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.

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.