

## Report communicable diseases and conditions of individuals within its jurisdiction

To Salt River Pima-Maricopa Indian Community Public Health

Disease/Condition		
Amebiasis	<i>Escherichia coli</i> , Shiga toxin-producing	Rabies in a human
Anaplasmosis	Giardiasis	Relapsing fever (borreliosis)
Animal Bite Injury	Glanders	Respiratory disease in a health care institution or correctional facility
Anthrax	Gonorrhea	Rubella (German measles)
Arboviral infection	<i>Haemophilus influenzae</i> , invasive disease	Rubella syndrome, congenital
Babesiosis	Hansen's disease (Leprosy)	Salmonellosis
Basidiobolomycosis	Hantavirus infection	Scabies
Botulism	Hemolytic uremic syndrome	Shigellosis
Brucellosis	Hepatitis A	Smallpox
Campylobacteriosis	Hepatitis B and Hepatitis D	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
Cancer	Hepatitis C	Streptococcal group A infection, invasive disease
Chagas infection and related disease (American trypanosomiasis)	Hepatitis E	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
Chancroid	HIV infection and related disease	<i>Streptococcus pneumoniae</i> infection (pneumococcal invasive disease)
Chikungunya	Influenza-associated mortality	Syphilis
<i>Chlamydia trachomatis</i> infection	Legionellosis (Legionnaires' disease)	Taeniasis
Cholera	Leptospirosis	Tetanus
Coccidioidomycosis (Valley Fever)	Listeriosis	Toxic shock syndrome
Colorado tick fever	Lyme disease	Trichinosis
Conjunctivitis, acute	Lymphocytic choriomeningitis	Tuberculosis, active disease
COVID-19	Malaria	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
Creutzfeldt-Jakob disease	Measles (rubeola)	Tularemia
Cryptosporidiosis	Melioidosis	Typhoid fever
<i>Cyclospora</i> infection	Meningococcal invasive disease	Typhus fever
Cysticercosis	Mpox	Vaccinia-related adverse event
Dengue	Mumps	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
Diarrhea, nausea, or vomiting	Novel coronavirus infection (e.g., SARS or MERS)	Varicella (chickenpox)
Diphtheria	Opioid Overdose and Poisoning	<i>Vibrio</i> infection
Drug Overdose and Poisoning, Non-opioid	Pertussis (whooping cough)	Viral hemorrhagic fever
Ehrlichiosis	Plague	West Nile virus infection
Emerging or exotic disease	Poliomyelitis (paralytic or non-paralytic)	Yellow fever
Encephalitis, parasitic	Psittacosis (ornithosis)	Yersiniosis (enteropathogenic <i>Yersinia</i> )
Encephalitis, viral	Q fever	Zika virus infection

In addition to the specified reportable diseases and conditions, any outbreak, exotic disease, or unusual group expression of disease of public health concern will be reported by the most expeditious means available.

Please note, reporting requirements are subject to change.

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To Salt River Pima-Maricopa Indian Community Public Health

Reporting requirements for a (Health Care Provider) or (Administrator of a Health Care Institution) or (Correctional Facility)														
<p>Submit a report that includes:</p> <p>The following information about the <b>case or suspect case</b></p> <ol style="list-style-type: none"> <li><b>Name</b></li> <li>Residential and mailing <b>addresses</b>;</li> <li><b>Country</b> of residence;</li> <li>Whether the individual is <b>living within the Salt River Pima-Maricopa Community or another reservation</b>. If another reservation, the name of the reservation;</li> <li>Whether the individual is a <b>member of Salt River Pima-Maricopa Community</b> or another tribe. If another tribe, the name of the tribe;</li> <li><b>Telephone number</b> and, if available, <b>email address</b>;</li> <li><b>Date of birth</b>;</li> <li><b>Race and ethnicity</b>;</li> <li><b>Gender</b>;</li> <li>If known, whether the individual is <b>pregnant</b>;</li> <li>If known, whether the individual is <b>alive or dead</b>;</li> <li>If known, the individual's <b>occupation</b>;</li> <li>If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, <b>the name and address of the school, child care establishment, health care institution, or food establishment</b>; and</li> <li>For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, telephone number, and, if available, email address of the <b>child's parent or guardian</b>, if known;</li> </ol> <p>The following information about <b>the disease</b>:</p> <ol style="list-style-type: none"> <li>The <b>name</b> of the disease;</li> <li>The <b>date of onset</b> of symptoms;</li> <li>The <b>date of diagnosis</b>;</li> <li>The <b>date of specimen collection</b>;</li> <li>Each <b>type of specimen</b> collected;</li> <li>Each <b>type of laboratory test</b> completed;</li> <li>The <b>date of the result</b> of each laboratory test; and</li> <li>A description of the <b>laboratory test results</b>, including quantitative values if available</li> </ol> <p>The <b>name, address, telephone number</b>, and if available, <b>email address</b> of:</p> <ol style="list-style-type: none"> <li>The <b>individual</b> making the report; and</li> <li>Health care provider, health care institution or correctional facility.</li> </ol>	<p>Disease specific information (when applicable):</p> <p><b><u>Tuberculosis:</u></b></p> <ol style="list-style-type: none"> <li>The site of infection;</li> <li>A description of the treatment prescribed, if any, including: <ol style="list-style-type: none"> <li>The name of each drug prescribed,</li> <li>The dosage prescribed for each drug, and</li> <li>The date of prescription for each drug;</li> </ol> </li> <li>Whether the diagnosis was confirmed by a laboratory and if so, the name, address, and phone number of the laboratory.</li> </ol> <p><b><u>Chancroid, gonorrhea, Chlamydia trachomatis infection, or syphilis:</u></b></p> <ol style="list-style-type: none"> <li>The gender of the individuals with whom the case or suspect case had sexual contact;</li> <li>A description of the treatment prescribed, if any, including: <ol style="list-style-type: none"> <li>The name of each drug prescribed,</li> <li>The dosage prescribed for each drug, and</li> <li>The date of the prescription for each drug;</li> </ol> </li> <li>The site of infection; and</li> <li>Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;</li> <li>For syphilis, also include <ol style="list-style-type: none"> <li>The stage of the disease; or</li> <li>Whether the syphilis is congenital.</li> </ol> </li> </ol> <p><b><u>Congenital syphilis in an infant:</u></b></p> <p>In addition to the information required for syphilis above, the following information:</p> <ol style="list-style-type: none"> <li>The name and date of birth of the infant's mother;</li> <li>The residential address, mailing address, telephone number, and, if available, email address of the infant's mother;</li> <li>The date and test results for the infant's mother of the prenatal syphilis test; and</li> <li>If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis: <ol style="list-style-type: none"> <li>Whether the infant's mother received treatment for syphilis,</li> <li>The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and</li> <li>The name and phone number of the health care provider required to report who treated the infant's mother for syphilis.</li> </ol> </li> </ol>													
<p>For each <b>outbreak</b> for which a report is required:</p> <ol style="list-style-type: none"> <li>A description of the signs and symptoms;</li> <li>If possible, a diagnosis and identification of suspected sources;</li> <li>The number of known cases and suspect cases;</li> <li>A description of the location and setting of the outbreak;</li> <li>The name, address, telephone number, and if available, email address of: <ol style="list-style-type: none"> <li>The individual making the report; and</li> <li>The health care provider, health care institution or correctional facility.</li> </ol> </li> </ol>	<p>When an <b><u>HIV-related test is ordered for an infant</u></b> who was perinatally exposed to HIV:</p> <table border="1"> <thead> <tr> <th>For the infant and mother:</th> <th>For the mother:</th> </tr> </thead> <tbody> <tr> <td>a. Name and date of birth</td> <td>a. HIV-related risk factors</td> </tr> <tr> <td>b. Address and telephone</td> <td>b. Delivery method</td> </tr> <tr> <td>c. Date of last medical evaluation</td> <td>c. HIV-related drugs prior to birth</td> </tr> <tr> <td>d. All HIV-related test information</td> <td></td> </tr> <tr> <td>e. Ordering provider name and contact</td> <td></td> </tr> </tbody> </table>		For the infant and mother:	For the mother:	a. Name and date of birth	a. HIV-related risk factors	b. Address and telephone	b. Delivery method	c. Date of last medical evaluation	c. HIV-related drugs prior to birth	d. All HIV-related test information		e. Ordering provider name and contact	
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