2.3.1 Facilitate the testing requirement by asking the inmate to sign the Involuntary Tuberculosis Test, Form 1102-4.
 - 1.2.3.2 If the inmate refuses to sign the Involuntary Tuberculosis Test form, note on the form the inmate refused to sign.
 - 1.2.3.3 Inform the inmate he or she will be secured to a maximum restraint chair or bed, if necessary, and tested.
 - 1.2.3.4 Ensure only necessary force is used if the inmate still refuses to cooperate. After necessary force has been applied, a nurse shall administer the procedure.
 - 1.2.3.5 Ensure the entire procedure is videotaped, including the instructions to the inmate and the application of necessary force.
 - 1.2.3.6 Ensure the test is administered away from other inmates and not in an inmate housing area.
 - 1.2.3.7 Ensure the inmate is escorted to the Health Unit at a prescribed time so health staff can assess the skin test

1.3 Diagnosis/Treatment - Contract Facility Health Administrators and Site Medical Directors shall ensure:

- 1.3.1 Each case involving a positive PPD test is adequately investigated, and appropriate examination and treatment are provided, with careful monitoring for drug toxicity and for compliance with and completion of an appropriate course of therapy, including:

- 1.3.1.1 A chest x-ray within 72 hours after the positive PPD test.
- 1.3.1.2 Baseline liver function tests, repeated according to clinical symptoms.
- 1.3.1.3 Direct Observed Therapy (watch swallow).
- 1.3.1.4 Transfer to a hospital when necessary.
- 1.3.2 A physician and nurse counsel an inmate who does not comply with treatment. If the inmate continues to refuse the medication, the noncompliance shall be documented in inmate's Medical Record. If the noncompliant inmate is being treated for active TB, the Statewide Chief Executive Officer for Health Services or designee shall be notified immediately.
- 1.3.3 All inmates suspected of active TB, including those whose immune systems are suppressed, based on symptoms and/or clinical findings, and after consultation with the Statewide Chief Executive Officer for Health Services or designee, are immediately placed in respiratory isolation, issued a surgical mask, and transferred with the surgical mask in place to a hospital for appropriate therapy.
- 1.3.3 All health care provided to an inmate are chronicled in the inmate's Medical Record.
- 1.3.4 N-95 Respirators are worn by Department staff when entering the room where a TB suspect/inmate is housed or when escorting the inmate for medical tests or procedures.
- 1.4 Isolation of an active TB and/or suspected TB
 - 1.4.1 Inmates suspected or confirmed to have TB or pulmonary/laryngeal TB disease shall be placed in an isolation room with negative pressure capabilities. It is not necessary to isolate an inmate with:
 - 1.4.1.1 Latent TB.
 - 1.4.1.2 Active TB who has been on directly observed therapy for at least two weeks, has had three consecutive Acid Fast Bacilli (AFB) smears, and has shown some clinical improvement.
 - 1.4.2 Department staff responsible for the security of an inmate suspected or confirmed to have active TB while confined to a hospital's negative pressure room shall stay outside the room until TB has been excluded through three negative AFB smears taken at least eight hours apart.
- 1.5 Transportation
 - 1.5.1 To reduce the risk of the transmission to others, all inmates suspected of having TB or confirmed to have active pulmonary or laryngeal TB shall be transported to a facility with negative pressure room capabilities and wear a surgical mask.

1.5.1.1 Transportation staff shall be notified, on the Inmate Movement Report, Form 705-2, to use the N-95 Respirator when transporting an inmate with suspected or confirmed TB disease.

1.5.2 The inmate shall sit at the back of the vehicle.

1.5.3 Windows shall be rolled down, if feasible.

1102.06 MANAGEMENT AND CONTACT INVESTIGATION OF SPECIFIED CONDITIONS AND INFECTIONS

1.1 The management and contact investigation of inmates with the following shall be in accordance with management guidelines and Information Sheets for each condition located in the Health Services Technical Manual:

1.1.1 Airborne Infections including:

1.1.1.1 Chickenpox.

1.1.1.2 Measles.

1.1.1.3 Mumps.

1.1.1.4 Scabies.

1.1.1.5 Shingles.

1.1.2 Waterborne and foodborne infections including:

1.1.2.1 Giardiasis.

1.1.2.2 Norovirus and/or Norovirus-like infections.

1102.07 MANAGEMENT OF INMATES WHO TEST POSITIVE FOR HIV

1.1 Confidentiality of Information - Department and Contractor employees shall comply with confidentiality requirements established in section 1102.02 of this Department Order when supervising or treating inmates who test positive for HIV.

1.2 Administration and Management – Wardens, Deputy Wardens and Bureau Administrators shall protect the privacy of inmates who test positive for HIV by ensuring they are:

1.2.1 Housed in the general inmate population, whenever feasible.

1.2.2 Provided the same program considerations as any other inmate housed in the general population.

1.2.3 Isolated only when advised to do so by the Site Medical Director or the Contract Facility Health Administrator.

1.3 Medical Isolation - The attending physician shall:

- 1.3.1 Determine whether an inmate who tests positive for HIV should be isolated for medical reasons.
- 1.3.2 Document the need for medical isolation in the inmate's Medical Record.
- 1.3.3 Notify the Medical Director within the first workday after placing an inmate in medical isolation.
- 1.3.4 Release the inmate from medical isolation when the placement is no longer needed.

1.4 Placement for Medical Services

- 1.4.1 The Medical Director or designee shall:
 - 1.4.1.1 Determine where the needed medical services are most readily available for inmates who test positive for HIV.
 - 1.4.1.2 Forward a placement recommendation to the Offender Services Bureau Administrator if the needed medical services are not available at the inmate's current location.
- 1.4.2 The Offender Services Bureau Administrator shall arrange for the placement within ten workdays after receiving the recommendation or arrange an acceptable alternative placement if the Statewide Chief Executive Officer for Health Services or designee concurs.

1.5 A chest x-ray shall be given to all inmates who are HIV infected.

1102.08 GENERAL EXPOSURE CONTROL GUIDELINES

- 1.1 To ensure protection from exposure to communicable diseases, Department and Contractor employees shall use administrative procedures, engineering controls and personal protective equipment while performing their duties, in accordance with Department Order #116, Employee Communicable Disease Exposure Control Plan and Occupational Safety and Health Administration (OSHA) requirements.
 - 1.1.1 All body fluids can be potential and unknown sources of infection.
 - 1.1.2 All communicable diseases may be transmittable before diagnosis is apparent.
 - 1.1.3 Diseases transmitted by airborne route remain subject to respiratory precautions.
 - 1.1.4 PPEs afford protection against bloodborne pathogens such as hepatitis and HIV.
- 1.2 Wardens, Deputy Wardens, Bureau Administrators and Contract Facility Health Administrators shall ensure hand washing facilities are readily accessible to staff and inmates for immediate use after contamination.

1.3 Warden, Deputy Warden and Bureau Administrators shall ensure:

- 1.3.1 Inmate workers, when appropriate, use approved universal precautions, engineering controls and PPE to prevent exposure to communicable disease.
- 1.3.2 Inmates wash their hands and any other contaminated skin with soap and running water, or flush mucous membranes with water, immediately or as soon as feasible after contact with any bodily fluids and the removal of gloves or other PPE.

DEFINITIONS

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) - A human disease characterized by a collapse of the body's natural immunity against disease. Because of this failure of the immune system, patients with AIDS are highly vulnerable to one or more unusual infections or cancers which usually do not pose a threat to anyone whose immune system is functioning normally. AIDS diagnosis is made when the person is HIV positive and has had an AIDS-related disease.

BODY FLUIDS WHICH TRANSMIT HIV AND HEPATITIS B VIRUS (HBV):

- Blood
- Semen
- Vaginal Secretions
- Cerebrospinal Fluid
- Synovial Fluid
- Pleural Fluid
- Pericardial Fluid
- Peritoneal Fluid
- Amniotic Fluid
- Saliva (in dental setting)
- Unfixed tissue or organ (other than intact skin from a human (living or dead)).
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions.
- Any bodily fluid with visible blood present.

CARRIER - An infected person harboring an infectious agent in the absence of clinical disease and serving as a potential source of infection.

CASE - A person with clinical signs and symptoms of a communicable disease confirmed by laboratory findings or by a physician's diagnosis based on clinical observation, or by epidemiologic associations with the communicable disease, the causative agent or its toxic products.

CHEST X-RAY - An x-ray photograph of the chest which may provide evidence of whether the examined inmate has been infected or is currently infected with a communicable respiratory disease (e.g., tuberculosis) or who has another lung pathology which may not be infectious in nature.

CHEST X-RAY REPORT - A written report from a physician explaining the findings and interpretation of a chest x-ray.

COMMUNICABLE PERIOD - The time when an infectious agent transferred directly or indirectly from one person to the other may cause disease.

COMPLIANCE - An inmate diagnosed with a communicable disease (e.g., TB) complies with this Department Order by taking medications as prescribed or remaining in isolation as ordered.

CONFIDENTIAL COMMUNICABLE DISEASE INFORMATION - Personal data which may be used to identify a particular inmate (e.g., the inmate's name, social security number and housing location) derived from the inmate's Medical Records or other source.

CONTACT - An individual (inmate, employee or visitor) who has direct and prolonged contact or shared air and/or living space with a person who has a communicable disease, resulting in the probability the transmission of a communicable disease may have occurred.

CONTAMINATION - The presence of an infectious agent on a body surface; also on or in any object.

CONVERTER - An individual who previously had a negative PPD, but now has a positive PPD. This finding is especially significant if this individual is involved in a TB contact investigation.

DECONTAMINATION - The use of physical or chemical means to remove, deactivate or destroy biological pathogens on a surface or item to the extent the pathogens are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

DIRECT CONTACT - When a body fluid of one person comes into contact with the mucous membrane, body fluid or broken skin of another person.

ENGINEERING CONTROLS (TB) - Warning signs on acid-fast bacilli (AFB) isolation rooms that include "special respiratory isolation," "AFB isolation," and a description of the necessary precautions.

EPIDEMIOLOGICAL INFORMATION - The number of occurrences and distribution of a disease, which is released for statistical or public health purposes only after confidential Medical Record information has been deleted in a manner that prevents an individual from being identified.

EXPOSURE INCIDENT - As defined by OSHA, an incident in which visible blood or specific bodily fluids enter through an opening in the skin or mucous membranes.

FOOD HANDLER - An inmate who prepares or serves food, or has direct contact with food for distribution to other people.

FOODBORNE/WATERBORNE - Food or water serves as a source for the spread of disease or illness.

HEALTH CARE PROVIDER - A professional approved by the Contractor for Health Services or designee to provide evaluation, testing, diagnosis, treatment and other health services for inmates.

HIGH EFFICIENCY PARTICULATE APPARATUS (HEPA) - Respirator mask that filters out 95% of microns that are 0.1 to 0.5 microns in size.

HIGH-HAZARD PROCEDURES - Tasks identified by OSHA that require employees to wear HEPA respirator while performing the following tasks:

- Entering inmate rooms/cells when the inmate is suspected or confirmed to have an airborne infection.
- Performing nursing procedures on inmates, such as aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation and suctioning procedures.
- Transporting inmates in a vehicle.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) - A virus which infects and destroys certain white blood cells thereby is undermining that part of a person's immune system which normally combats infections and disease. HIV is the virus that causes AIDS.

LOCAL HEALTH DEPARTMENT - A State or County Health Department or an Indian Health Services Unit.

MEDICAL ISOLATION - Isolation of one or more individuals, or groups from the general population to prevent or reduce the risk of transmitting an infection to others.

PERSONAL PROTECTIVE EQUIPMENT (TB) - Certified Particulate Respirators approved by the National Institute of Occupational Safety and Health (NIOSH) for high-risk tasks, or other respirators approved by OSHA for low-risk procedures.

PPD TEST - Mantoux tuberculin skin test consisting of an intradermal (within the skin) injection of five tuberculin units (0.1 cc) of purified protein derivative (PPD) used to determine if antibodies to Mycobacterium tuberculosis are present.

REQUIRED TRAINING - Information and training for employees with risks for occupational exposure that addresses the nature and transmissibility of common communicable diseases; the risk factors for disease development; the signs, symptoms, diagnosis and treatment of common communicable disease; reporting procedures relative to patient/inmate symptomatology; and the proper use of engineering controls, universal precautions and PPE appropriate to the workplace to reduce employee exposure.

STATEWIDE CHIEF EXECUTIVE OFFICER FOR HEALTH SERVICES - A contracted Health Services executive position in charge of providing inmate health care in accordance with the Department of Corrections contract.

STATEWIDE INFECTION CONTROL NURSE - An "Authorized Representative" designated to perform specific tasks for the prevention, investigation, or reporting of a disease.

SUSPECTED TUBERCULOSIS DISEASE - Either when an inmate has been identified as having the symptoms consistent with tuberculosis identified by the Centers for Disease Control and Prevention (i.e., productive cough, coughing up blood, weight loss, loss of appetite, lethargy, weakness, night sweats, fever), or has chest x-ray findings suggestive of TB.

TUBERCULOSIS DISEASE - A chronic pulmonary and extrapulmonary infectious disease caused by the *Mycobacterium tuberculosis*. Specifically, Pulmonary and laryngeal-tuberculosis are spread through the air. Multidrug-resistant tuberculosis is a TB organism resistant to one or more of the commonly prescribed drugs for patients infected with TB.

TUBERCULOSIS INFECTION - When an individual is infected with *Mycobacterium tuberculosis*. This may present in the form of:

- Latent TB infection (LTBI) where the person carries *Mycobacterium tuberculosis* but has no signs or symptoms and no abnormal chest x-ray or laboratory finding other than a positive PPD. This person is not infectious.
- Active TB/TB disease where the person has symptoms and/or an abnormal chest x-ray and laboratory findings confirming the presence of *Mycobacterium tuberculosis*. This person is infectious to others.

UNIVERSAL PRECAUTIONS (TB) - Safety procedures designed to eliminate or minimize exposure incidents involving TB, including hand-washing; proper use by employees of PPE (including HEPA respirators for high-risk procedures or other respirators approved by OSHA for low-risk procedures); transfer restrictions of inmates with confirmed or suspected TB until they have been medically evaluated and deemed non-infectious; requiring employees to require inmates with suspected or confirmed TB to wear surgical masks during transfer between protective environments; reporting TB cases as required by law; and directly observed therapy (watch the individual with TB disease and/or TB infection as they swallow their prescribed medications to ensure compliance with TB therapy). When the need to do so is identified by health staff, employees are required to use HEPA respirators when they:

- Enter isolation rooms or other rooms housing inmates with suspected or confirmed TB disease or active TB.
- Perform high-hazard procedures on inmates who have suspected or confirmed TB disease.
- Transport inmates.

{Original Signature on File}

Charles L. Ryan
Director

ATTACHMENTS

- Attachment A – Report Communicable Diseases to the Local Health Department
- Attachment B – Arizona Laboratory Reporting Requirements
- Attachment C – Communicable Disease Report
- Attachment D – Contact Information for Reporting Communicable Diseases

FORMS LIST

1102-4, Involuntary Tuberculosis Test

AUTHORITY

A.R.S. 13-1210, Assaults on Public Safety Employees or Volunteers and State Hospital Employees; Disease Testing; Petition; Hearing; Notice; Definitions
A.R.S. 13-1212, Prisoner Assault with Bodily Fluids; Liability for Costs; Classification; Definition
A.R.S. 23-101 et seq, Industrial Commission of Arizona, General Powers
A.R.S. 23-401 et seq, Industrial Commission of Arizona, Division of Occupational Safety and Health (ADOSH)
A.R.S. 23-403, Employer's Duty
A.R.S. 23-404, Employee's Duty
A.R.S. 23-901 et seq, Workers' Compensation
A.R.S. 36-661 et seq, Communicable Disease Information
A.R.S. 36-664. Confidentiality, Exceptions
A.R.S. 36-665, Order for Disclosure of Communicable Disease Related Information
A.R.S. 41-1606, Access to Prisoner's Medical History Information
A.A.C. R9-6-201 et seq., Communicable Disease and Infestation Reporting
A.A.C. R9-6-301 et seq., Control Measures for Communicable and Infestations
A.A.C. Title 20, Chapter 5, Industrial Commission of Arizona
Code of Federal Regulations, Title 29, Part 1910 et seq, OSHA General Duty Requirement

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

| | | |
|---|--|--|
| <input type="checkbox"/> *O Arnebia | <input type="checkbox"/> Hantavirus infection | <input type="checkbox"/> *O Salmonellosis |
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Hemolytic uremic syndrome | <input type="checkbox"/> Scabies |
| <input type="checkbox"/> Aseptic meningitis: viral | <input type="checkbox"/> *O Hepatitis A | <input type="checkbox"/> Severe acute respiratory syndrome |
| <input type="checkbox"/> Bacterioidemias | <input type="checkbox"/> Hepatitis B and D | <input type="checkbox"/> *O Shigellosis |
| <input type="checkbox"/> Botulism | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Smallpox |
| <input type="checkbox"/> Brucellosis | <input type="checkbox"/> *O Hepatitis E | <input type="checkbox"/> Streptococcal Group A: invasive disease |
| <input type="checkbox"/> *O 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"/> *O Taeniasis |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Legionellosis (Legionnaires' disease) | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> *O Coxiellosis (Q 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="checkbox"/> 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"/> *O Cryptosporidiosis | <input type="checkbox"/> Malaria | <input type="checkbox"/> Tularemia |
| <input type="checkbox"/> Cyclospora 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="checkbox"/> 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"/> Varicella (chickenpox) |
| <input type="checkbox"/> Emerging or exotic disease | <input type="checkbox"/> Psittacosis (ornithosis) | <input type="checkbox"/> *O <i>Vibrio</i> infection |
| <input type="checkbox"/> Encephalitis, viral or parasitic | <input type="checkbox"/> Q fever | <input type="checkbox"/> Viral hemorrhagic fever |
| <input type="checkbox"/> Enterohemorrhagic <i>Escherichia coli</i> | <input type="checkbox"/> Rabies in a human | <input type="checkbox"/> West Nile virus infection |
| <input type="checkbox"/> Enterotoxigenic <i>Escherichia coli</i> | <input type="checkbox"/> Relapsing fever (borreliosis) | <input type="checkbox"/> Yellow fever |
| <input type="checkbox"/> *O Giardiasis | <input type="checkbox"/> Rubeola (German measles) | <input type="checkbox"/> *O Yersiniosis |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Rocky Mountain spotted fever | |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> : invasive disease | <input type="checkbox"/> Rubella syndrome, congenital | |
| <input type="checkbox"/> Hansen's disease (Leprosy) | | |

- 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.

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)

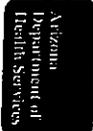
ARIZONA LABORATORY REPORTING REQUIREMENTS

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

| | | | | | |
|-----|---|------------------|--|-----|---|
| ① | Arboviruses | ☒ * | <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 |
| ① * | <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) | ☒ * | <i>Salmonella</i> spp. |
| ① * | <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 | ☒ * | <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) | ☒ | Streptococcus 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) |
| ☒ | <i>Coxiella burnetii</i> | ☒ * | <i>Legionella</i> spp. (culture or DFA) | ☒ * | Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i> |
| ☒ | <i>Cryptosporidium</i> spp. | ☒ * | <i>Listeria</i> spp., isolated from a normally sterile site | ☒ * | Vancomycin resistant <i>Staphylococcus epidermidis</i> |
| ☒ | <i>Cyclospora</i> spp. | ☒ + | Measles virus and anti-measles-IgM serologies | ☒ * | Varicella virus (smallpox) |
| ☒ | Dengue virus | ☒ ² | Methicillin-resistant <i>Staphylococcus aureus</i> , isolated from a normally sterile site | ☒ * | <i>Vibrio</i> spp. |
| ☒ | Emerging or exotic disease agent | ☒ + | Mumps virus and anti-mumps-IgM serologies | ☒ * | Viral hemorrhagic fever agent |
| ☒ | <i>Entamoeba histolytica</i> | ☒ ³ | <i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern | ☒ * | West Nile virus |
| ☒ | <i>Escherichia coli</i> O157:H7 | ☒ | <i>Neisseria gonorrhoeae</i> | ☒ * | <i>Yersinia</i> spp. (other than <i>Y. pestis</i>) |
| ☒ * | <i>Escherichia coli</i> , Shiga-toxin producing | ☒ * | <i>Neisseria meningitidis</i> , isolated from a normally sterile site | ☒ * | <i>Yersinia pestis</i> (plague) |
| ☒ * | <i>Francisella tularensis</i> | ☒ * | Norovirus | | |
| ☒ * | <i>Haemophilus influenzae</i> , type b, isolated from a normally sterile site | | | | |

- A 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.
- ① 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.
- * 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.

after the initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained \geq 12 months



COMMUNICABLE DISEASE REPORT

Important Instructions: Please complete sections 1-3 for all reportable conditions. In addition, complete Section 4 for STDs and HIV/AIDS cases, Section 5 for hepatitis, and Section 6 for tuberculosis. Once completed, return to your county or tribal health agency. If reporting through MEDSIS, go to <https://my.health.azdhs.gov/>.

1. PATIENT INFORMATION

Patient's Name (Last, First, Middle) _____ Date of Birth _____

Street Address: _____ City: _____ State: _____ Zip code: _____

Patient's Occupation or School: _____ Guardian: (not necessary for STD) _____

Race (check all that apply): White Black Asian Pacific Islander Native American Other

Ethnicity: Hispanic Non-Hispanic Unknown

Gender: Male Female Unknown Transgender

Pregnant: No Unknown Yes

Due date: _____

County / IHS Number _____ State ID / MEDSIS ID _____ Date Received by County _____

Outcome: Survived Died Date: _____

Is the patient any of the following?
 Healthcare worker Food worker/handler School or childcare worker or attendee
 Facility Name & Address: _____

2. REPORTABLE CONDITION INFORMATION / LAB RESULTS

Diagnosis or Suspect Reportable Condition _____ Onset Date _____ Diagnosis Date _____

| LAB RESULTS | Date Collected | Date Finalized | Specimen Type | Lab Test | Lab Result |
|-------------|----------------|----------------|----------------------------------|----------------------------------|-------------------------------------|
| Blood | | | <input type="checkbox"/> CSF | <input type="checkbox"/> Urine | <input type="checkbox"/> Lab Result |
| | | | <input type="checkbox"/> Stool | <input type="checkbox"/> NP Swab | <input type="checkbox"/> Sputum |
| | | | <input type="checkbox"/> Other | | |
| Stool | | | <input type="checkbox"/> CSF | <input type="checkbox"/> Urine | <input type="checkbox"/> Lab Result |
| | | | <input type="checkbox"/> NP Swab | <input type="checkbox"/> Sputum | |
| | | | <input type="checkbox"/> Other | | |
| Other | | | <input type="checkbox"/> CSF | <input type="checkbox"/> Urine | <input type="checkbox"/> Lab Result |
| | | | <input type="checkbox"/> NP Swab | <input type="checkbox"/> Sputum | |
| | | | <input type="checkbox"/> Other | | |
| Blood | | | <input type="checkbox"/> CSF | <input type="checkbox"/> Urine | <input type="checkbox"/> Lab Result |
| | | | <input type="checkbox"/> NP Swab | <input type="checkbox"/> Sputum | |
| | | | <input type="checkbox"/> Other | | |
| Stool | | | <input type="checkbox"/> CSF | <input type="checkbox"/> Urine | <input type="checkbox"/> Lab Result |
| | | | <input type="checkbox"/> NP Swab | <input type="checkbox"/> Sputum | |
| | | | <input type="checkbox"/> Other | | |
| Other | | | <input type="checkbox"/> CSF | <input type="checkbox"/> Urine | <input type="checkbox"/> Lab Result |
| | | | <input type="checkbox"/> NP Swab | <input type="checkbox"/> Sputum | |
| | | | <input type="checkbox"/> Other | | |

Reporting Source (Physician or other reporting source) _____ Facility _____

Street Address _____ City _____ State _____ Zip code _____ Telephone# _____

Provider (if different from Reporter) _____ Facility _____

Provider Street Address _____ City _____ State _____ Zip code _____ Telephone# _____

Laboratory Name, Address and Telephone# _____

4. SEXUALLY TRANSMITTED DISEASES (STD) AND HIV/AIDS

Diagnosis _____

Syphilis (Specify below)
 Primary Secondary Early Latent (<1 year) Late (> 1 year) Congenital

Mother's Name: _____
 Mother's DOB: _____
 Herpes Chancroid Other Syphilis

Neurological symptoms:

Site of Infection: Genitalia Rectum Throat Other

Patient had Sexual Contact with:
 Males only Refused Females only Unknown Both

Marital Status: Married Single Divorced Widowed Separated Domestic partner Unknown

Sex Partners: # Sex partners: _____ # Sex partners treated: _____

HIV/AIDS Risk Factors: IDU Sex with IDU males Sex with IDU females

Date of Last Negative HIV Test: _____

Reporting Source (Physician or other reporting source) _____ Facility _____

Street Address _____ City _____ State _____ Zip code _____ Telephone# _____

Provider (if different from Reporter) _____ Facility _____

Provider Street Address _____ City _____ State _____ Zip code _____ Telephone# _____

Laboratory Name, Address and Telephone# _____

5. HEPATITIS PANEL

Hepatitis A Serology Results: Pos Neg Unk

Hepatitis A Antibody (acute Igm anti-HAV) Pos Neg Unk

Hepatitis B Serology Results: Pos Neg Unk

Hepatitis B surface Antigen (HBsAg) Pos Neg Unk

Hepatitis B core Antibody Igm (HBcAb-Igm) Pos Neg Unk

Hepatitis B core Antibody Total (HBcAb) Pos Neg Unk

Hepatitis B surface Antibody (HBsAb) Pos Neg Unk

Hepatitis B e Antigen (HBeAg) Pos Neg Unk

Symptoms consistent with acute hepatitis: Yes No Unk

Jaundice: Yes No Unk

Liver Function Test: ALT: _____ AST: _____

Hepatitis C Serology Results: Pos Neg Unk

Hepatitis C-EIA Pos Neg Unk

Hepatitis C-RIBA Pos Neg Unk

Hepatitis C-NAT/PCR Pos Neg Unk

Hepatitis C-Viral Load Pos Neg Unk

Liver Function Test: ALT: _____ AST: _____

s/c/o ratio: _____

6. TUBERCULOSIS (TB)

Site of Disease: Pulmonary Laryngeal Extrapulmonary

TB infection in a Child 5 and Under (Positive TB skin test result):

Medicine and Dosage _____

Contact Information for Reporting Communicable Diseases

ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS)

| Office | Telephone | Fax |
|--|------------------|----------------|
| ADHS Office of Infectious Disease Services | (602) 364-4562 | (602) 364-3198 |
| ADHS Bureau of Epidemiology & Disease Control | (602) 364-3860 | (602) 364-3199 |
| ADHS Tuberculosis Control Section | (602) 364-4750 | (602) 364-3267 |
| ADHS Vector Borne and Zoonotic Disease Section | (602) 364-4562 | (602) 364-3198 |

LOCAL HEALTH DEPARTMENTS

| Office | Telephone |
|--|--|
| Apache County Health Department | (928) 337-7640 |
| Cochise County Health Department | (520) 384-7100 (520) 586-8200 |
| Coconino County Health Department | (928) 679-7272 |
| Gila County Health Department | (928) 402-8762 |
| Graham County Health Department | (928) 428-0110 |
| Greenlee County Health Department | (928) 865-2601 |
| La Paz County Health Department | (928) 669-8960 |
| Maricopa County Department of Environmental Services | (602) 506-6616 Option #4 |
| Maricopa County Department of Public Health | (602) 506-6767 |
| Mohave County Health Department | (928) 718-4927 |
| Navajo County Health Department | M – Th, 7 am – 6 pm (928) 532-6057 All other times (928) 241-0959 or (928) 243-2815 |
| Pima County Health Department | (520) 243-7770 |
| Pinal County Health Department | (520) 866-7358 |
| Santa Cruz County Health Department | (520) 375-7908 |
| Yavapai County Health Department | (928) 771-3134 |
| Yuma County Health Department | (928) 317-4624 |