FINAL PROPOSED RULE # 25-P43

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Reportable and Communicable Diseases Rule

/s/ Kristin L. McClure , on 3/12/2026

(signature) (date)

Printed Name and Title:
Kristin McClure, Deputy Secretary
Agency of Human Services

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ Environmental Impact Analysis
- ☐ Strategy for Maximizing Public Input
- ☐ Scientific Information Statement (if applicable)
- ☐ Incorporated by Reference Statement (if applicable)
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Annotated text (Clearly marking changes from previous rule)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary

280 State Drive – Center Building
Waterbury, VT 05671-1000

OFFICE OF THE SECRETARY
TEL: (802) 241-0440
FAX: (802) 241-0450

JENNEY SAMUELSON
SECRETARY

KRISTIN MCCLURE
DEPUTY SECRETARY

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

MEMORANDUM

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

DATE: January 7, 2026

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

---

I hereby designate Kristin McClure, Deputy Secretary, Agency of Human Services as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedures Act, 3. V.S.A § 801 et seq.

CC: KristinMcClure@vermont.gov

1. TITLE OF RULE FILING:
   Reportable and Communicable Diseases Rule
2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE
   25P043
3. ADOPTING AGENCY:
   AHS, Vermont Department of Health
4. PRIMARY CONTACT PERSON:
   (A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

   Name: Jessica Schifano

   Agency: AHS, Vermont Department of Health

   Mailing Address: 280 State Drive Waterbury, VT 05671-8300

   Telephone: Fax:

   E-Mail: jessica.schifano@vermont.gov

   Web URL *(WHERE THE RULE WILL BE POSTED)*:
   http://www.healthvermont.gov/about-us/laws-regulations/public-comment
5. SECONDARY CONTACT PERSON:
   (A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

   Name:

   Agency:

   Mailing Address:

   Telephone: Fax:

   E-Mail:
6. RECORDS EXEMPTION INCLUDED WITHIN RULE:
   (DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

   IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

   PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:
7. LEGAL AUTHORITY / ENABLING LEGISLATION:
   (THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

3 V.S.A. § 801(b)(11); 18 V.S.A. §§ 102 and 1001, 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:
3 V.S.A. § 801(b)(11) states, "'Adopting authority' means, for agencies that are attached to the Agenc[y] of...Human Services...the secretaries of those agencies…"

8. 18 V.S.A. §1001 states: "The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable."
9. THE FILING HAS NOT CHANGED SINCE THE FILING OF THE PROPOSED RULE.
10. THE AGENCY HAS NOT INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.
11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.
12. THE AGENCY HAS NOT INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.
13. THE AGENCY HAS NOT INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.
14. CONCISE SUMMARY (**150 WORDS OR LESS**):
    The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action. This rulemaking does the following:

    1)Modifies and reorganizes the lists of required reportable findings in humans and animals;

    2)Changes the required reporting period for Brucellosis from "immediately" to "within 24 hours" and Rubella virus from "within 24 hours" to "immediately";

    3)Adds information about how to report positive tuberculin skin test (TST) results;

    4)Clarifies the reporting of blood lead results.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

The public health risks associated with diseases and laboratory findings in humans and animals is evolving. Updating the list of reportable findings is imperative to the Department's public health surveillance and disease prevention efforts.

Additionally, the changes associated with the reporting of COVID-19 and SARS-COV-2 are necessary to alleviate the administrative burden on health care providers, veterinarians, and laboratories, and are appropriate given the updates to CDC policies and the State's ability to more accurately surveil COVID-19 and SARS-COV-2 using other metrics.

Moreover, in response to feedback received from health care providers, veterinarians, and laboratories, the Department is proposing amendments to clarify requirements.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

18 V.S.A. §1001 states: "The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable." The decisions made by the Department regarding these regulations are factually based and are necessary in order for the Department to control the spread of communicable and dangerous diseases. These regulations are rationally connected to those factual bases because these regulations require the early and prompt reporting of listed diseases so that the Department of Health may take the necessary protective actions. A reasonable person can connect that the Department would need to know about a reportable finding in order to take necessary protective action.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

Health care providers

Laboratory directors

Veterinarians

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

There is likely to be cost savings to the regulated community associated with removing the requirements to report COVID-19 and SARS-CoV-2 to the Department. Due to the prevalence of COVID-19 and SARS-CoV-2, the Department anticipates that the removal of these reportable findings will reduce the administrative burden on the regulated community.

This rulemaking may also impose some costs on the regulated community due to the additions of required reportable findings. However, the added animal diseases that will be required to be reported (i.e., B Virus, Melioidosis, and Hemorrhagic Fevers) are rare and will likely have a limited impact on the administrative burden for the regulated community.

19. A HEARING WAS HELD.

20. HEARING INFORMATION
(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 1/13/2026

Time: 02:00 PM

Street Address: 280 State Drive, Waterbury, VT
Room: A209

Zip Code: 05671-8300

URL for Virtual: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDNlYjIzNGYtYTA3Yi00NGMzLTljNjAtMGZjNmI4OWUzNjkx%40thread.v2/0?context=%7b%22Tid%22%3a%2220b4933b-baad-433c-9c02-70edcc7559c6%22%2c%22Oid%22%3a%22e6440c4f-7582-4db1-800b-a2038a1e1e68%22%7d

---

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:
Time: AM
Street Address:
Zip Code:
URL for Virtual:

Date:
Time: AM
Street Address:
Zip Code:
URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):
1/20/2025

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

COVID-19
SARS-COV-2
Reportable Communicable Diseases
Laboratory
Health care providers
Veterinarians

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn't appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

---

1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Rule

2. ADOPTING AGENCY:

   AHS, Vermont Department of Health

3. CATEGORY OF AFFECTED PARTIES:

   LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

   Health care providers, veterinarians, and laboratory directors: There is likely to be cost savings to health care providers, veterinarians, and laboratories associated with removing the requirements to report COVID-19 and SARS-CoV-2 to the Department. Due to the prevalence of COVID-19 and SARS-CoV-2, the Department anticipates that the removal of these reportable

findings will reduce the administrative burden on the regulated community.

This rulemaking may also impose some costs on health care providers, veterinarians, and laboratories due to the additions of required reportable findings. However, the added animal diseases that will be required to be reported (i.e., B Virus, Melioidosis, and Hemorrhagic Fevers) are rare and will likely have a limited impact on the administrative burden for the regulated community.

4. IMPACT ON SCHOOLS:
INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

Since school health officials are required to report reportable diseases under this Rule, there is likely to be cost savings associated with removing the requirements to report individual COVID-19 cases to the Department. Due to the prevalence of COVID-19, the Department anticipates that the removal of this reportable finding will reduce the administrative burden on the regulated community. Outbreaks of COVID-19 will still be reportable to the Department; this rulemaking does not change this existing requirement.

5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

Because we anticipate that the Rule will reduce costs and administrative burden on school health officials, alternatives have not been considered.

6. IMPACT ON SMALL BUSINESSES:
INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

There are no anticipated impacts to small businesses.

7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

   There are no anticipated impacts to small businesses.

8. COMPARISON:

   COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

   Without these amendments, health care providers, veterinarians, and labs would need to continue to report SARS-COV-2 and COVID-19 results that are no longer utilized by the CDC or the State. There would be an unnessessary administrative burden on health care providers, veterinarians, and laboratories. These proposed amendments are appropriate given the updates to CDC policies and the State's ability to more accurately surveil COVID-19 and SARS-COV-2 using other metrics. Additionally, without the proposed additional necessary reportable findings, the Department would be greatly hindered in its ability to take the necessary protective actions on known threats to public health.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

   The Department has provided the relevant information above based on the assessment of the potential impacts.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

---

1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Rule

2. ADOPTING AGENCY:

   AHS, Vermont Department of Health

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*
   No impact is anticipated.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*
   No impact is anticipated.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*
   No impact is anticipated.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*
   No impact is anticipated.

7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
   No impact is anticipated.

8. OTHER: *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
   No impact is anticipated.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
   The rule does not impact any of the areas listed above, and therefore, this analysis sufficiently captures that there will be no environmental impact.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

---

1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Rule

2. ADOPTING AGENCY:

   AHS, Vermont Department of Health

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

   The Department reached out to the parties listed below. Additionally, there was a public notice, a public comment period, and a public hearing. The rule is posted on the Department of Health website: http://healthvermont.gov/admin/public_comment.aspx.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

   The Department has conducted targeted outreach to the following: 40 infectious disease clinicians
   26 Infectious Prevention Professionals representing every Vermont hospital
   The Vermont Veterinary Medical Association
   Vermont Agency of Agriculture, Food, and Markets
   Vermont Department of Fish & Wildlife
   USDA Wildlife Services

Public Input

USDA Veterinary Services

School Nurses

Vermont Agency of Administration

Interagency Committee on Administrative Rules (ICAR) Minutes

Date/Time: November 10, 2025, 2:00 PM

Location: Virtually via Microsoft Teams

Members Present: Nick Kramer, Jared Adler, John Kessler, Natalie Weill, Michael Obuchowski, Nicole Dubuque, John Kessler and Diane Sherman

Members Absent: Jennifer Mojo

Minutes By: Chrissy Gilhuly

- 2:03 p.m. meeting called to order
- Review and approval of minutes from the October 27, 2025 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments were made.
- Presentation of Proposed Rule with recommended changes on pages to follow:

1) Green Mountain Care Board (GMCB)
    a. Oversight of the Accountable Care Organizations. This rule establishes revised standards and processes, consistent with Act 62 of 2025, that the GMCB will use to certify Accountable Care Organizations (ACOs) and review, modify, and approve the budgets of ACOs.

2) Agency of Human Services, Vermont Department of Health
    a. The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action. This rulemaking does the following:

        i. Modifies and re-organizes the lists of required reportable findings in humans and animals;
        ii. Changes the required reporting period for Brucellosis from "immediately" to "within 24 hours" and Rubella virus from "within 24 hours" to "immediately";
        iii. Adds information about how to report positive tuberculin skin test (TST) results;
        iv. Clarifies the reporting of blood lead results.

3) Agency of Human Services – Department of Disabilities, Aging, and Independent Living

    a. Brain Injury Program Rule: AHS maintains a set of rules for all Vermont Medicaid services, called the Health Care Administrative Rules (HCAR). Home & Community-Based Services, like the Brain Injury Program (BIP), are required to be part of HCAR. This rule proposes to modernize some definitions, add clarity regarding continued clinical eligibility, incorporate a new required Medicaid policy regarding paying legally responsible individuals, insert federally required Electronic Visit Verification, and add an updated Case Management definition, along with a new "Service Broker" service to comply with federally required Conflict-Free Case Management rules.

- Next scheduled meeting is November 17, at 2:00 p.m.
- 3:11 p.m. meeting adjourned.

Proposed Rule: Agency of Human Services, Vermont Department of Health. The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action.

Presented By: Natalie Weill, Public Health Policy Advisor and Jessica Schifano, Policy Director, Department of Health

Motion made to accept the rule by John Kessler, seconded by Nicole Dubuque, and passed unanimously with one abstention, Natalie Weill, with the following recommendations:

1) Proposed Filing – Coversheet:
    a. #8: Remove hyphen from the word reorganizes.

2) Adopting Page:
    a. #4: Confirm that the date listed is the effective date, not adopting date.

Annotated Text

Chapter 4 – Health Surveillance and Infectious Disease
Subchapter 1

Reportable and Communicable Diseases Rule

1.0 Authority

These regulations are pursuant to 18 V.S.A. §§ 102 and 1001, ~~3 V.S.A. §3003(b),~~ 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

2.0 Purpose

The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action.

3.0 Definitions

3.1 "Commissioner" means the Commissioner of Health.

3.2 "Communicable disease" or "communicable syndrome" means an illness due to the infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal, host, or vector, or through the inanimate environment.

3.3 "Department" means the Vermont Department of Health.

3.4 "Electronic laboratory reporting" means the transmission of a reportable laboratory finding and associated required report elements from the reporting entity to the Department in a structured format, including but not limited to HL7 messaging, flat file, and web-based entry.

3.5 "Laboratory" means a facility performing testing that identifies a reportable finding as defined in this rule, including but not limited to point-of-care testing, in-clinic testing, hospital laboratory testing, and reference laboratory testing.

3.6 "Subject species" means any mammal species which may carry and potentially serve as a reservoir species for rabies including but not limited to raccoons, foxes, bats, skunks, woodchucks, and domestic animals.

4.0 Confidentiality Requirements

4.1 Any person or entity required to report under this rule must have written policies and procedures in place that ensure the confidentiality of the records. Such policies and procedures must, at a minimum, include the following:

4.1.1 Identification of those positions/individuals who are authorized to have access to confidential disease-reporting information and the limits placed upon their access;

4.1.2 A mechanism to assure that the confidentiality policies and procedures are understood by affected staff;

4.1.3 A process for training staff in the confidential handling of records;

4.1.4 A quality assurance plan to monitor compliance and to institute corrective action when necessary;

4.1.5 A process for the confidential handling of all electronically-stored records;

4.1.6 A process for authorizing the release of confidential records; and

4.1.7 Provision for annual review and revision of confidentiality policies and procedures.

4.2 In relation to the reporting of HIV and AIDS, the Department shall maintain the following:

4.2.1 Procedures for ensuring the physical security of reports, including procedures for personnel training and responsibilities for handling physical reports and data;

4.2.2 Computer security procedures;

4.2.3 Communication procedures;

4.2.4 Procedures for the legal release of data; and

4.2.5 Procedures to ensure that a disclosure of information from the confidential public health record is made consistent with 18 V.S.A. § 1001(b).

5.0 Reporting Requirements for Both Diseases and Laboratory Findings

5.1 Persons Required to Report Reportable Diseases and Laboratory Findings

5.1.1 The professionals listed below are required to report all diseases and laboratory findings, listed in Section 6.3 and Section 7.3, to the Department of Health. Professionals employed at nonmedical community-based organizations are exempt from these requirements. The following are required reporters:

- 5.1.1.1 Infection preventionists;
- 5.1.1.2 Laboratory directors;
- 5.1.1.3 Nurse practitioners;
- 5.1.1.4 Nurses;
- 5.1.1.5 Physician assistants;
- 5.1.1.6 Physicians;
- 5.1.1.7 School health officials;
- 5.1.1.8 Administrators of long-term care and assisted living facilities;
- 5.1.1.9 Pharmacists; and
- 5.1.1.10 Any other health care provider, as defined by 18 V.S.A § 9402.

5.1.2 Required reporters listed in Section 5.1.1 shall report all suspected and confirmed diseases listed in Section 6.3, Table 1: Diseases, Syndromes, and Treatments Required to be Reported (Table 1), and in Section 7.3, Table 2: Laboratory Findings Required to be Reported (Table 2), unless otherwise specified in Table 1 and Table 2.

5.1.3 Required reporters listed in Section 5.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Table 1 and Table 2, unless otherwise specified in Table 1 and Table 2.

5.1.4 Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*) shall be reported to the Department immediately, by telephone.

5.2 Additional Reporting Requirements for Diseases and Laboratory Findings

5.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 6.1 and Section 7.1, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

- 5.2.1.1 Any single unusual occurrence of a communicable disease of a major public health concern;

5.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern; or

5.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from a disease or laboratory finding of a major public health concern.

6.0 Communicable Disease Reports

6.1 Content of Report

6.1.1 The report of communicable diseases, and other dangerous and rare infectious diseases listed in Section 6.3, Table 1, shall include the following information as it relates to the affected person:

6.1.1.1 Name;
6.1.1.2 Date of birth;
6.1.1.3 Age;
6.1.1.4 Sex;
6.1.1.5 Race;
6.1.1.6 Ethnicity;
6.1.1.7 Address;
6.1.1.8 Telephone number;
6.1.1.9 Name of health care provider/physician;
6.1.1.10 Address of health care provider/physician;
6.1.1.11 Name of disease being reported;
6.1.1.12 Date of onset of the disease;
6.1.1.13 Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
6.1.1.14 Laboratory and diagnostic results relevant to the disease or syndrome, if requested; and
6.1.1.15 Any other information deemed pertinent by the reporter.

6.2 How to Report Diseases, Syndromes, and Treatments

6.2.1 The report shall be made by telephone, in writing, or electronically within 24 hours to the Department, unless denoted by an asterisk (*).

6.2.2 Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

6.2.3 HIV and AIDS reports shall be made on the Adult HIV/AIDS Confidential Case Report Form or the Pediatric HIV/AIDS Confidential Case Report Form, as appropriate.

6.2.4 Positive tuberculin skin test (TST) results shall be reported to the Department, by telephone, within 24 hours.

6.2.5 Although not required under this Rule, b~~B~~lood lead results shall also be reported ~~as listed in~~in accordance with Section 6 of the Blood Lead Screening, Reporting and Response Rule.

6.3 Diseases, Syndromes, and Treatments Required to be Reported

6.3.1 Table 1 is a list of all reportable diseases, syndromes, and treatments.

6.3.1.1 Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*) shall be reported to the Department immediately, by telephone:

Table 1: Diseases, Syndromes, and Treatments Required to be Reported

Diseases, Syndromes, and Treatments	Reportable Laboratory Findings
Anaplasmosis	*Anaplasma phagocytophilum*
Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at HS_ID_TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov).	N/A
Anthrax*	*Bacillus anthracis**
Arboviral disease, including arboviral encephalitis	California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus

	St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses
Babesiosis	*Babesia* species~~*microti, Babesia divergens, Babesia duncani*~~
Blastomycosis	*Blastomyces* species
~~Blood lead levels~~	~~All results, including undetectable~~
Botulism*	*Clostridium botulinum**
Brucellosis~~*~~	*Brucella* species~~*~~
Campylobacteriosis	*Campylobacter* species
Candida auris illness	*Candida auris*
Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization	Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility and resistance mechanism results
Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization	Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results
~~Chikungunya virus disease~~	~~Chikungunya virus~~
Chlamydia trachomatis infection	*Chlamydia trachomatis*
Cholera*	*Vibrio cholerae* serogroups O1 or O139*
~~COVID-19~~	~~SARS-CoV-2~~
COVID-19-related pediatric deaths	SARS-CoV-2
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies	N/A
Cryptosporidiosis	*Cryptosporidium* species
Cyclosporiasis	*Cyclospora cayetanensis*

~~Dengue~~	~~Dengue virus~~
Diphtheria*	*Corynebacterium diphtheriae**
~~Eastern equine encephalitis~~	~~Eastern equine encephalitis virus~~
Ehrlichiosis	*Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis*
~~Encephalitis~~	~~N/A~~
Glanders*	*Burkholderia mallei**
Gonorrhea	*Neisseria gonorrhoeae*
Haemophilus influenzae disease, invasive*	*Haemophilus influenzae,* isolated from a normally sterile site, including susceptibility results*
Hantavirus disease	Hantaviruses
Hard tick relapsing fever	*Borrelia miyamotoi*
Hemolytic uremic syndrome (HUS)	N/A
Hepatitis A (acute)*	Hepatitis A virus (anti-HAV IgM)*
Hepatitis B	Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
Hepatitis B, positive surface antigen in a pregnant person	Hepatitis B virus (HbsAg)
Hepatitis C	Positive hepatitis C antibody results and all positive and non-detectable nucleic acid test results, including genotype
Hepatitis E	Hepatitis E virus (IgM anti-HEV)
Human immunodeficiency virus (HIV) infection/AIDS	Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
Infant botulism*	*Clostridium botulinum**
Influenza: Report	N/A (except for novel influenza A)

-Individual cases of influenza only if due to a novel strain of Influenza A* - Pediatric influenza-related deaths - Institutional outbreaks	
~~Jamestown Canyon virus disease~~	~~Jamestown Canyon virus~~
~~La Crosse virus disease~~	~~La Crosse virus~~
Legionellosis	*Legionella* species
Leptospirosis	*Leptospira* species
Listeriosis	*Listeria monocytogenes*
~~Lyme disease~~	~~*Borrelia burgdorferi*, *Borrelia mayonii*~~
Malaria	*Plasmodium* species
Measles (Rubeola)*	Measles virus*
Melioidosis*	*Burkholderia pseudomallei**
Meningitis, bacterial*	*Neisseria meningitidis* isolated from a normally sterile site*, including susceptibility results, *Streptococcus pneumoniae* isolated from a normally sterile site, including susceptibility results, *Haemophilus influenzae* isolated from a normally sterile site, including susceptibility results
Meningococcal disease*	*Neisseria meningitidis,* isolated from a normally sterile site, including susceptibility results *
Middle East Respiratory Syndrome (MERS)*	MERS CoV*
Mpox (human monkeypox)	MPXV Clade I and Clade II, non-variola *Orthopoxvirus*
Multisystem inflammatory syndrome in children (MIS-C)	SARS-CoV-2
Mumps	Mumps virus
Pertussis (whooping cough)	*Bordetella pertussis*
Plague*	*Yersinia pestis**
Poliovirus infection, including poliomyelitis*	Poliovirus*
~~Powassan virus disease~~	~~Powassan virus~~

Psittacosis	*Chlamydia psittaci*
Q fever	*Coxiella burnetii*
Rabies, human* and animal* cases	Rabies virus*
Rabies postexposure prophylaxis in humans Reporting form available at HS_ID_RabiesPostexposureProphylaxisReportForm.pdf (healthvermont.gov).	N/A
Reye syndrome	N/A
Ricin toxicity	Ricin toxin
Rubella (German measles)*	Rubella virus*
Rubella, congenital rubella syndrome	Rubella virus*
Salmonella Paratyphi infection*	*Salmonella enterica* serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi]*
*Salmonella Typhi infection**	*Salmonella enterica serotype Typhi**
Salmonellosis	*Salmonella* species (non-Typhi)
Severe Acute Respiratory Syndrome (SARS)*	SARS-CoV/SARS-associated virus*
Shiga toxin-producing *E.coli* (STEC)	Shiga toxin-producing *E.coli* (STEC) (including O157:H7)
Shigellosis	*Shigella* species
Smallpox*	Variola virus*
Spotted fever group rickettsioses	*Rickettsia* species
~~St. Louis encephalitis~~	~~St. Louis encephalitis virus~~
Streptococcal disease, group A, invasive	*Streptococcus pyogenes* (group A), isolated from a normally sterile site
Streptococcal disease, group B invasive (infants less than one month of age)	*Streptococcus agalactiae* (group B), isolated from a normally sterile site (infants less than one month of age)
Streptococcus pneumoniae disease, invasive	*Streptococcus pneumoniae*, isolated from a normally sterile site, including susceptibility results

Syphilis	*Treponema pallidum* and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)
Tetanus	*Clostridium tetani*
Toxic shock syndrome	N/A
Trichinellosis	*Trichinella* species
Tuberculosis disease*	*Mycobacterium tuberculosis* complex, including susceptibility results, interferon gamma release assay (IGRA), tuberculin skin test (TST)
Tuberculosis infection, latent	Interferon gamma release assay (IGRA), tuberculin skin test (TST)
Tularemia*	*Francisella tularensis**
Vaccinia (disease or adverse event)	Vaccinia virus
Varicella (chickenpox only)	Varicella virus
Vibriosis	*Vibrio* species
VRSA, VISA infection	*Staphylococcus aureus,* vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results
~~West Nile virus illness~~	~~West Nile virus~~
Yellow fever	Yellow fever virus
Yersiniosis	*Yersinia enterocolitica*
~~Zika virus disease and infection~~	~~Zika virus~~

7.0 Reportable Laboratory Findings

7.1 Content of the Laboratory Report

7.1.1 The laboratory report of the conditions listed in Section 7.3, Table 2, shall include the following information as it relates to the affected person:

7.1.1.1 Patient name

7.1.1.2 Patient date of birth

7.1.1.3 Patient sex;

7.1.1.4 Patient race;
7.1.1.5 Patient ethnicity;
7.1.1.6 Patience address;
7.1.1.7 Patient telephone number;
7.1.1.8 Name of ordering health care provider/physician and NPI (as applicable);
7.1.1.9 Address of ordering health care provider/physician;
7.1.1.10 Telephone number of ordering provider/physician;
7.1.1.11 Accession number/specimen ID;
7.1.1.12 Specimen type(s), e.g., serum, swab, etc.;
7.1.1.13 Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes;
7.1.1.14 Diagnostic test(s) performed (use national standardized codes);
7.1.1.15 Test results(s) (use national standardized codes);
7.1.1.16 Interpretation of result(s);
7.1.1.17 Date(s) of specimen collection;
7.1.1.18 Date test ordered;
7.1.1.19 Names of performing facility and CLIA number (if applicable); and
7.1.1.20 Address of performing facility.

7.1.2 Reports shall include any additional information required by federal statute or rule.

7.2 How to Make a Report for Laboratory Findings

7.2.1 Laboratories shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. If electronic laboratory reporting is not available, the laboratory may substitute an alternate reporting method with permission from the Department.

7.2.2 If no positive reportable laboratory findings have been made during a given week, then a written report of "No reportable findings" shall be made. For laboratories with validated electronic laboratory reporting, a report of "No reportable findings" is not required.

7.2.3 Laboratories are required to report results to the Department irrespective of the required reporting of other parties listed under this rule.

7.3 Laboratory Findings Required to be Reported

7.3.1 All positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests supportive of a current infection ~~of~~for the following conditions, to include any rare infectious disease or one dangerous to public health, must be reported. Laboratory findings required to be reported with negative, undetectable, or non-detectable results, are specified in Table 2. For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department, by telephone, immediately:

Table 2: Laboratory Findings Required to be Reported	
Reportable Laboratory Findings	**Diseases, Syndromes, Treatments**
Anaplasma phagocytophilum	Anaplasmosis
Arboviruses: California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses	Arboviral disease, including arboviral encephalitis
Babesia species ~~*microti, Babesia divergens, Babesia duncani*~~	Babesiosis
*Bacillus anthracis**	Anthrax*

Blastomyces species	Blastomycosis
~~Blood lead levels (all results, including undetectable)~~	~~N/A~~
Bordetella pertussis	Pertussis (whooping cough)
Borrelia burgdorferi ~~*Borrelia mayonii*~~	N/A~~Lyme disease~~
Borrelia mayonii	N/A~~Lyme disease~~
Borrelia miyamotoi	Hard tick relapsing fever
Brucella species~~*~~	Brucellosis~~*~~
*Burkholderia mallei**	Glanders*
*Burkholderia pseudomallei**	Melioidosis*
Campylobacter species	Campylobacteriosis
Candida auris	*Candida auris* illness
Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility and resistance mechanism results	Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization
Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results	Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization
CD4+ T-lymphocyte counts and percentages (all results)	N/A
~~Chikungunya virus~~	~~Chikungunya virus disease~~
Chlamydia psittaci	Psittacosis
Chlamydia trachomatis	*Chlamydia trachomatis* infection
*Clostridium botulinum**	Botulism* and infant botulism*
Clostridium tetani	Tetanus
*Corynebacterium diphtheriae**	Diphtheria*
Coxiella burnetii	Q fever
Cryptosporidium species	Cryptosporidiosis
CSF findings (all positive results)	N/A

Cyclospora cayetanensis	Cyclosporiasis
~~Dengue virus~~	~~Dengue~~
~~Eastern equine encephalitis virus~~	~~Eastern equine encephalitis~~
Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis	Ehrlichiosis
*Francisella tularensis**	Tularemia*
Haemophilus influenzae, isolated from a normally sterile site*, including susceptibility results	Invasive *Haemophilus influenzae* disease*, bacterial meningitis
Hantaviruses	Hantavirus disease
Hepatitis A virus (anti-HAV IgM)*	Acute hepatitis A*
Hepatitis B virus (HBsAg, anti-HBc IgM, HBeAg, HBV DNA)	Hepatitis B (acute and chronic)
Hepatitis C virus (positive antibody results and all positive and non-detectable nucleic acid test results, including genotype)	Hepatitis C (acute and chronic)
Hepatitis E virus (IgM anti-HEV)	Hepatitis E
Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing	HIV/AIDS
Interferon gamma release assay (IGRA)	Tuberculosis infection
~~Jamestown Canyon virus~~	~~Jamestown Canyon virus disease~~
~~La Crosse virus~~	~~La Crosse virus disease~~
Legionella species	Legionellosis
Leptospira species	Leptospirosis
Listeria monocytogenes	Listeriosis
Measles virus*	Measles (Rubeola)*
MERS CoV*	Middle East Respiratory Syndrome (MERS)*
MPXV Clade I and Clade II, non-variola *Orthopoxvirus*	Mpox (human monkeypox)

Mumps virus	Mumps
Mycobacterium tuberculosis complex, including susceptibility results	Tuberculosis (TB) disease*, latent TB infection
Neisseria gonorrhoeae	Gonorrhea
Neisseria meningitidis, isolated from a normally sterile site*, including susceptibility results	Bacterial meningitis, meningococcal disease*
Plasmodium species	Malaria
Poliovirus*	Poliovirus infection, including poliomyelitis*
~~Powassan virus~~	~~Powassan virus disease~~
Rabies virus*	Rabies, human* and animal* cases
Ricin toxin	Ricin toxicity
Rickettsia species	Spotted fever group rickettsioses
Rubella virus*	Rubella (German measles)*, congenital rubella syndrome
Salmonella enterica serotype Typhi*	*Salmonella* Typhi infection*
Salmonella enterica serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi]*	*Salmonella* Paratyphi infection*
Salmonella species (non-Typhi)	Salmonellosis
SARS-CoV/SARS-associated virus*	Severe Acute Respiratory Syndrome (SARS)*
~~SARS-CoV-2~~	~~COVID-19, COVID-19-related pediatric deaths~~
Shigella species	Shigellosis
Shiga toxin-producing *E.coli* (STEC) (including O157:H7)	Shiga toxin-producing *E.coli* (STEC)
~~St. Louis encephalitis virus~~	~~St. Louis encephalitis~~
Staphylococcus aureus, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results	VRSA, VISA infection
Streptococcus pyogenes (group A), isolated from a normally sterile site	Invasive group A streptococcal (GAS) disease
Streptococcus agalactiae (group B), isolated from a normally sterile site (infants less than one month of age)	Neonatal invasive group B streptococcal (GBS) disease

Streptococcus pneumoniae, isolated from a normally sterile site, including susceptibility results	Invasive *Streptococcus pneumoniae* disease
Treponema pallidum and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)	Syphilis
Trichinella species	Trichinellosis
Tuberculin skin test (TST)	Tuberculosis infection
Vaccinia virus	Vaccinia disease or vaccine adverse event
Varicella virus	Varicella (only chickenpox is reportable)
Variola virus*	Smallpox*
Vibrio cholerae serogroups O1 or O139*	Cholera*
Vibrio species	Vibriosis
~~West Nile virus~~	~~West Nile virus illness~~
Yellow fever virus	Yellow fever
Yersinia enterocolitica	Yersiniosis
*Yersinia pestis**	Plague*
~~Zika virus~~	~~Zika virus disease and infection~~

7.3.2 Further Analysis and Typing

7.3.2.1 The Department of Health Laboratory will provide transport containers and instruction on how to submit specimens or isolates.

7.3.2.2 Specimens or isolates supportive of a current infection ~~of~~with the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis, typing, or storage if the Department makes a request ~~for further characterization~~:

7.3.2.2.1 Arboviruses

~~7.3.2.2.1~~7.3.2.2.2 *Bacillus anthracis*;

~~7.3.2.2.2~~7.3.2.2.3 *Bacillus cereus*, biovar anthracis;

~~7.3.2.2.3~~7.3.2.2.4 *Brucella* species;
~~7.3.2.2.4~~7.3.2.2.5 *Burkholderia mallei*;
~~7.3.2.2.5~~7.3.2.2.6 *Burkholderia pseudomallei*;
~~7.3.2.2.6~~7.3.2.2.7 *Campylobacter* species;
~~7.3.2.2.7~~7.3.2.2.8 *Candida auris*;
~~7.3.2.2.8~~7.3.2.2.9 Carbapenem-resistant *Acinetobacter baumannii* (CRAB);
~~7.3.2.2.9~~7.3.2.2.10 Carbapenem-resistant *Enterobacteriaceae* (CRE);
~~7.3.2.2.10~~7.3.2.2.11 Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA);
~~7.3.2.2.11~~7.3.2.2.12 Clostridium botulinum;
~~7.3.2.2.12~~7.3.2.2.13 *Corynebacterium diphtheriae*;
~~7.3.2.2.13~~7.3.2.2.14 *Coxiella burnetii*;
~~7.3.2.2.14~~7.3.2.2.15 *Cryptosporidium* species;
~~Eastern equine encephalitis virus;~~
~~7.3.2.2.15~~7.3.2.2.16 E. coli,, Shiga toxin-producing (STEC) (including O157:H7)
~~7.3.2.2.16~~7.3.2.2.17 *Francisella tularensis*;
~~7.3.2.2.17~~7.3.2.2.18 *Haemophilus influenza*, isolated from a normally sterile site;
~~7.3.2.2.18~~7.3.2.2.19 Hantaviruses;
~~7.3.2.2.19~~7.3.2.2.20 Hemorrhagic fever viruses;
~~7.3.2.2.20~~7.3.2.2.21 Influenza A, novel strains only;
~~7.3.2.2.21 Jamestown Canyon virus;~~
~~7.3.2.2.22 La Crosse virus;~~
~~7.3.2.2.23~~7.3.2.2.22 *Legionella* species;
~~7.3.2.2.24~~7.3.2.2.23 *Leptospira* species;
~~7.3.2.2.25~~7.3.2.2.24 *Listeria* species;
~~7.3.2.2.26~~7.3.2.2.25 MERS-CoV;
~~7.3.2.2.27~~7.3.2.2.26 *Mycobacterium tuberculosis*;
~~7.3.2.2.28~~7.3.2.2.27 *Neisseria meningitidis*, isolated from a normally sterile site;
~~7.3.2.2.29~~7.3.2.2.28 ~~Powassan virus;~~
~~7.3.2.2.30~~7.3.2.2.29 Ricin toxin;
~~7.3.2.2.31~~7.3.2.2.30 *Salmonella* species;
~~7.3.2.2.32~~7.3.2.2.31 SARS-CoV/SARS-associated virus;
~~7.3.2.2.33 Shiga toxin-producing E. coli (STEC) (including O157:H7);~~
~~7.3.2.2.34~~7.3.2.2.32 *Shigella* species;
~~7.3.2.2.35 St. Louis encephalitis virus;~~

~~7.3.2.2.36~~7.3.2.2.33 *Streptococcus pyogenes* (group A), isolated from a normally sterile site;
~~7.3.2.2.37~~7.3.2.2.34 *Vibrio* species;
~~7.3.2.2.38~~7.3.2.2.35 VISA (vancomycin-intermediate Staphylococcus aureus);
~~7.3.2.2.39~~7.3.2.2.36 VRSA (vancomycin-resistant Staphylococcus aureus);
~~7.3.2.2.40 West Nile virus;~~
~~7.3.2.2.41~~7.3.2.2.37 *Yersinia enterocolitica*; and
~~7.3.2.2.42~~7.3.2.2.38 *Yersinia pestis*.

8.0 Pharmacist Reports

Pharmacists are required to report to the Department any recognized unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a substantial risk of significant number of human fatalities or incidents of permanent or long-term disability within 24 hours of when they become aware of such an event.

9.0 Data from Vermont Health Information Exchange

9.1 The Vermont Health Information Exchange shall provide access to data to the Health Department related to communicable diseases in Vermont. These may include, but are not limited to, information for laboratory and case reporting, hospitalization data, and patient demographics.

9.2 The Vermont Health Information Exchange shall provide the Health Department with access to records reported to the Exchange for electronic laboratory reporting, immunizations, and information related to communicable diseases in Vermont.

10.0 Prophylaxis for Eyes of Newborn

Prophylaxis for conjunctivitis of the newborn (ophthalmia neonatorum) shall be administered by a health care provider to all infants immediately after birth by the medical provider attending the birth.

11.0 Surveillance of Animal Diseases and Laboratory Findings

11.1 Persons Required to Report

11.1.1 The professionals listed below are required to report all diseases and laboratory findings listed in Section 11.5 to the Department. The following are required reporters of these diseases and laboratory findings:

- 11.1.1.1 Veterinarians;
- 11.1.1.2 Veterinary diagnostic laboratory directors; and
- 11.1.1.3 Biologists.

11.1.2 Required reporters listed in Section 11.1.1 shall report all suspected and confirmed diseases listed in Section 11.5.

11.1.3 Required reporters listed in Section 11.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Section 11.5.

11.1.4 Diseases and laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

11.2 Additional Reporting Requirements for Animal Diseases and Laboratory Findings

11.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 11.5, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

- 11.2.1.1 Any single unusual occurrence of an animal disease of a major public health concern;
- 11.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern;
- 11.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from an animal disease or laboratory finding of a major public health concern; and
- 11.2.1.4 Any evidence or suspicion of terrorism, including intentional or threatened use of viruses, bacteria, fungi, toxins, chemicals, or radiologic material to produce malfunction, illness, or death in animals and/or humans.

11.3 Content of the Report

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the diseases listed in Section 11.5, or any unusual cluster of animal illnesses

or deaths shall include as much of the following information as is available:

11.3.1.1 Location or suspected location of the affected animal(s);
11.3.1.2 Name of any known owner;
11.3.1.3 Address of any known owner;
11.3.1.4 Name of reporting individual;
11.3.1.5 Address of reporting individual;
11.3.1.6 Name of disease or suspected disease being reported;
11.3.1.7 Type of animal(s) affected;
11.3.1.8 Number of animal(s) affected;
11.3.1.9 Date of confirmation of disease or onset of clinical signs;
11.3.1.10 Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
11.3.1.11 Laboratory and diagnostic results relevant to the disease or syndrome, if requested; and
11.3.1.12 Any other information deemed pertinent by the reporter.

11.3.2 Laboratory report: The report of positive, non-negative, presumptive, or confirmed isolation, detection or serological results shall include as much of the following information as is available:

11.3.2.1 Name of any known owner;
11.3.2.2 Address of any known owner;
11.3.2.3 Name of person who submitted specimen;
11.3.2.4 Address of person who submitted specimen;
11.3.2.5 Name of test;
11.3.2.6 Result of test;
11.3.2.7 Date ~~submitted~~of specimen collection;
11.3.2.8 Date of positive test result;
11.3.2.9 Specimen type (e.g. swab); and
11.3.2.10 Specimen source (e.g. skin, mouth).

11.3.3 Laboratories are required to report the result to the Department irrespective of the required reporting of other parties listed under this rule.

11.4 How to Make a Report for Animal Disease and Laboratory Finding

11.4.1 The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department within 24 hours, unless denoted with an asterisk (*).

11.4.2 Diseases and laboratory findings, denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

11.5 Animal Diseases and Laboratory Findings Required to be Reported

11.5.1 The professionals listed in Section 11.1.1 shall report to the Department within 24 hours of the time when they become aware of clinical or laboratory diagnosis, suspicion of any rare infectious disease in animals that might pose a risk of a significant number of human and animal fatalities, or incidents of permanent or long-term disability. Diseases or laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

11.5.1.1 Anthrax (*Bacillus anthracis*)* ;
11.5.1.2 Arboviral infection;
11.5.1.3 Avian c~~C~~hlamydiosis (~~-~~*Chlamydia psittaci*);
~~11.5.1.3~~11.5.1.4 B virus (herpesvirus B);
~~11.5.1.4~~11.5.1.5 Brucellosis (*Brucella* species);
~~11.5.1.5~~11.5.1.6 Glanders (*Burkholderia mallei*)*;
11.5.1.7 Hantavirus;
~~11.5.1.6~~11.5.1.8 Hemorrhagic fever viruses;
11.5.1.9 Mpox;
~~11.5.1.7~~11.5.1.10 Melioidosis (*Burkholderia pseudomallei*);
~~11.5.1.8~~1.1.1.1 ~~Tuberculosis (*Mycobacterium tuberculosis* complex);~~
~~11.5.1.9~~11.5.1.11 Novel influenza (avian, swine);
~~11.5.1.10~~11.5.1.12 Plague (*Yersinia pestis*)*;
~~11.5.1.11~~ Q Fever (*Coxiella burnetii*);
11.5.1.13
~~11.5.1.12~~ Rabies*;
11.5.1.14 ~~SARS-CoV-2 infection; and~~
Tuberculosis (*Mycobacterium tuberculosis* complex); and
~~11.5.1.13~~11.5.1.15
~~11.5.1.14~~11.5.1.16 Tularemia (*Francisella tularensis*)*.

12.0 Rabies Control

12.1 Animal Bite Report: The form to report an animal bite is available at www.healthvermont.gov.

12.1.1 Physician Report Responsibilities

12.1.1.1 Physicians shall report to the local health officer the full name, age and address of any person known to have been bitten by an animal of a species subject to rabies within 24 hours of actual

or constructive notice.

12.1.2 Reporting Responsibilities When There is No Physician in Attendance

12.1.2.1 Minors: If no physician is in attendance and the person bitten is under 18 years of age, the parent or guardian shall make such report within 24 hours of actual or constructive notice to the local town health officer.

12.1.2.2 Adults: If no physician is in attendance and the person bitten is an adult, the person shall report, or cause to be reported, such information to the local town health officer.

12.2 Control Methods in Domestic and Confined Animals

12.2.1 Post exposure management: Any animal bitten or scratched by a wild mammal not available for testing shall be regarded as having been exposed to rabies.

12.2.1.1 Dogs, Cats and Ferrets: When an unvaccinated dog, cat or ferret is exposed to a rabid animal the Department may order that the exposed animal be euthanized immediately or be placed in strict isolation for 4 (dogs and cats) or 6 (ferrets) months. A rabies vaccine shall be administered immediately. Dogs, cats, and ferrets that are currently vaccinated shall be revaccinated immediately, kept under the owner's control, and observed for 45 days. Animals overdue for a booster vaccination need to be evaluated on a case-by-case basis.

12.2.1.2 Other Animals: Other animals exposed to rabies should be evaluated on a case-by-case basis.

12.2.2 Management of Animals that Bite Humans

12.2.2.1 The local health officer shall cause an apparently healthy dog, cat or ferret, regardless of vaccinations status, that bites a person to be confined and observed for 10 days.

12.2.2.2 A rabies vaccine should not be administered during the observation period and such animals must be evaluated by a veterinarian at the first sign of illness during confinement. Any illness in the animal must be reported immediately to the local health officer.

12.2.2.3 If clinical signs consistent with rabies develop, the animal must be euthanized immediately, its head removed, and the head shipped under refrigeration for examination by the state Health Department laboratory.

12.2.2.4 Other animals, which may have bitten and exposed a person to rabies, shall be reported within 24 hours to the local health officer. Prior vaccinations of an animal may not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species. Management of animals other than dogs, cats or ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal's history, current health status, and potential for exposure to rabies.

12.3 Removal of Animal

12.3.1 A confined animal being observed for signs of rabies shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the local health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred.

12.3.2 The former shall give permission only after securing the consent of the local health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to another state, they shall give permission only after securing the consent of the Commissioner.

12.3.3 Such removal shall be private conveyance, in charge of a responsible person and conducted in such manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

12.4 Laboratory Specimens

12.4.1 Whenever any animal that has or is suspected of having rabies dies or is killed, it shall be the duty of the local health officer to ensure the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner. The local health officer shall notify the health department of the specimen's intended arrival.

12.5 Destruction of Animals, Subject to Rabies; Precautions

12.5.1 Whenever an animal subject to rabies is brought to a veterinarian to be destroyed, an attempt shall be made by the veterinarian to ascertain that the animal has not bitten any person within the previous ten-day period; before destroying the animal, they shall require the owner to sign a statement to this effect, and they shall not destroy any animal which has bitten a person within ten days. The health officer must be notified by the veterinarian of any such biting incident. If a biting animal is euthanized within ten days of the bite, the veterinarian shall consult with the Department and cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner.

Clean Copy

Chapter 4 – Health Surveillance and Infectious Disease
Subchapter 1

Reportable and Communicable Diseases Rule

1.0 Authority

These regulations are pursuant to 18 V.S.A. §§ 102 and 1001, 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

2.0 Purpose

The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action.

3.0 Definitions

3.1 "Commissioner" means the Commissioner of Health.

3.2 "Communicable disease" or "communicable syndrome" means an illness due to the infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal, host, or vector, or through the inanimate environment.

3.3 "Department" means the Vermont Department of Health.

3.4 "Electronic laboratory reporting" means the transmission of a reportable laboratory finding and associated required report elements from the reporting entity to the Department in a structured format, including but not limited to HL7 messaging, flat file, and web-based entry.

3.5 "Laboratory" means a facility performing testing that identifies a reportable finding as defined in this rule, including but not limited to point-of-care testing, in-clinic testing, hospital laboratory testing, and reference laboratory testing.

3.6 "Subject species" means any mammal species which may carry and potentially serve as a reservoir species for rabies including but not limited to raccoons, foxes, bats, skunks, woodchucks, and domestic animals.

4.0 Confidentiality Requirements

4.1 Any person or entity required to report under this rule must have written policies and procedures in place that ensure the confidentiality of the records. Such policies and procedures must, at a minimum, include the following:

4.1.1 Identification of those positions/individuals who are authorized to have access to confidential disease-reporting information and the limits placed upon their access;

4.1.2 A mechanism to assure that the confidentiality policies and procedures are understood by affected staff;

4.1.3 A process for training staff in the confidential handling of records;

4.1.4 A quality assurance plan to monitor compliance and to institute corrective action when necessary;

4.1.5 A process for the confidential handling of all electronically-stored records;

4.1.6 A process for authorizing the release of confidential records; and

4.1.7 Provision for annual review and revision of confidentiality policies and procedures.

4.2 In relation to the reporting of HIV and AIDS, the Department shall maintain the following:

4.2.1 Procedures for ensuring the physical security of reports, including procedures for personnel training and responsibilities for handling physical reports and data;

4.2.2 Computer security procedures;

4.2.3 Communication procedures;

4.2.4 Procedures for the legal release of data; and

4.2.5 Procedures to ensure that a disclosure of information from the confidential public health record is made consistent with 18 V.S.A. § 1001(b).

5.0 Reporting Requirements for Both Diseases and Laboratory Findings

5.1 Persons Required to Report Reportable Diseases and Laboratory Findings

5.1.1 The professionals listed below are required to report all diseases and laboratory findings, listed in Section 6.3 and Section 7.3, to the Department of Health. Professionals employed at nonmedical community-based organizations are exempt from these requirements. The following are required reporters:

- 5.1.1.1 Infection preventionists;
- 5.1.1.2 Laboratory directors;
- 5.1.1.3 Nurse practitioners;
- 5.1.1.4 Nurses;
- 5.1.1.5 Physician assistants;
- 5.1.1.6 Physicians;
- 5.1.1.7 School health officials;
- 5.1.1.8 Administrators of long-term care and assisted living facilities;
- 5.1.1.9 Pharmacists; and
- 5.1.1.10 Any other health care provider, as defined by 18 V.S.A § 9402.

5.1.2 Required reporters listed in Section 5.1.1 shall report all suspected and confirmed diseases listed in Section 6.3, Table 1: Diseases, Syndromes, and Treatments Required to be Reported (Table 1), and in Section 7.3, Table 2: Laboratory Findings Required to be Reported (Table 2), unless otherwise specified in Table 1 and Table 2.

5.1.3 Required reporters listed in Section 5.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Table 1 and Table 2, unless otherwise specified in Table 1 and Table 2.

5.1.4 Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*) shall be reported to the Department immediately, by telephone.

5.2 Additional Reporting Requirements for Diseases and Laboratory Findings

5.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 6.1 and Section 7.1, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

- 5.2.1.1 Any single unusual occurrence of a communicable disease of a major public health concern;

5.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern; or

5.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from a disease or laboratory finding of a major public health concern.

6.0 Communicable Disease Reports

6.1 Content of Report

6.1.1 The report of communicable diseases, and other dangerous and rare infectious diseases listed in Section 6.3, Table 1, shall include the following information as it relates to the affected person:

6.1.1.1 Name;
6.1.1.2 Date of birth;
6.1.1.3 Age;
6.1.1.4 Sex;
6.1.1.5 Race;
6.1.1.6 Ethnicity;
6.1.1.7 Address;
6.1.1.8 Telephone number;
6.1.1.9 Name of health care provider/physician;
6.1.1.10 Address of health care provider/physician;
6.1.1.11 Name of disease being reported;
6.1.1.12 Date of onset of the disease;
6.1.1.13 Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
6.1.1.14 Laboratory and diagnostic results relevant to the disease or syndrome, if requested; and
6.1.1.15 Any other information deemed pertinent by the reporter.

6.2 How to Report Diseases, Syndromes, and Treatments

6.2.1 The report shall be made by telephone, in writing, or electronically within 24 hours to the Department, unless denoted by an asterisk (*).

6.2.2 Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

6.2.3 HIV and AIDS reports shall be made on the Adult HIV/AIDS Confidential Case Report Form or the Pediatric HIV/AIDS Confidential Case Report Form, as appropriate.

6.2.4 Positive tuberculin skin test (TST) results shall be reported to the Department, by telephone, within 24 hours.

6.2.5 Although not required under this Rule, blood lead results shall also be reported in accordance with Section 6 of the Blood Lead Screening, Reporting and Response Rule.

6.3 Diseases, Syndromes, and Treatments Required to be Reported

6.3.1 Table 1 is a list of all reportable diseases, syndromes, and treatments.

6.3.1.1 Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*) shall be reported to the Department immediately, by telephone:

Table 1: Diseases, Syndromes, and Treatments Required to be Reported

Diseases, Syndromes, and Treatments	Reportable Laboratory Findings
Anaplasmosis	*Anaplasma phagocytophilum*
Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at HS_ID_TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov).	N/A
Anthrax*	*Bacillus anthracis**
Arboviral disease, including arboviral encephalitis	California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus

	St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses
Babesiosis	*Babesia* species
Blastomycosis	*Blastomyces* species
Botulism*	*Clostridium botulinum**
Brucellosis	*Brucella* species
Campylobacteriosis	*Campylobacter* species
Candida auris illness	*Candida auris*
Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization	Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility and resistance mechanism results
Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization	Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results
Chlamydia trachomatis infection	*Chlamydia trachomatis*
Cholera*	*Vibrio cholerae* serogroups O1 or O139*
COVID-19-related pediatric deaths	SARS-CoV-2
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies	N/A
Cryptosporidiosis	*Cryptosporidium* species
Cyclosporiasis	*Cyclospora cayetanensis*
Diphtheria*	*Corynebacterium diphtheriae**

Ehrlichiosis	*Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis*
Glanders*	*Burkholderia mallei**
Gonorrhea	*Neisseria gonorrhoeae*
Haemophilus influenzae disease, invasive*	*Haemophilus influenzae,* isolated from a normally sterile site, including susceptibility results*
Hantavirus disease	Hantaviruses
Hard tick relapsing fever	*Borrelia miyamotoi*
Hemolytic uremic syndrome (HUS)	N/A
Hepatitis A (acute)*	Hepatitis A virus (anti-HAV IgM)*
Hepatitis B	Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
Hepatitis B, positive surface antigen in a pregnant person	Hepatitis B virus (HbsAg)
Hepatitis C	Positive hepatitis C antibody results and all positive and non-detectable nucleic acid test results, including genotype
Hepatitis E	Hepatitis E virus (IgM anti-HEV)
Human immunodeficiency virus (HIV) infection/AIDS	Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
Infant botulism*	*Clostridium botulinum**
Influenza: Report -Individual cases of influenza only if due to a novel strain of Influenza A* - Pediatric influenza-related deaths - Institutional outbreaks	N/A (except for novel influenza A)
Legionellosis	*Legionella* species
Leptospirosis	*Leptospira* species

Listeriosis	*Listeria monocytogenes*
Malaria	*Plasmodium* species
Measles (Rubeola)*	Measles virus*
Melioidosis*	*Burkholderia pseudomallei**
Meningitis, bacterial*	*Neisseria meningitidis* isolated from a normally sterile site*, including susceptibility results, *Streptococcus pneumoniae* isolated from a normally sterile site, including susceptibility results, *Haemophilus influenzae* isolated from a normally sterile site, including susceptibility results
Meningococcal disease*	*Neisseria meningitidis,* isolated from a normally sterile site, including susceptibility results *
Middle East Respiratory Syndrome (MERS)*	MERS CoV*
Mpox (human monkeypox)	MPXV Clade I and Clade II, non-variola *Orthopoxvirus*
Multisystem inflammatory syndrome in children (MIS-C)	SARS-CoV-2
Mumps	Mumps virus
Pertussis (whooping cough)	*Bordetella pertussis*
Plague*	*Yersinia pestis**
Poliovirus infection, including poliomyelitis*	Poliovirus*
Psittacosis	*Chlamydia psittaci*
Q fever	*Coxiella burnetii*
Rabies, human* and animal* cases	Rabies virus*
Rabies postexposure prophylaxis in humans Reporting form available at HS_ID_RabiesPostexposureProphylaxisReportForm.pdf (healthvermont.gov).	N/A
Reye syndrome	N/A
Ricin toxicity	Ricin toxin

Rubella (German measles)*	Rubella virus*
Rubella, congenital rubella syndrome	Rubella virus*
Salmonella Paratyphi infection*	*Salmonella enterica* serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi]*
*Salmonella Typhi infection**	*Salmonella enterica serotype Typhi**
Salmonellosis	*Salmonella* species (non-Typhi)
Severe Acute Respiratory Syndrome (SARS)*	SARS-CoV/SARS-associated virus*
Shiga toxin-producing *E.coli* (STEC)	Shiga toxin-producing *E.coli* (STEC) (including O157:H7)
Shigellosis	*Shigella* species
Smallpox*	Variola virus*
Spotted fever group rickettsioses	*Rickettsia* species
Streptococcal disease, group A, invasive	*Streptococcus pyogenes* (group A), isolated from a normally sterile site
Streptococcal disease, group B invasive (infants less than one month of age)	*Streptococcus agalactiae* (group B), isolated from a normally sterile site (infants less than one month of age)
Streptococcus pneumoniae disease, invasive	*Streptococcus pneumoniae*, isolated from a normally sterile site, including susceptibility results
Syphilis	*Treponema pallidum* and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)
Tetanus	*Clostridium tetani*
Toxic shock syndrome	N/A
Trichinellosis	*Trichinella* species
Tuberculosis disease*	*Mycobacterium tuberculosis* complex, including susceptibility results, interferon gamma release assay (IGRA), tuberculin skin test (TST)

Tuberculosis infection, latent	Interferon gamma release assay (IGRA), tuberculin skin test (TST)
Tularemia*	*Francisella tularensis**
Vaccinia (disease or adverse event)	Vaccinia virus
Varicella (chickenpox only)	Varicella virus
Vibriosis	*Vibrio* species
VRSA, VISA infection	*Staphylococcus aureus,* vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results
Yellow fever	Yellow fever virus
Yersiniosis	*Yersinia enterocolitica*

7.0 Reportable Laboratory Findings

7.1 Content of the Laboratory Report

7.1.1 The laboratory report of the conditions listed in Section 7.3, Table 2, shall include the following information as it relates to the affected person:

- 7.1.1.1 Patient name
- 7.1.1.2 Patient date of birth
- 7.1.1.3 Patient sex;
- 7.1.1.4 Patient race;
- 7.1.1.5 Patient ethnicity;
- 7.1.1.6 Patience address;
- 7.1.1.7 Patient telephone number;
- 7.1.1.8 Name of ordering health care provider/physician and NPI (as applicable);
- 7.1.1.9 Address of ordering health care provider/physician;
- 7.1.1.10 Telephone number of ordering provider/physician;
- 7.1.1.11 Accession number/specimen ID;
- 7.1.1.12 Specimen type(s), e.g., serum, swab, etc.;
- 7.1.1.13 Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes;
- 7.1.1.14 Diagnostic test(s) performed (use national standardized codes);
- 7.1.1.15 Test results(s) (use national standardized codes);

7.1.1.16 Interpretation of result(s);
7.1.1.17 Date(s) of specimen collection;
7.1.1.18 Date test ordered;
7.1.1.19 Names of performing facility and CLIA number (if applicable); and
7.1.1.20 Address of performing facility.

7.1.2 Reports shall include any additional information required by federal statute or rule.

7.2 How to Make a Report for Laboratory Findings

7.2.1 Laboratories shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. If electronic laboratory reporting is not available, the laboratory may substitute an alternate reporting method with permission from the Department.

7.2.2 If no positive reportable laboratory findings have been made during a given week, then a written report of "No reportable findings" shall be made. For laboratories with validated electronic laboratory reporting, a report of "No reportable findings" is not required.

7.2.3 Laboratories are required to report results to the Department irrespective of the required reporting of other parties listed under this rule.

7.3 Laboratory Findings Required to be Reported

7.3.1 All positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests supportive of a current infection for the following conditions, to include any rare infectious disease or one dangerous to public health, must be reported. Laboratory findings required to be reported with negative, undetectable, or non-detectable results, are specified in Table 2. For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department, by telephone, immediately:

Table 2: Laboratory Findings Required to be Reported

Reportable Laboratory Findings	**Diseases, Syndromes, Treatments**
Anaplasma phagocytophilum	Anaplasmosis
Arboviruses: California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses	Arboviral disease, including arboviral encephalitis
Babesia species	Babesiosis
*Bacillus anthracis**	Anthrax*
Blastomyces species	Blastomycosis
Bordetella pertussis	Pertussis (whooping cough)
Borrelia burgdorferi	N/A
Borrelia miyamotoi	Hard tick relapsing fever
Brucella species	Brucellosis
*Burkholderia mallei**	Glanders*
*Burkholderia pseudomallei**	Melioidosis*
Campylobacter species	Campylobacteriosis
Candida auris	*Candida auris* illness

Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility and resistance mechanism results	Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization
Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results	Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization
CD4+ T-lymphocyte counts and percentages (all results)	N/A
Chlamydia psittaci	Psittacosis
Chlamydia trachomatis	*Chlamydia trachomatis* infection
*Clostridium botulinum**	Botulism* and infant botulism*
Clostridium tetani	Tetanus
*Corynebacterium diphtheriae**	Diphtheria*
Coxiella burnetii	Q fever
Cryptosporidium species	Cryptosporidiosis
CSF findings (all positive results)	N/A
Cyclospora cayetanensis	Cyclosporiasis
Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis	Ehrlichiosis
*Francisella tularensis**	Tularemia*
Haemophilus influenzae, isolated from a normally sterile site*, including susceptibility results	Invasive *Haemophilus influenzae* disease*, bacterial meningitis
Hantaviruses	Hantavirus disease
Hepatitis A virus (anti-HAV IgM)*	Acute hepatitis A*
Hepatitis B virus (HBsAg, anti-HBc IgM, HBeAg, HBV DNA)	Hepatitis B (acute and chronic)
Hepatitis C virus (positive antibody results and all positive and non-detectable nucleic acid test results, including genotype)	Hepatitis C (acute and chronic)
Hepatitis E virus (IgM anti-HEV)	Hepatitis E

Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing	HIV/AIDS
Interferon gamma release assay (IGRA)	Tuberculosis infection
Legionella species	Legionellosis
Leptospira species	Leptospirosis
Listeria monocytogenes	Listeriosis
Measles virus*	Measles (Rubeola)*
MERS CoV*	Middle East Respiratory Syndrome (MERS)*
MPXV Clade I and Clade II, non-variola *Orthopoxvirus*	Mpox (human monkeypox)
Mumps virus	Mumps
Mycobacterium tuberculosis complex, including susceptibility results	Tuberculosis (TB) disease*, latent TB infection
Neisseria gonorrhoeae	Gonorrhea
Neisseria meningitidis, isolated from a normally sterile site*, including susceptibility results	Bacterial meningitis, meningococcal disease*
Plasmodium species	Malaria
Poliovirus*	Poliovirus infection, including poliomyelitis*
Rabies virus*	Rabies, human* and animal* cases
Ricin toxin	Ricin toxicity
Rickettsia species	Spotted fever group rickettsioses
Rubella virus*	Rubella (German measles)*, congenital rubella syndrome
Salmonella enterica serotype Typhi*	*Salmonella* Typhi infection*
Salmonella enterica serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi]*	*Salmonella* Paratyphi infection*
Salmonella species (non-Typhi)	Salmonellosis

SARS-CoV/SARS-associated virus*	Severe Acute Respiratory Syndrome (SARS)*
Shigella species	Shigellosis
Shiga toxin-producing *E.coli* (STEC) (including O157:H7)	Shiga toxin-producing *E.coli* (STEC)
Staphylococcus aureus, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results	VRSA, VISA infection
Streptococcus pyogenes (group A), isolated from a normally sterile site	Invasive group A streptococcal (GAS) disease
Streptococcus agalactiae (group B), isolated from a normally sterile site (infants less than one month of age)	Neonatal invasive group B streptococcal (GBS) disease
Streptococcus pneumoniae, isolated from a normally sterile site, including susceptibility results	Invasive *Streptococcus pneumoniae* disease
Treponema pallidum and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)	Syphilis
Trichinella species	Trichinellosis
Tuberculin skin test (TST)	Tuberculosis infection
Vaccinia virus	Vaccinia disease or vaccine adverse event
Varicella virus	Varicella (only chickenpox is reportable)
Variola virus*	Smallpox*
Vibrio cholerae serogroups O1 or O139*	Cholera*
Vibrio species	Vibriosis
Yellow fever virus	Yellow fever
Yersinia enterocolitica	Yersiniosis
*Yersinia pestis**	Plague*

7.3.2 Further Analysis and Typing

7.3.2.1 The Department of Health Laboratory will provide transport containers and instruction on how to submit specimens or isolates.

7.3.2.2 Specimens or isolates supportive of a current infection with the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis, typing, or storage if the Department makes a request:

7.3.2.2.1 Arboviruses
7.3.2.2.2 *Bacillus anthracis*;
7.3.2.2.3 *Bacillus cereus*, biovar anthracis;
7.3.2.2.4 *Brucella* species;
7.3.2.2.5 *Burkholderia mallei*;
7.3.2.2.6 *Burkholderia pseudomallei*;
7.3.2.2.7 *Campylobacter* species;
7.3.2.2.8 *Candida auris*;
7.3.2.2.9 Carbapenem-resistant *Acinetobacter baumannii* (CRAB);
7.3.2.2.10 Carbapenem-resistant *Enterobacteriaceae* (CRE);
7.3.2.2.11 Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA);
7.3.2.2.12 Clostridium botulinum;
7.3.2.2.13 *Corynebacterium diphtheriae*;
7.3.2.2.14 *Coxiella burnetii*;
7.3.2.2.15 *Cryptosporidium* species;
7.3.2.2.16 E. coli,, Shiga toxin-producing (STEC) (including O157:H7)
7.3.2.2.17 *Francisella tularensis*;
7.3.2.2.18 *Haemophilus influenza*, isolated from a normally sterile site;
7.3.2.2.19 Hantaviruses;
7.3.2.2.20 Hemorrhagic fever viruses;
7.3.2.2.21 Influenza A, novel strains only;
7.3.2.2.22 *Legionella* species;
7.3.2.2.23 *Leptospira* species;
7.3.2.2.24 *Listeria* species;
7.3.2.2.25 MERS-CoV;
7.3.2.2.26 *Mycobacterium tuberculosis*;
7.3.2.2.27 *Neisseria meningitidis*, isolated from a normally sterile site;
7.3.2.2.28
7.3.2.2.29 Ricin toxin;

7.3.2.2.30 *Salmonella* species;
7.3.2.2.31 SARS-CoV/SARS-associated virus;
7.3.2.2.32 *Shigella* species;
7.3.2.2.33 *Streptococcus pyogenes* (group A), isolated from a normally sterile site;
7.3.2.2.34 *Vibrio* species;
7.3.2.2.35 VISA (vancomycin-intermediate Staphylococcus aureus);
7.3.2.2.36 VRSA (vancomycin-resistant Staphylococcus aureus);
7.3.2.2.37 *Yersinia enterocolitica*; and
7.3.2.2.38 *Yersinia pestis*.

8.0 Pharmacist Reports

Pharmacists are required to report to the Department any recognized unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a substantial risk of significant number of human fatalities or incidents of permanent or long-term disability within 24 hours of when they become aware of such an event.

9.0 Data from Vermont Health Information Exchange

9.1 The Vermont Health Information Exchange shall provide access to data to the Health Department related to communicable diseases in Vermont. These may include, but are not limited to, information for laboratory and case reporting, hospitalization data, and patient demographics.

9.2 The Vermont Health Information Exchange shall provide the Health Department with access to records reported to the Exchange for electronic laboratory reporting, immunizations, and information related to communicable diseases in Vermont.

10.0 Prophylaxis for Eyes of Newborn

Prophylaxis for conjunctivitis of the newborn (ophthalmia neonatorum) shall be administered by a health care provider to all infants immediately after birth by the medical provider attending the birth.

11.0 Surveillance of Animal Diseases and Laboratory Findings

11.1 Persons Required to Report

11.1.1 The professionals listed below are required to report all diseases and laboratory findings listed in Section 11.5 to the Department. The following are required reporters of these diseases and laboratory findings:

- 11.1.1.1 Veterinarians;
- 11.1.1.2 Veterinary diagnostic laboratory directors; and
- 11.1.1.3 Biologists.

11.1.2 Required reporters listed in Section 11.1.1 shall report all suspected and confirmed diseases listed in Section 11.5.

11.1.3 Required reporters listed in Section 11.1.1 shall report all positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests listed in Section 11.5.

11.1.4 Diseases and laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

11.2 Additional Reporting Requirements for Animal Diseases and Laboratory Findings

11.2.1 The following are additional reporting requirements that shall be reported to the Department, within 24 hours, following the requirements listed in Section 11.5, for the surveillance of any infectious agents, outbreaks, epidemics, related public health hazard, or act of bioterrorism:

- 11.2.1.1 Any single unusual occurrence of an animal disease of a major public health concern;
- 11.2.1.2 Any single unusual occurrence of a laboratory finding of a major public health concern;
- 11.2.1.3 Any unexpected pattern or cluster of cases, suspected cases, or deaths from an animal disease or laboratory finding of a major public health concern; and
- 11.2.1.4 Any evidence or suspicion of terrorism, including intentional or threatened use of viruses, bacteria, fungi, toxins, chemicals, or radiologic material to produce malfunction, illness, or death in animals and/or humans.

11.3 Content of the Report

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the diseases listed in Section 11.5, or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:

- 11.3.1.1 Location or suspected location of the affected animal(s);
- 11.3.1.2 Name of any known owner;
- 11.3.1.3 Address of any known owner;
- 11.3.1.4 Name of reporting individual;
- 11.3.1.5 Address of reporting individual;
- 11.3.1.6 Name of disease or suspected disease being reported;
- 11.3.1.7 Type of animal(s) affected;
- 11.3.1.8 Number of animal(s) affected;
- 11.3.1.9 Date of confirmation of disease or onset of clinical signs;
- 11.3.1.10 Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
- 11.3.1.11 Laboratory and diagnostic results relevant to the disease or syndrome, if requested; and
- 11.3.1.12 Any other information deemed pertinent by the reporter.

11.3.2 Laboratory report: The report of positive, non-negative, presumptive, or confirmed isolation, detection or serological results shall include as much of the following information as is available:

- 11.3.2.1 Name of any known owner;
- 11.3.2.2 Address of any known owner;
- 11.3.2.3 Name of person who submitted specimen;
- 11.3.2.4 Address of person who submitted specimen;
- 11.3.2.5 Name of test;
- 11.3.2.6 Result of test;
- 11.3.2.7 Date of specimen collection;
- 11.3.2.8 Date of positive test result;
- 11.3.2.9 Specimen type (e.g. swab); and
- 11.3.2.10 Specimen source (e.g. skin, mouth).

11.3.3 Laboratories are required to report the result to the Department irrespective of the required reporting of other parties listed under this rule.

11.4 How to Make a Report for Animal Disease and Laboratory Finding

11.4.1 The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department within 24 hours, unless denoted with an asterisk (*).

11.4.2 Diseases and laboratory findings, denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

11.5 Animal Diseases and Laboratory Findings Required to be Reported

11.5.1 The professionals listed in Section 11.1.1 shall report to the Department within 24 hours of the time when they become aware of clinical or laboratory diagnosis, suspicion of any rare infectious disease in animals that might pose a risk of a significant number of human and animal fatalities, or incidents of permanent or long-term disability. Diseases or laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.

- 11.5.1.1 Anthrax (*Bacillus anthracis*)* ;
- 11.5.1.2 Arboviral infection;
- 11.5.1.3 Avian chlamydiosis (*Chlamydia psittaci*);
- 11.5.1.4 B virus (herpesvirus B);
- 11.5.1.5 Brucellosis (*Brucella* species);
- 11.5.1.6 Glanders (*Burkholderia mallei*)*;
- 11.5.1.7 Hantavirus;
- 11.5.1.8 Hemorrhagic fever viruses;
- 11.5.1.9 Mpox;
- 11.5.1.10 Melioidosis (*Burkholderia pseudomallei*);
- 11.5.1.11 Novel influenza (avian, swine);
- 11.5.1.12 Plague (*Yersinia pestis*)*;
- 11.5.1.13 Q Fever (*Coxiella burnetii*);
- 11.5.1.14 Rabies*;
- 11.5.1.15 Tuberculosis *(Mycobacterium tuberculosis* complex); and
- 11.5.1.16 Tularemia (*Francisella tularensis*)*.

12.0 Rabies Control

12.1 Animal Bite Report: The form to report an animal bite is available at www.healthvermont.gov.

12.1.1 Physician Report Responsibilities

12.1.1.1 Physicians shall report to the local health officer the full name, age and address of any person known to have been bitten by an animal of a species subject to rabies within 24 hours of actual or constructive notice.

12.1.2 Reporting Responsibilities When There is No Physician in Attendance

12.1.2.1 Minors: If no physician is in attendance and the person bitten is under 18 years of age, the parent or guardian shall make such report within 24 hours of actual or constructive notice to the local town health officer.

12.1.2.2 Adults: If no physician is in attendance and the person bitten is an adult, the person shall report, or cause to be reported, such information to the local town health officer.

12.2 Control Methods in Domestic and Confined Animals

12.2.1 Post exposure management: Any animal bitten or scratched by a wild mammal not available for testing shall be regarded as having been exposed to rabies.

12.2.1.1 Dogs, Cats and Ferrets: When an unvaccinated dog, cat or ferret is exposed to a rabid animal the Department may order that the exposed animal be euthanized immediately or be placed in strict isolation for 4 (dogs and cats) or 6 (ferrets) months. A rabies vaccine shall be administered immediately. Dogs, cats, and ferrets that are currently vaccinated shall be revaccinated immediately, kept under the owner's control, and observed for 45 days. Animals overdue for a booster vaccination need to be evaluated on a case-by-case basis.

12.2.1.2 Other Animals: Other animals exposed to rabies should be evaluated on a case-by-case basis.

12.2.2 Management of Animals that Bite Humans

12.2.2.1 The local health officer shall cause an apparently healthy dog, cat or ferret, regardless of vaccinations status, that bites a person to be confined and observed for 10 days.

12.2.2.2 A rabies vaccine should not be administered during the observation period and such animals must be evaluated by a veterinarian at the first sign of illness during confinement. Any illness in the animal must be reported immediately to the local health officer.

12.2.2.3 If clinical signs consistent with rabies develop, the animal must be euthanized immediately, its head removed, and the head shipped under refrigeration for examination by the state Health

Department laboratory.

12.2.2.4 Other animals, which may have bitten and exposed a person to rabies, shall be reported within 24 hours to the local health officer. Prior vaccinations of an animal may not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species. Management of animals other than dogs, cats or ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal's history, current health status, and potential for exposure to rabies.

12.3 Removal of Animal

12.3.1 A confined animal being observed for signs of rabies shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the local health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred.

12.3.2 The former shall give permission only after securing the consent of the local health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to another state, they shall give permission only after securing the consent of the Commissioner.

12.3.3 Such removal shall be private conveyance, in charge of a responsible person and conducted in such manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

12.4 Laboratory Specimens

12.4.1 Whenever any animal that has or is suspected of having rabies dies or is killed, it shall be the duty of the local health officer to ensure the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner. The local health officer shall notify the health department of the specimen's intended arrival.

12.5 Destruction of Animals, Subject to Rabies; Precautions

12.5.1 Whenever an animal subject to rabies is brought to a veterinarian to be destroyed, an attempt shall be made by the veterinarian to ascertain that

the animal has not bitten any person within the previous ten-day period; before destroying the animal, they shall require the owner to sign a statement to this effect, and they shall not destroy any animal which has bitten a person within ten days. The health officer must be notified by the veterinarian of any such biting incident. If a biting animal is euthanized within ten days of the bite, the veterinarian shall consult with the Department and cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner.

The Vermont Statutes Online

The Statutes below include the actions of the 2025 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 3 : Executive

Chapter 025 : Administrative Procedure

Subchapter 001 : GENERAL PROVISIONS

(Cite as: 3 V.S.A. § 801)

§ 801. Short title and definitions

(a) This chapter may be cited as the "Vermont Administrative Procedure Act."

(b) As used in this chapter:

(1) "Agency" means a State board, commission, department, agency, or other entity or officer of State government, other than the Legislature, the courts, the Commander in Chief, and the Military Department, authorized by law to make rules or to determine contested cases.

(2) "Contested case" means a proceeding, including but not restricted to rate-making and licensing, in which the legal rights, duties, or privileges of a party are required by law to be determined by an agency after an opportunity for hearing.

(3) "License" includes the whole or part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law.

(4) "Licensing" includes the agency process respecting the grant, denial, renewal, revocation, suspension, annulment, withdrawal, or amendment of a license.

(5) "Party" means each person or agency named or admitted as a party, or properly seeking and entitled as of right to be admitted as a party.

(6) "Person" means any individual, partnership, corporation, association, governmental subdivision, or public or private organization of any character other than an agency.

(7) "Practice" means a substantive or procedural requirement of an agency, affecting one or more persons who are not employees of the agency, that is used by the agency in the discharge of its powers and duties. The term includes all such

requirements, regardless of whether they are stated in writing.

(8) "Procedure" means a practice that has been adopted in writing, either at the election of the agency or as the result of a request under subsection 831(b) of this title. The term includes any practice of any agency that has been adopted in writing, whether or not labeled as a procedure, except for each of the following:

(A) a rule adopted under sections 836-844 of this title;

(B) a written document issued in a contested case that imposes substantive or procedural requirements on the parties to the case;

(C) a statement that concerns only:

(i) the internal management of an agency and does not affect private rights or procedures available to the public;

(ii) the internal management of facilities that are secured for the safety of the public and the individuals residing within them; or

(iii) guidance regarding the safety or security of the staff of an agency or its designated service providers or of individuals being provided services by the agency or such a provider;

(D) an intergovernmental or interagency memorandum, directive, or communication that does not affect private rights or procedures available to the public;

(E) an opinion of the Attorney General; or

(F) a statement that establishes criteria or guidelines to be used by the staff of an agency in performing audits, investigations, or inspections, in settling commercial disputes or negotiating commercial arrangements, or in the defense, prosecution, or settlement of cases, if disclosure of the criteria or guidelines would compromise an investigation or the health and safety of an employee or member of the public, enable law violators to avoid detection, facilitate disregard of requirements imposed by law, or give a clearly improper advantage to persons that are in an adverse position to the State.

(9) "Rule" means each agency statement of general applicability that implements, interprets, or prescribes law or policy and that has been adopted in the manner provided by sections 836-844 of this title.

(10) "Incorporation by reference" means the use of language in the text of a regulation that expressly refers to a document other than the regulation itself.

(11) "Adopting authority" means, for agencies that are attached to the Agencies of Administration, of Commerce and Community Development, of Natural Resources, of Human Services, and of Transportation, or any of their components, the secretaries of those agencies; for agencies attached to other departments or any of their components, the commissioners of those departments; and for other agencies, the chief officer of the

agency. However, for the procedural rules of boards with quasi-judicial powers, for the Transportation Board, for the Vermont Veterans' Memorial Cemetery Advisory Board, and for the Fish and Wildlife Board, the chair or executive secretary of the board shall be the adopting authority. The Secretary of State shall be the adopting authority for the Office of Professional Regulation.

(12) "Small business" means a business employing no more than 20 full-time employees.

(13)(A) "Arbitrary," when applied to an agency rule or action, means that one or more of the following apply:

(i) There is no factual basis for the decision made by the agency.

(ii) The decision made by the agency is not rationally connected to the factual basis asserted for the decision.

(iii) The decision made by the agency would not make sense to a reasonable person.

(B) The General Assembly intends that this definition be applied in accordance with the Vermont Supreme Court's application of "arbitrary" in Beyers v. Water Resources Board, 2006 VT 65, and In re Town of Sherburne, 154 Vt. 596 (1990).

(14) "Guidance document" means a written record that has not been adopted in accordance with sections 836-844 of this title and that is issued by an agency to assist the public by providing an agency's current approach to or interpretation of law or describing how and when an agency will exercise discretionary functions. The term does not include the documents described in subdivisions (8)(A) through (F) of this section.

(15) "Index" means a searchable list of entries that contains subjects and titles with page numbers, hyperlinks, or other connections that link each entry to the text or document to which it refers. (Added 1967, No. 360 (Adj. Sess.), § 1, eff. July 1, 1969; amended 1981, No. 82, § 1; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1985, No. 56, § 1; 1985, No. 269 (Adj. Sess.), § 4; 1987, No. 76, § 18; 1989, No. 69, § 2, eff. May 27, 1989; 1989, No. 250 (Adj. Sess.), § 88; 2001, No. 149 (Adj. Sess.), § 46, eff. June 27, 2002; 2017, No. 113 (Adj. Sess.), § 3; 2017, No. 156 (Adj. Sess.), § 2.)

The Vermont Statutes Online

The Statutes below include the actions of the 2025 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 18 : Health

Chapter 003 : Department of Health; Commissioner of Health

(Cite as: 18 V.S.A. § 102)

§ 102. Duties of Commissioner of Health

The Commissioner shall supervise and direct the execution of all laws vested in the Department of Health by virtue of this title and shall formulate and carry out all policies relating thereto and shall adopt such rules as are necessary to administer this title and shall make a biennial report with recommendations to the Governor and to the General Assembly. The Commissioner's jurisdiction over sewage disposal includes emergent conditions that create a risk to the public health as a result of sewage treatment and disposal, or its effects on water supply, but does not include rulemaking on design standards for on-site sewage disposal systems. (Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1983, No. 117 (Adj. Sess.), § 2; 2015, No. 23, § 104; 2023, No. 53, § 23, eff. June 8, 2023.)

The Vermont Statutes Online

The Statutes below include the actions of the 2025 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 18 : Health

Chapter 021 : Communicable Diseases

Subchapter 001 : GENERAL PROVISIONS

(Cite as: 18 V.S.A. § 1001)

§ 1001. Reports to Commissioner of Health

(a) When a physician, health care provider, nurse practitioner, nurse, physician assistant, or school health official has reason to believe that a person is sick or has died of a diagnosed or suspected disease, identified by the Department of Health as a reportable disease and dangerous to the public health, or if a laboratory director has evidence of such sickness or disease, he or she shall transmit within 24 hours a report thereof and identify the name and address of the patient and the name of the patient's physician to the Commissioner of Health or designee. In the case of the human immunodeficiency virus (HIV), "reason to believe" shall mean personal knowledge of a positive HIV test result. The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable. Nonmedical community-based organizations shall be exempt from this reporting requirement. All information collected pursuant to this section and in support of investigations and studies undertaken by the Commissioner for the purpose of determining the nature or cause of any disease outbreak shall be privileged and confidential. The Department of Health shall, by rule, require that any person required to report under this section has in place a procedure that ensures confidentiality.

(b) Public health records developed or acquired by State or local public health agencies that relate to HIV or AIDS and that contain either personally identifying information or information that may indirectly identify a person shall be confidential and only disclosed following notice to and written authorization from the individual subject of the public health record or the individual's legal representative. Notice otherwise required pursuant to this section shall not be required for disclosures to the federal government; other departments, agencies, or programs of the State; or other states' infectious disease surveillance programs if the disclosure is for the purpose of

comparing the details of potentially duplicative case reports, public health surveillance, or epidemiological follow-up, provided the information shall be shared using the least identifying information first so that the individual's name shall be used only as a last resort.

(c) [Repealed.]

(d) A confidential public health record, including any information obtained pursuant to this section, shall not be:

(1) disclosed or discoverable in any civil, criminal, administrative, or other proceeding;

(2) used to determine issues relating to employment or insurance for any individual;

(3) used for any purpose other than public health surveillance, and epidemiological follow-up.

(e) Any person who:

(1) Willfully or maliciously discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty of not less than $10,000.00 and not more than $25,000.00, costs and attorney's fees as determined by the court, compensatory and punitive damages, or equitable relief, including restraint of prohibited acts, costs, reasonable attorney's fees, and other appropriate relief.

(2) Negligently discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty in an amount not to exceed $2,500.00 plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the confidential information.

(3) Willfully, maliciously, or negligently discloses the results of an HIV test to a third party in a manner that identifies or provides identifying characteristics of the person to whom the test results apply without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section and that results in economic, bodily, or psychological harm to the subject of the test is guilty of a misdemeanor, punishable by imprisonment for a period not to exceed one year or a fine not to exceed $25,000.00, or both.

(4) Commits any act described in subdivision (1), (2), or (3) of this subsection shall be liable to the subject for all actual damages, including damages for any economic, bodily, or psychological harm that is a proximate result of the act. Each disclosure made in violation of this chapter is a separate and actionable offense. Nothing in this section shall limit or expand the right of an injured subject to recover damages under any other applicable law.

(f) [Repealed.]

(g) Health care providers must, prior to performing an HIV test, inform the individual to be tested that a positive result will require reporting of the result and the individual's name to the Department, and that there are testing sites that provide anonymous testing that are not required to report positive results. The Department shall develop and make widely available a model notification form.

(h) Nothing in this section shall affect the ongoing availability of anonymous testing for HIV. Anonymous HIV testing results shall not be required to be reported under this section.

(i) The Department shall annually evaluate the systems and confidentiality procedures developed to implement networked and non-networked electronic reporting, including system breaches and penalties for disclosure to State personnel. The Department shall provide the results of this evaluation to and solicit input from the Vermont HIV/AIDS Community Advisory Group.

(j) The Department shall collaborate with community-based organizations to educate the public and health care providers about the benefits of HIV testing and the use of current testing technologies.

(k) The Commissioner shall maintain a separate database of reports received pursuant to subsection 1141(i) of this title for the purpose of tracking the number of tests performed pursuant to chapter 21, subchapter 5 of this title and other information as the Department of Health finds necessary and appropriate. The database shall not include any information that personally identifies a patient. (Amended 1979, No. 60, § 1; 1997, No. 7, § 1, eff. April 29, 1997; 1999, No. 17, § 2; 2007, No. 73, § 2; eff. April 1, 2008; 2007, No. 194 (Adj. Sess.), § 2; 2009, No. 81 (Adj. Sess.), § 1, eff. April 20, 2010; 2013, No. 34, § 30a; 2015, No. 37, § 2; 2023, No. 87 (Adj. Sess.), § 75, eff. March 13, 2024.)

The Vermont Statutes Online

The Statutes below include the actions of the 2025 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 20 : Internal Security and Public Safety

Chapter 193 : Domestic Pet or Wolf-Hybrid Control

Subchapter 005 : CONTROL OF RABIES

(Cite as: 20 V.S.A. § 3801)

§ 3801. Rabies control authority

(a) In the event of an outbreak of rabies, the Secretary of Agriculture, Food and Markets, the Commissioner of Fish and Wildlife, and the Commissioner of Health shall work together to assist the affected towns. In addition to the responsibilities provided by this chapter, the Agency of Agriculture, Food and Markets shall generally be responsible for management of rabies in livestock, education of veterinarians and livestock owners concerning rabies, and vaccination recommendations for livestock. The Department of Fish and Wildlife shall generally be responsible for management of rabies in wildlife and the education of the sporting community, municipal officials, and the general public about rabies in wildlife. The Department of Health shall generally be responsible for the prevention of rabies in humans, management of rabies in animals that may have exposed humans, and assisting with diagnosis of rabies in animals that may have exposed humans and supervision of health officials' education.

(b) In addition to any other applicable authority, the Agency of Agriculture, Food and Markets, the Department of Health, and the Department of Fish and Wildlife may, individually or jointly, adopt rules to control the spread of rabies within a specific region or within the State as a whole. The Secretary of Agriculture, Food and Markets is authorized to adopt rules necessary to control the spread of rabies in domestic animals, domestic pets, and wolf-hybrids, including mandating the vaccination of specific species of animals, the conditions under which rabies inoculation clinics may be operated, and establishing quarantines for domestic animals. The Commissioner of Fish and Wildlife is authorized to adopt rules necessary to control the spread of rabies in wildlife, including mandating the vaccination of specific species of wild animals, translocation of wild animals, and the destruction of wild animals through the use of registered pesticides, trapping, or other means as may be necessary. The Commissioner of Health is

authorized to adopt rules requiring the reporting of incidents of animals biting humans; the confinement, quarantine, observation, and disposition of animals that are suspected of exposing humans to rabies; and the disposition of animals bitten by animals suspected of carrying rabies and other rules as necessary to protect the general public from rabies.

(c) The Agency of Agriculture, Food and Markets, the Department of Health, and the Department of Fish and Wildlife may cooperate with other federal, state, and local officials in controlling the spread of rabies within the State and within the region. (Amended 1965, No. 36, § 4, eff. April 28, 1965; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1989, No. 256 (Adj. Sess.), § 10(a), eff. Jan. 1, 1991; 1993, No. 213 (Adj. Sess.), § 23, eff. June 15, 1994; 2003, No. 42, § 2, eff. May 27, 2003.)

The Vermont Statutes Online

The Statutes below include the actions of the 2025 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 13 : Crimes and Criminal Procedure

Chapter 076 : Weapons of Mass Destruction

(Cite as: 13 V.S.A. § 3504)

§ 3504. Reporting illnesses, diseases, injuries, and deaths associated with weapons of mass destruction

(a)(1) Illness, disease, injury, or death. A health care provider shall report all cases of persons who exhibit any illness, disease, injury, or death identified by the Department of Health as likely to be caused by a weapon of mass destruction, which may include illnesses, diseases, injuries, or deaths that:

(A) can result from bioterrorism, epidemic, or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a risk of a significant number of human fatalities or incidents of permanent or long-term disability; or

(B) may be caused by the biological agents listed in 42 C.F.R. Part 72, Appendix A.

(2) This section does not authorize, nor shall it be interpreted to authorize, unreasonable searches and seizures by public health care employees; nor does this section authorize performance of diagnostic tests or procedures for the specific purpose of incriminating patients, unless the patient consents to such specific tests or procedures after notice of his or her constitutional rights and knowing waiver of them.

(3) Health care providers who make good faith reports to the Department of Health under this section shall be immune from prosecution, suit, administrative or regulatory sanctions for defamation, breach of confidentiality or privacy, or any other cause of action based on such reports or errors contained in such reports.

(b) Pharmacists. A pharmacist shall report any unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

Prescription-related events that require a report include, but are not limited to:

(1) an unusual increase in the number of prescriptions to treat fever, respiratory, or gastrointestinal complaints;

(2) an unusual increase in the number of prescriptions for antibiotics;

(3) an unusual increase in the number of requests for information on over-the-counter pharmaceuticals to treat fever, respiratory, or gastrointestinal complaints; and

(4) any prescription that treats a disease that is relatively uncommon and may be the result of bioterrorism.

(c)(1) Manner of reporting. A report made pursuant to subsection (a) or (b) of this section shall be made in writing within 24 hours to the Commissioner of Health or designee.

(2) The report shall include as much of the following information as is available:

(A) The patient's name, date of birth, sex, race, and current address (including city and county).

(B) The name and address of the health care provider, and of the reporting individual, if different.

(C) Any other information as determined by the Commissioner of Health.

(3) The Department of Health shall establish a form, which may be filed electronically, for use in filing the reports required by this subsection.

(d)(1) Animal diseases. Every veterinarian, livestock owner, veterinary diagnostic laboratory director, or other person having the care of animals, shall report animals having or suspected of having any disease that can result from bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a risk of a significant number of human and animal fatalities or incidents of permanent or long-term disability.

(2) A report made pursuant to this subsection shall be made, in writing, within 24 hours to the Commissioner of Health or designee, and shall include as much of the following information as is available: the location or suspected location of the animal, the name and address of any known owner, and the name and address of the reporting individual.

(e) Laboratories. For purposes of this section only, the term "health care provider" shall also include out-of-state medical laboratories that have agreed to the reporting requirements of this State. Results must be reported by the laboratory that performs the test, but an in-state laboratory that sends specimens to an out-of-state laboratory is also responsible for reporting results.

(f) Enforcement. The Department of Health may enforce the provisions of this section

in accordance with 18 V.S.A. chapters 3 and 11.

(g) Disclosure. Information collected pursuant to this section and in support of investigations and studies undertaken by the Commissioner in response to reports made pursuant to this section shall be privileged and confidential. This subsection shall not apply to the disclosure of information to a law enforcement agency for a legitimate law enforcement purpose.

(h) Rulemaking. The Commissioner of Health shall, after consultation with the Commissioner of Public Safety, adopt rules to implement this section. The rules adopted pursuant to this subsection shall include methods to ensure timely communication from the Department of Health to the Department of Public Safety. (Added 2001, No. 137 (Adj. Sess.), § 3.)

VERMONT

Proposed Rules Postings
A Service of the Office of the Secretary of State

Search Rules

Deadline For Public Comment

Deadline: Jan 20, 2026

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:	25P043
Title:	Reportable and Communicable Diseases Rule.
Type:	Standard
Status:	Proposed
Agency:	Department of Health, Agency of Human Services
Legal Authority:	3 V.S.A. § 801(b)(11); 18 V.S.A. §§ 102 and 1001, 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).
Summary:	The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action. This rulemaking does the following:1) Modifies and reorganizes the lists of required reportable findings in humans and animals; 2) Changes the required reporting period for Brucellosis from "immediately" to "within 24 hours" and Rubella virus from "within 24 hours" to "immediately"; 3) Adds information about how to report positive tuberculin skin test (TST) results; 4) Clarifies the reporting of blood lead results.
Persons Affected:	Health care providers; Laboratory directors; Veterinarians;
Economic Impact:	There is likely to be cost savings to the regulated community associated with removing the requirements to report COVID-19 and SARS-CoV-2 to the Department. Due to the prevalence of COVID-19 and SARS-CoV-2, the Department anticipates that the removal of these reportable findings will reduce the administrative burden on the regulated community. This rulemaking may also impose some costs on the regulated community due to the additions of required reportable findings. However, the added animal diseases that will be required to be reported (i.e., B Virus, Melioidosis, and Hemorrhagic Fevers) are rare and will likely have a

limited impact on the administrative burden for the regulated community.

Posting date: Dec 10,2025

Hearing Information

Information for Hearing # 1

Hearing date:	01-13-2026 1:00 PM ADD TO YOUR CALENDAR
Location:	Vermont Department of Health
Address:	280 State Drive
City:	Waterbury
State:	VT
Zip:	05671-8300
Hearing Notes:	Also virtually via MS Teams at: https://teams.microsoft.com/l/meetupjoin/193ameeting_MDNlYjIzNGYtYTA3Yi00NGMzLTljNjAtMGZjNmI4OWUzNjkx40thread.v2/0?context7b22Tid223a2220b4933b-baad-433c-9c02-70edcc7559c6222c22Oid223a22e6440c4f-7582-4db1-800b-2038a1e1e68227d

Contact Information

Information for Primary Contact

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.

Level:	Primary
Name:	Natalie Weill, Policy Advisor
Agency:	Department of Health, Agency of Human Services
Address:	280 State Drive
City:	Waterbury
State:	VT
Zip:	05671-8300
Telephone:	802-863-7280
Fax:	
Email:	natalie.weill@vermont.gov SEND A COMMENT
Website Address:	https://www.healthvermont.gov/laws-regulations/laws/rules-public-comment VIEW WEBSITE

Information for Secondary Contact

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON.

Level:	Secondary
Name:	Jessica Schifano, Policy Director
Agency:	Department of Health, Agency of Human Services
Address:	280 State Drive
City:	Waterbury
State:	VT
Zip:	05671
Telephone:	802-863-7280
Fax:	
Email:	jessica.schifano@vermont.gov SEND A COMMENT

Keyword Information

Keywords:

COVID-19
SARS-COV-2
Reportable Communicable Diseases
Laboratory
Health care providers
Veterinarians

Back

OFFICE OF THE SECRETARY OF STATE

VERMONT STATE ARCHIVES & RECORDS ADMINISTRATION (VSARA)

(802) 828-2863

TO:		
	Seven Days Legals (legals@sevendaysvt.com)	Tel: (802) 865-1020 x110.
	The Caledonian Record Julie Poutré (adv@caledonian-record.com)	Tel: 748-8121 FAX: 748-1613
	Times Argus / Rutland Herald Classified Ads (classified.ads@rutlandherald.com)	Tel: 802-747-6121 ext 2238 FAX: 802-776-5600
	The Valley News (advertising@vnews.com)	Tel: 603-298-8711 FAX: 603-298-0212
	The Addison Independent (legals@addisonindependent.com)	Tel: 388-4944 FAX: 388-3100 Attn: Display Advertising
	The Bennington Banner / Brattleboro Reformer Lylah Wright (lwright@reformer.com)	Tel: 254-2311 ext. 132 FAX: 447-2028 Attn: Lylah Wright
	The Chronicle (ads@bartonchronicle.com)	Tel: 525-3531 FAX: 525-3200
	Herald of Randolph (ads@ourherald.com)	Tel: 728-3232 FAX: 728-9275 Attn: Brandi Comette
	Newport Daily Express (jlafoe@newportvermontdailyexpress.com)	Tel: 334-6568 FAX: 334-6891 Attn: Jon Lafoe
	News & Citizen (mike@stowereporter.com)	Tel: 888-2212 FAX: 888-2173
	St. Albans Messenger Legals (legals@samessenger.com; cfoley@orourkemediagroup.com)	Tel: 524-9771 ext. 117 FAX: 527-1948 Attn: Legals
	The Islander (islander@vermontislander.com)	Tel: 802-372-5600 FAX: 802-372-3025
	Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter
	VT Digger (legals@vtdigger.org)	Attn: Legals

FROM: APA Coordinator, VSARA **Date of Fax:** March 13, 2026

RE: The "Proposed State Rules " ad copy to run on **December 18, 2025**

PAGES INCLUDING THIS COVER MEMO: **2**

NOTE **8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

==========

By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at https://secure.vermont.gov/SOS/rules/ . The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Reportable and Communicable Diseases Rule.

Vermont Proposed Rule: 25P043

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action. This rulemaking does the following:1) Modifies and reorganizes the lists of required reportable findings in humans and animals; 2) Changes the required reporting period for Brucellosis from "immediately" to "within 24 hours" and Rubella virus from "within 24 hours" to "immediately"; 3) Adds information about how to report positive tuberculin skin test (TST) results; 4) Clarifies the reporting of blood lead results.

FOR FURTHER INFORMATION, CONTACT: Natalie Weill, Agency of Human Services, Vermont Department of Health 280 State Drive Waterbury, VT 05671-8300 Tel: 802-863-7280 E-Mail: natalie.weill@vermont.gov URL: https://www.healthvermont.gov/laws-regulations/laws/rules-public-comment/.

FOR COPIES: Jessica Schifano, Agency of Human Services, Vermont Department of Health 280 State Drive Waterbury, VT 05671-8300 Tel: 802-863-7280 E-Mail: jessica.schifano@vermont.gov.
