

**Pima County Health Department Disease Control
Guidelines for Schools Reporting of Communicable Diseases
School Protocol**

Purpose – to improve school reporting of communicable diseases in a more efficient and timely manner

Per Arizona Administrative Code (R9-6-203), schools are required to report the following communicable diseases to the Pima County Health Department (PCHD) Disease Control and Surveillance Program **within 24 hours**:

- Campylobacteriosis
- Outbreak of conjunctivitis: acute*
- Cryptosporidiosis
- Outbreak of diarrhea, nausea, or vomiting*
- Enterohemorrhagic Escherichia E. coli
- Haemophilus influenzae: invasive disease
- Hepatitis A
- Measles
- Meningococcal invasive disease (bacterial)
- Mumps
- Pertussis
- Rubella
- Salmonellosis
- Outbreak of Scabies*
- Shigellosis
- Streptococcal Group A infection
- Varicella

** A school-setting “outbreak” is defined as an unusual increase in the number of illnesses, changes in routine disease patterns, or higher than normal absentee rates of other unexplained or unusual trends in staff of students.*

PCHD provides you with a School Communicable Disease Report (CDR) for reporting available either by request or online at www.pimahealth.org/.

SCHOOL COMMUNICABLE DISEASE REPORT (CDR) <small>Important Instructions - Please complete Sections 1 through 4 for all reportable conditions. Once completed return to the Pima County Health Department Disease Control Program by faxing (520) 791-0366, or calling (520) 243-7797. This form is also found on: www.pimahealth.org/communicable_disease_reporting.asp</small>				County / IHS Number	State ID / MEDSIS ID	Date Received by County					
1. PATIENT INFORMATION											
Patient's Name (Last) (First) (Middle Initial)		Date of Birth	Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Pregnant <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Due Date _____				
Street Address			City	State	ZIP Code	County	Reservation	Telephone #			
Is this a <input type="checkbox"/> student (if yes, grade _____)		Guardian		Outcome <input type="checkbox"/> Survived <input type="checkbox"/> Died Date _____	Is the patient any of the following? <input type="checkbox"/> Health care worker <input type="checkbox"/> Food worker/handler <input type="checkbox"/> Childcare worker/attende Facility Name & Address _____						
Is this a <input type="checkbox"/> staff (if yes, occupation _____)											
2. REPORTABLE CONDITION INFORMATION				3. SCHOOL REPORTER AND PROVIDER INFORMATION							
Diagnosis or Suspect Reportable Condition			Onset Date	Diagnosis Date		School Reporter (name of school nurse or other reporting)		School name			
4. COMMENTS <div style="text-align: center; font-size: 4em; opacity: 0.2; pointer-events: none;">EXAMPLE</div>				School Address		City	State	Zip Code	Telephone #		
				Medical Provider Diagnosing (if applicable)				Provider's Facility/Clinic/Hospital			
				Provider Street Address		City	State	ZIP Code	Telephone #		
				Lab Name, Address and Telephone # (if available)							

To report case(s) of communicable diseases listed above:

1. Complete the School Communicable Disease Report (CDR) and fax to PCHD Disease Control and Surveillance at (520)791-0366 and call (520) 243-7797 to verify that the fax has been received and to supply additional information about the case **OR**

2. Call PCHD Disease Control and Surveillance at (520) 243-7797 to report over the phone. PCHD will complete the investigation reported illness and communicate with the school if further actions are warranted. If there is an outbreak, PCHD will provide outbreak forms via email or fax to the school; these must be filled out and faxed back to the PCHD when completed.

When reporting, the following information **must** be completed on the School CDR:

Section 1 Patient Information:

- Student & grade/Employee name & occupation
- Date of Birth
- Street Address, City, State, Zip Code
- Telephone number

Section 2 Reportable Condition Information:

- Diagnosis or suspect condition
- Onset Date

Section 3 School Reporter and Provider Information:

- School reporter (name of person reporting i.e., school nurse, health office assistant, office staff, etc.)
- School reporter's phone number
- If available: information on medical provider diagnosing student or staff

Section 4 Comments:

- Any additional relevant information available.