EMERGENCY RULE #21-E20

Administrative Procedures – Emergency Rule Filing

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" (CVR 04-000-001) adopted by the Office of the Secretary of State, this emergency filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, the Legislative Committee on Administrative Rules and a copy with the Chair of the Interagency Committee on Administrative Rules.

All forms requiring a signature shall be original signatures of the appropriate adopting authority or authorized person, and all filings are to 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.

This emergency rule may remain in effect for a total of 180 days from the date it first takes effect.

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801(b)(11) for a definition), I believe there exists an imminent peril to public health, safety or welfare, requiring the adoption of this emergency rule.

The nature of the peril is as follows (*PLEASE USE ADDITIONAL SHEETS IF SPACE IS INSUFFICIENT*). This rulemaking adds COVID-19 to the list of reportable diseases, and requires demographic information to be reported, which is critical to the State's ability to track and quickly respond to this dangerous disease.

I approve the contents of this filing entitled:

Reportable and Communicable Diseases Emergency Rule

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)

/s/ Michael K. Smith , on 10/12/2021

(signature) (date)

Printed Name and Title:

Michael K. Smith

Secretary

Agency of Human Services

1. TITLE OF RULE FILING:
   Reportable and Communicable Diseases Emergency Rule

2. ADOPTING AGENCY:
   Department of Health

3. PRIMARY CONTACT PERSON:
   (A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

   Name: David Englander

   Agency: Department of Health

   Mailing Address: 108 Cherry Street, Burlington VT 05401

   Telephone: 802 863 - 7280 Fax: 802 951 - 1275

   E-Mail: ahs.vdhrules@vermont.gov

   Web URL *(WHERE THE RULE WILL BE POSTED)*:
   http://www.healthvermont.gov/about-us/laws-regulations/public-comment

4. 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: Natalie Weill

   Agency: Department of Health

   Mailing Address: 108 Cherry Street, Burlington VT 05401

   Telephone: 802 863 - 7280 Fax: 802 951 - 1275

   E-Mail: ahs.vdhrules@vermont.gov

5. 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:

6. 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).

18 V.S.A. §§ 102 and 1001 and 3 V.S.A. §3003(b), 20 V.S.A. §3801, and 13 V.S.A. § 3504(h).

7. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:
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."

8. CONCISE SUMMARY (**150 WORDS OR LESS**):

The purpose of this rule is to protect the public health through the reporting of communicable diseases and other diseases dangerous to public health. Through this rulemaking, the Department adds COVID-19 to the list of reportable diseases, clarifies how diseases are to be reported to the Department and by whom, and requires demographic information be reported to the Department. The Department anticipates initiating formal rulemaking soon, which will include the proposed changes to this emergency rule.

9. EXPLANATION OF WHY THE RULE IS NECESSARY:

This rule requires the early and prompt reporting of diseases which have been identified as dangerous to public health so that the Department of Health may take any necessary action to protect the public from such diseases. Updates to this list are critical in order to address emerging issues such as COVID-19. Additionally, the collection of demographic information through this reporting is critical for identifying and addressing inequities associated with race and ethnicity.

10. 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."

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

    This rule will have a deminimis effect on infection preventionists, healthcare providers, veterinarians, laboratory directors, nurse practitioners, nurses, physician assistants, physicians, school health officials, and administrators of long-term care and assisted living facilities.

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

    As this is a revision to the existing requirements, the economic impact is deminimis.

13. A HEARING IS NOT SCHEDULED.

14. 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 NEEDED FOR THE NOTICE OF RULEMAKING.

    Date:

    Time: AM

    Street Address:

    Zip Code:

    Date:

    Time: AM

    Street Address:

    Zip Code:

15. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

16. EMERGENCY RULE EFFECTIVE: 10/15/2021

17. EMERGENCY RULE WILL REMAIN IN EFFECT UNTIL
(A DATE NO LATER THAN 180 DAYS FOLLOWING ADOPTION OF THIS EMERGENCY RULE):

04/13/2022

18. NOTICE OF THIS EMERGENCY RULE SHOULD BE PUBLISHED IN THE WEEKLY NOTICES OF RULEMAKING IN THE NEWSPAPERS OF RECORD.

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

Reportable Diseases

Reportable Syndromes

Rare Diseases

Communicable Diseases

COVID-19

Coronavirus

SARS-Cov-2

Administrative Procedures – Adopting Page

Instructions:

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

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:
   Reportable and Communicable Diseases Emergency Rule
2. ADOPTING AGENCY:
   Department of Health
3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):
   - **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment as long as the rule is replaced with other text.
   - **NEW RULE** - A rule that did not previously exist even under a different name.
   - **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

   This filing is **AN AMENDMENT OF AN EXISTING RULE .**

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):
   April 19, 2021 Secretary of State Rule Log #19-013

State of Vermont
Agency of Administration
Office of the Secretary
Pavilion Office Building
109 State Street
Montpelier, VT 05609-0201
www.aoa.vermont.gov

[phone] 802-828-3322
[fax] 802-828-3320

Susanne R. Young, Secretary

MEMORANDUM

TO: **Jim Condos, Secretary of State**

FROM: **Kristin L. Clouser, ICAR Chair**

Kristin L. Clouser

Digitally signed by Kristin L. Clouser
Date: 2021.10.29 09:08:56 -04'00'

DATE: **October 29, 2021**

RE: **Emergency Rule Titled 'Reportable and Communicable Diseases Emergency Rule' by the Agency of Human Services, Department of Health**

The use of rulemaking procedures under the provisions of 3 V.S.A. §844 is appropriate for this rule. I have reviewed the proposed rule 'Reportable and Communicable Diseases Emergency Rule' by the Agency of Human Services, Department of Health and agree that emergency rulemaking is necessary.

Administrative Procedures – 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.

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.

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1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Emergency Rule

2. ADOPTING AGENCY:

   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:

   The following parties are already required to report listed diseases, and the updates are not expected to have an economic impact: Infection preventionists, healthcare providers, veterinarians, laboratory directors, nurse practitioners, nurses, physician

assistants, physicians, school health officials, administrators of long-term care and assisted living facilities.

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:

School nurses are already required to report listed diseases. Early reporting of diseases can help limit their spread and reduce absenteeism among school-aged children. The updates will not have an economic impact.

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.*

This is the only option to prevent the spread of disease.

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):

None.

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.*

None.

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:
This rule adds COVID-19 to the current reporting list. Without reporting requirements on this disease, there likely would be an increase in prevalence. Mandatory reporting allows for effective, evidence-based control measures, that would not be implemented in a timely fashion if this rule did not exist or if, for instance, small medical practices were not required to report.

Ultimately, the spread of this disease could have a negative economic impact on businesses, particularly during widespread outbreaks.

9. SUFFICIENCY: *EXPLAIN THE SUFFICIENCY OF THIS ECONOMIC IMPACT ANALYSIS.*
As this is an existing rule, and the update only adds current disease threats, this explanation is sufficient.

Administrative Procedures – 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.

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

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1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Emergency Rule

2. ADOPTING AGENCY:

   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.):*
   None.

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.):*
   None.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*
   None.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACT RECREATION IN THE STATE:*
   None.

7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
   None.

8. OTHER: *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
   None.

9. SUFFICIENCY: *EXPLAIN THE SUFFICIENCY OF THIS ENVIRONMENTAL IMPACT ANALYSIS.*
   This explanation outlines the prevention of potential spread of disease. Estimating actual cost of this is not possible.

Administrative Procedures – Public Input

Instructions:

In completing the public input statement, an agency describes the strategy prescribed by ICAR to maximize public input, what it did do, or will do to comply with that plan to maximize the involvement of the public in the development of the rule.

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

1. TITLE OF RULE FILING:
   Reportable and Communicable Diseases Emergency Rule
2. ADOPTING AGENCY:
   Department of Health
3. PLEASE DESCRIBE THE STRATEGY PRESCRIBED BY ICAR TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE:
   In the months to come the Department will evaluate the Emergency Rule and undertake a full regular rulemaking process to obtain public input.
4. PLEASE LIST THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:
   During the regular rulemaking there will be public notice and a public hearing.
5. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:
   None for this emergency rulemaking.

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, 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:
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 only made following notice to the individual subject of the public health record or the individual's legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual's representative pursuant to 18 V.S.A. §1001 (b).

5.0 Communicable Disease Reports

5.1 Organizations and persons required to report

The following ~~organizations and~~ professionals who know or suspect that a person is sick or has died of a disease dangerous to the public's health are required to report to the Department of Health within 24 hours of the time when they become aware of the disease (immediate reporting is essential for those diseases or laboratory reports indicated by a "*"). Professionals employed at nonmedical community-based organizations are exempt from these requirements. Required reporters:

5.1.1 Infection preventionists
5.1.2 Laboratory directors
5.1.3 Nurse practitioners
5.1.4 Nurses
5.1.5 Physician assistants
5.1.6 Physicians
5.1.7 School health officials
5.1.8 Administrators of long-term care and assisted living facilities

5.1.9 Any other health care provider, as defined by 18 V.S.A. § 9402
5.1.10 Pharmacists

5.2 ~~Nature~~ **Content of the report**
The report of communicable diseases and other diseases dangerous to the public's health and rare infectious diseases, as listed in 5.4, shall include the following information as it relates to the affected person:

- Name
- Date of birth
- Age
- Sex
- Race
- Ethnicity
- Address
- Telephone number
- Name of health care provider/physician
- Address of health care provider/physician
- Name of disease being reported
- Date of onset of the disease
- ~~Any other pertinent information as requested by the Department~~ Any other information deemed pertinent by the reporter.

5.3 **How to make a report**
The report shall be made by telephone, in writing, or electronically to the Department of Health~~, Epidemiology Program~~. 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.

5.4 **Diseases, syndromes, and treatments required to be reported**
The following is a list of all reportable diseases, syndromes and treatments (immediate reporting is essential for those diseases or laboratory reports indicated by a "*"):

- Anaplasmosis
- Animal bites are reportable to Town Health Officers only per Section 8 of this rule
- AIDS
- Anthrax*
- Arboviral illness
- Babesiosis
- Blood lead levels
- *Borrelia miyamotoi* infection
- Botulism*
- Brucellosis*

- Campylobacteriosis
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results
- Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results
- *Chlamydia trachomatis* infection
- Cholera*
- COVID-19*
- Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria*
- Eastern equine encephalitis illness
- Ehrlichiosis
- Encephalitis
- Glanders*
- Gonorrhea
- Guillain-Barré Syndrome
- *Haemophilus influenzae* disease, invasive*
- Hantavirus disease
- Hemolytic uremic syndrome (HUS)
- Hepatitis A*
- Hepatitis B
- Hepatitis B, positive surface antigen in a pregnant woman
- Hepatitis C
- Hepatitis E
- Human immunodeficiency virus (HIV)
- Influenza: Report
  - Individual cases of influenza only if due to a novel strain of Influenza A*
  - Pediatric influenza-related deaths
  - Institutional outbreaks
- Jamestown Canyon virus disease
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria

- Measles (Rubeola)*
- Melioidosis*
- Meningitis, bacterial
- Meningococcal disease*
- Middle East Respiratory Syndrome (MERS)*
- Multisystem inflammatory syndrome in children (MIS-C)*
- Mumps
- Pertussis (whooping cough)
- Plague*
- Poliovirus infection, including poliomyelitis*
- Powassan virus disease
- Psittacosis
- Q Fever
- Rabies, human* and animal cases
- Rabies post exposure treatment in humans (irrespective of evidence of rabies) Reporting form available at www.healthvermont.gov.
- Reye syndrome
- Spotted fever rickettsiosis
- Rubella (German Measles)*
- Rubella, congenital rubella syndrome
- Salmonellosis
- Severe Acute Respiratory Syndrome (SARS)*
- Shiga toxin-producing *E.coli (STEC)*
- Shigellosis
- Smallpox (variola)*
- Streptococcal disease, Group A, invasive
- Streptococcal disease, Group B invasive (infants less than one month of age)
- *Streptococcus pneumoniae* disease, invasive
- Syphilis
- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis infection, latent
- Tuberculosis disease
- Tularemia*
- Typhoid fever*
- Vaccinia (disease or adverse event)
- Varicella (chicken pox only)
- Viral hemorrhagic fever*
- Vibriosis
- West Nile virus illness

- Yellow fever
- Yersiniosis
- Zika virus infection
- Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism, must be reported. Such reports may be made by sharing medical encounter information with the Department of Health so that the Department can determine if there is sufficient probability that a case or an outbreak warrants further public health response.

6.0 Reportable Laboratory Findings

6.1 All positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests of the following conditions, to include any rare infectious disease or one dangerous to public health, ~~Positive, presumptive, or confirmed, isolation or detection of _or positive, presumptive or confirmed, serological results for, or results from _specific laboratory tests as indicated below ()~~ must be reported. ~~(immediate reporting is essential f~~ For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department within 24 hours):

- *Anaplasma phagocytophilum*
- Arboviruses
- *Babesia microti*
- *Bacillus anthracis**
- Blood lead levels (all results, including undetectable)
- *Bordetella pertussis*
- *Borrelia burgdorferi*
- *Borrelia mayonii*
- *Borrelia miyamotoi*
- *Brucella* species*
- *Burkholderia mallei**
- *Burkholderia pseudomallei**
- *Campylobacter* species
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results
- Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results
- CD4+ T-lymphocyte counts and percentages (all results)

- *Chlamydia psittaci*
- *Chlamydia trachomatis*
- *Clostridium botulinum**
- *Clostridium tetani*
- *Corynebacterium diphtheriae**
- *Coxiella burnetii*
- Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
- *Cryptosporidium* species
- CSF cultures (all positive findings)
- *Cyclospora cayetanensis*
- Dengue virus
- Eastern equine encephalitis virus
- *Ehrlichia* species
- *Francisella tularensis**
- *Haemophilus influenzae,* isolated from a normally sterile site
- Hantavirus
- Hemorrhagic fever viruses*
- Hepatitis A virus (anti-HAV IgM)
- Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
- Hepatitis C virus (HCV)
- Hepatitis E virus (IgM anti-HEV)
- Human immunodeficiency virus (HIV): Includes the following:
  - HIV viral load measurement (including non-detectable results)
  - All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
- Jamestown Canyon virus
- *Legionella* species
- *Leptospira* species
- *Listeria monocytogenes*
- Measles virus*
- MERS CoV*
- Mumps virus
- *Mycobacterium tuberculosis* complex (including positive interferon-gamma release assay (IGRA) test results
- *Neisseria gonorrhoeae*
- *Neisseria meningitidis,* isolated from a normally sterile site*
- *Plasmodium* species
- Poliovirus*
- Powassan virus
- Rabies virus*
- *Rickettsia* species

- Ricin toxin (from *Ricinis communis* (castor beans))
- Rubella virus
- *Salmonella* species
- SARS-CoV/SARS-associated virus*
- SARS-CoV-2* (All results including positive, negative, and indeterminate)
- *Shigella* species
- Shiga toxin-producing *E.coli* (STEC) (including O157:H7)
- Smallpox (variola)*
- *Staphylococcus aureus,* vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results
- *Streptococcus*, Group A, isolated from a normally sterile site
- *Streptococcus*, Group B, isolated from a normally sterile site (infants less than one month of age)
- *Streptococcus pneumoniae*, isolated from a normally sterile site, including susceptibility results
- *Treponema pallidum* and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)
- *Trichinella spiralis*
- Varicella virus
- *Vibrio* species
- West Nile virus
- Yellow fever virus
- *Yersinia enterocolitica*
- *Yersinia pestis**
- Zika virus

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

6.3 Laboratory reporting shall include:

- Patient name
- Patient date of birth
- Patient sex
- Patient race
- Patient ethnicity
- Patient address ~~of patient~~
- Patient telephone number ~~of patient~~
- Name of ordering health care provider/physician and NPI (as applicable)
- Address of ordering health care provider/physician
- Telephone number of ordering provider/physician
- Accession number/specimen ID

- ~~Test results~~
- Specimen type(s), e.g., serum, swab, etc.
- Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes)
- Diagnostic test(s) performed (use national standardized codes)
- Test results(s) (use national standardized codes)
- Interpretation of result(s)
- Date(s) of specimen collection
- Date test ordered
- Names of performing facility and CLIA number (if applicable) ~~name and address of laboratory performing test(s)~~
- Address of performing facility
- Reports shall include any additional information required by federal statute or rule.

6.4 Reporting

6.4.1 Laboratories shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. ~~Reportable events shall be identified by automated computer algorithms. are required to provide a written or electronic report~~ If electronic laboratory reporting is not available, the laboratory may substitute an alternate reporting method with permission from the Department.

6.4.2 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.

6.5 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis or typing:

- Arboviruses
- *Brucella* species
- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- *Campylobacter* species
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- *Clostridium botulinum*
- *Corynebacterium diphtheriae*
- *Coxiella burnetti*
- Eastern equine encephalitis virus

- *Francisella tularensis*
- *Haemophilus influenza*, isolated from a normally sterile site
- Hanta virus
- Hemorrhagic fever viruses
- Influenza A, novel strain only
- Jamestown Canyon virus
- *Leptospira* species
- *Listeria monocytogenes*
- MERS-CoV
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, isolated from a normally sterile site
- Powassan virus
- *Salmonella* species
- SARS-CoV/SARS - associated virus
- Shiga toxin-producing *E. coli* (STEC) (including O157:H7)
- *Shigella* species
- VISA (vancomycin-intermediate *Staphylococcus aureus*)
- VRSA (vancomycin-resistant *Staphylococcus aureus*)
- West Nile virus
- *Yersinia pestis*

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

7.0 Data from Vermont Health Information Exchange

7.1 The Vermont Health Information Exchange shall provide data to the Health Department for COVID-19, SARS-CoV-2, and case reporting for Lyme disease. These may include, but are not limited to, information for laboratory and case reporting, hospitalization data, and patient demographics.

7.2 The Vermont Health Information Exchange shall provide the Health Department with access to records reported to the Exchange for electronic laboratory reporting, immunizations, and case reporting for COVID-19, SARS-CoV-2, and case reporting for Lyme disease.

8.0 Prophylaxis for Eyes of Newborn

8.1 Duties of Health Care Providers

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

9.0 Rabies Control

9.1 Reporting of Animal Bites: Reporting form available at www.healthvermont.gov.

9.1.1 Physician Reporting

9.1.1.1 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.

9.1.2 Minors and Adults; No Attending Physician

9.1.2.1 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.

9.1.2.2 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.

9.2 Control Methods in Domestic and Confined Animals

9.2.1 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.

9.2.1.1 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 should 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.

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

9.2.2 Management of Animals that Bite Humans

9.2.2.1 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.

9.2.2.2 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.

9.2.2.3 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.

9.2.2.4 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.

9.3 Removal of Animal

9.3.1 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.

9.3.2 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.

9.3.3 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.

9.4 Laboratory Specimens: 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 ~~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 local health officer shall notify the health department of the specimen's intended arrival.

9.5 Destruction of Animals, Subject to Rabies; Precautions: 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.

10.0 Pharmacist Reporting

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.

11.0 Animal Disease Surveillance

11.1 Veterinarians and veterinary diagnostic laboratory directors shall report to the Department within 24 hours of the time when they become aware of clinical or laboratory diagnosis or suspicion of any rare infectious disease in animals that might pose a risk of significant number of human and animal fatalities or incidents of permanent or long-term disability including the following:

- Anthrax
- Arboviral: eastern equine encephalitis, Venezuelan equine encephalitis, western equine encephalitis, West Nile virus
- Avian Chlamydiosis (Psittacosis, Ornithosis)
- Bovine spongiform encephalopathy
- Brucellosis (*Brucella* species)
- Glanders (*Burkholderia mallei*)
- Hantavirus
- ~~Hendra virus~~
- Highly pathogenic avian influenza
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis* complex
- ~~Nipah (Nipah virus)~~
- Novel influenza
- Plague (*Yersinia pestis*)
- Q Fever (*Coxiella burnetti*)
- Rabies
- Ricin toxin (from *Ricinis communis* (castor beans))
- Tularemia (*Francisella tularensis*)
- ~~Typhus fever (*Rickettsia prowazekii*)~~
- Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
- Unusual cases or clusters of animal illnesses or deaths that pose a threat to human health.
- 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 shall be reported.

11.2 For the purposes of reporting to the Department of Health, veterinarians shall act on behalf of livestock owners and persons having care of animals who have reported illness consistent with such diseases.

11.3 ~~Nature of the~~ How to report.
The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department of Health within 24 hours.

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the above-named diseases or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:

- Location or suspected location of the affected animal(s)
- Name of any known owner
- Address of any known owner
- Name of reporting individual
- Address of reporting individual
- Name of disease or suspected disease being reported
- Type of animal(s) affected
- Number of animals affected
- Date of confirmation of disease or onset of clinical signs

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

- Name of any known owner
- Address of any known owner
- Name of person who submitted specimen
- Address of person who submitted specimen
- Name of test
- Result of test
- Date submitted
- Date of positive test result
- Specimen type (e.g. swab)
- Specimen source (e.g. skin, mouth)

11.4 ~~Laboratories are required to provide a written report to the Department of Health even if the reportable disease has been reported by others.~~ Laboratories are required to report result to the Department irrespective of the required reporting of other parties listed under this rule.

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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, 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:
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 only made following notice to the individual subject of the public health record or the individual's legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual's representative pursuant to 18 V.S.A. §1001 (b).

5.0 Communicable Disease Reports

5.1 **Organizations and persons required to report**

The following organizations and professionals who know or suspect that a person is sick or has died of a disease dangerous to the public's health are required to report to the Department of Health within 24 hours of the time when they become aware of the disease (immediate reporting is essential for those diseases or laboratory reports indicated by a "*"). Professionals employed at nonmedical community-based organizations are exempt from these requirements. Required reporters:

5.1.1 Infection preventionists
5.1.2 Laboratory directors
5.1.3 Nurse practitioners
5.1.4 Nurses
5.1.5 Physician assistants
5.1.6 Physicians
5.1.7 School health officials
5.1.8 Administrators of long-term care and assisted living facilities

5.1.9 Any other health care provider, as defined by 18 V.S.A. § 9402
5.1.10 Pharmacists

5.2 **Nature Content of the report**
The report of communicable diseases and other diseases dangerous to the public's health and rare infectious diseases, as listed in 5.4, shall include the following information as it relates to the affected person:

- Name
- Date of birth
- Age
- Sex
- Race
- Ethnicity
- Address
- Telephone number
- Name of health care provider/physician
- Address of health care provider/physician
- Name of disease being reported
- Date of onset of the disease
- Any other pertinent information as requested by the Department Any other information deemed pertinent by the reporter.

5.3 **How to make a report**
The report shall be made by telephone, in writing, or electronically to the Department of Health, Epidemiology Program. 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.

5.4 **Diseases, syndromes, and treatments required to be reported**
The following is a list of all reportable diseases, syndromes and treatments (immediate reporting is essential for those diseases or laboratory reports indicated by a "*"):

- Anaplasmosis
- Animal bites are reportable to Town Health Officers only per Section 8 of this rule
- AIDS
- Anthrax*
- Arboviral illness
- Babesiosis
- Blood lead levels
- *Borrelia miyamotoi* infection
- Botulism*
- Brucellosis*

- Campylobacteriosis
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results
- Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results
- *Chlamydia trachomatis* infection
- Cholera*
- COVID-19*
- Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria*
- Eastern equine encephalitis illness
- Ehrlichiosis
- Encephalitis
- Glanders*
- Gonorrhea
- Guillain-Barré Syndrome
- *Haemophilus influenzae* disease, invasive*
- Hantavirus disease
- Hemolytic uremic syndrome (HUS)
- Hepatitis A*
- Hepatitis B
- Hepatitis B, positive surface antigen in a pregnant woman
- Hepatitis C
- Hepatitis E
- Human immunodeficiency virus (HIV)
- Influenza: Report
  - Individual cases of influenza only if due to a novel strain of Influenza A*
  - Pediatric influenza-related deaths
  - Institutional outbreaks
- Jamestown Canyon virus disease
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria

- Measles (Rubeola)*
- Melioidosis*
- Meningitis, bacterial
- Meningococcal disease*
- Middle East Respiratory Syndrome (MERS)*
- Multisystem inflammatory syndrome in children (MIS-C)*
- Mumps
- Pertussis (whooping cough)
- Plague*
- Poliovirus infection, including poliomyelitis*
- Powassan virus disease
- Psittacosis
- Q Fever
- Rabies, human* and animal cases
- Rabies post exposure treatment in humans (irrespective of evidence of rabies) Reporting form available at www.healthvermont.gov.
- Reye syndrome
- Spotted fever rickettsiosis
- Rubella (German Measles)*
- Rubella, congenital rubella syndrome
- Salmonellosis
- Severe Acute Respiratory Syndrome (SARS)*
- Shiga toxin-producing *E.coli (STEC)*
- Shigellosis
- Smallpox (variola)*
- Streptococcal disease, Group A, invasive
- Streptococcal disease, Group B invasive (infants less than one month of age)
- *Streptococcus pneumoniae* disease, invasive
- Syphilis
- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis infection, latent
- Tuberculosis disease
- Tularemia*
- Typhoid fever*
- Vaccinia (disease or adverse event)
- Varicella (chicken pox only)
- Viral hemorrhagic fever*
- Vibriosis
- West Nile virus illness

- Yellow fever
- Yersiniosis
- Zika virus infection
- Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism, must be reported. Such reports may be made by sharing medical encounter information with the Department of Health so that the Department can determine if there is sufficient probability that a case or an outbreak warrants further public health response.

6.0 Reportable Laboratory Findings

6.1 All positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests of the following conditions, to include any rare infectious disease or one dangerous to public health, Positive, presumptive, or confirmed, isolation or detection of - or positive, presumptive or confirmed, serological results for, or results from - specific laboratory tests as indicated below () must be reported. (immediate reporting is essential f For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department within 24 hours):

- *Anaplasma phagocytophilum*
- Arboviruses
- *Babesia microti*
- *Bacillus anthracis**
- Blood lead levels (all results, including undetectable)
- *Bordetella pertussis*
- *Borrelia burgdorferi*
- *Borrelia mayonii*
- *Borrelia miyamotoi*
- *Brucella* species*
- *Burkholderia mallei**
- *Burkholderia pseudomallei**
- *Campylobacter* species
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results
- Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results
- CD4+ T-lymphocyte counts and percentages (all results)

- *Chlamydia psittaci*
- *Chlamydia trachomatis*
- *Clostridium botulinum**
- *Clostridium tetani*
- *Corynebacterium diphtheriae**
- *Coxiella burnetii*
- Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
- *Cryptosporidium* species
- CSF cultures (all positive findings)
- *Cyclospora cayetanensis*
- Dengue virus
- Eastern equine encephalitis virus
- *Ehrlichia* species
- *Francisella tularensis**
- *Haemophilus influenzae,* isolated from a normally sterile site
- Hantavirus
- Hemorrhagic fever viruses*
- Hepatitis A virus (anti-HAV IgM)
- Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
- Hepatitis C virus (HCV)
- Hepatitis E virus (IgM anti-HEV)
- Human immunodeficiency virus (HIV): Includes the following:
  - HIV viral load measurement (including non-detectable results)
  - All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
- Jamestown Canyon virus
- *Legionella* species
- *Leptospira* species
- *Listeria monocytogenes*
- Measles virus*
- MERS CoV*
- Mumps virus
- *Mycobacterium tuberculosis* complex (including positive interferon-gamma release assay (IGRA) test results
- *Neisseria gonorrhoeae*
- *Neisseria meningitidis,* isolated from a normally sterile site*
- *Plasmodium* species
- Poliovirus*
- Powassan virus
- Rabies virus*
- *Rickettsia* species

- Ricin toxin (from *Ricinis communis* (castor beans))
- Rubella virus
- *Salmonella* species
- SARS-CoV/SARS-associated virus*
- SARS-CoV-2* (All results including positive, negative, and indeterminate)
- *Shigella* species
- Shiga toxin-producing *E.coli* (STEC) (including O157:H7)
- Smallpox (variola)*
- *Staphylococcus aureus,* vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results
- *Streptococcus*, Group A, isolated from a normally sterile site
- *Streptococcus*, Group B, isolated from a normally sterile site (infants less than one month of age)
- *Streptococcus pneumoniae*, isolated from a normally sterile site, including susceptibility results
- *Treponema pallidum* and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)
- *Trichinella spiralis*
- Varicella virus
- *Vibrio* species
- West Nile virus
- Yellow fever virus
- *Yersinia enterocolitica*
- *Yersinia pestis**
- Zika virus

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

6.3 Laboratory reporting shall include:

- Patient name
- Patient date of birth
- Patient sex
- Patient race
- Patient ethnicity
- Patient address of patient
- Patient telephone number of patient
- Name of ordering health care provider/physician and NPI (as applicable)
- Address of ordering health care provider/physician
- Telephone number of ordering provider/physician
- Accession number/specimen ID

- Test results
- Specimen type(s), e.g., serum, swab, etc.
- Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes)
- Diagnostic test(s) performed (use national standardized codes)
- Test results(s) (use national standardized codes)
- Interpretation of result(s)
- Date(s) of specimen collection
- Date test ordered
- Names of performing facility and CLIA number (if applicable) name and address of laboratory performing test(s)
- Address of performing facility
- Reports shall include any additional information required by federal statute or rule.

6.4 Reporting

6.4.1 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.

6.4.2 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.

6.5 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis or typing:

- Arboviruses
- *Brucella* species
- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- *Campylobacter* species
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- *Clostridium botulinum*
- *Corynebacterium diphtheriae*
- *Coxiella burnetti*
- Eastern equine encephalitis virus

- *Francisella tularensis*
- *Haemophilus influenza*, isolated from a normally sterile site
- Hanta virus
- Hemorrhagic fever viruses
- Influenza A, novel strain only
- Jamestown Canyon virus
- *Leptospira* species
- *Listeria monocytogenes*
- MERS-CoV
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, isolated from a normally sterile site
- Powassan virus
- *Salmonella* species
- SARS-CoV/SARS - associated virus
- Shiga toxin-producing *E. coli* (STEC) (including O157:H7)
- *Shigella* species
- VISA (vancomycin-intermediate *Staphylococcus aureus*)
- VRSA (vancomycin-resistant *Staphylococcus aureus*)
- West Nile virus
- *Yersinia pestis*

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

7.0 Data from Vermont Health Information Exchange

7.1 The Vermont Health Information Exchange shall provide data to the Health Department for COVID-19, SARS-CoV-2, and case reporting for Lyme disease. These may include, but are not limited to, information for laboratory and case reporting, hospitalization data, and patient demographics.

7.2 The Vermont Health Information Exchange shall provide the Health Department with access to records reported to the Exchange for electronic laboratory reporting, immunizations, and case reporting for COVID-19, SARS-CoV-2, and case reporting for Lyme disease.

8.0 Prophylaxis for Eyes of Newborn

8.1 Duties of Health Care Providers

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

9.0 Rabies Control

9.1 Reporting of Animal Bites: Reporting form available at www.healthvermont.gov.

9.1.1 Physician Reporting

9.1.1.1 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.

9.1.2 Minors and Adults; No Attending Physician

9.1.2.1 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.

9.1.2.2 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.

9.2 Control Methods in Domestic and Confined Animals

9.2.1 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.

9.2.1.1 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 should 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.

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

9.2.2 Management of Animals that Bite Humans

9.2.2.1 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.

9.2.2.2 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.

9.2.2.3 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.

9.2.2.4 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.

9.3 Removal of Animal

9.3.1 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.

9.3.2 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.

9.3.3 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.

9.4 Laboratory Specimens: 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 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 local health officer shall notify the health department of the specimen's intended arrival.

9.5 Destruction of Animals, Subject to Rabies; Precautions: 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.

10.0 Pharmacist Reporting

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.

11.0 Animal Disease Surveillance

11.1 Veterinarians and veterinary diagnostic laboratory directors shall report to the Department within 24 hours of the time when they become aware of clinical or laboratory diagnosis or suspicion of any rare infectious disease in animals that might pose a risk of significant number of human and animal fatalities or incidents of permanent or long-term disability including the following:

- Anthrax
- Arboviral: eastern equine encephalitis, Venezuelan equine encephalitis, western equine encephalitis, West Nile virus
- Avian Chlamydiosis (Psittacosis, Ornithosis)
- Bovine spongiform encephalopathy
- Brucellosis (*Brucella* species)
- Glanders (*Burkholderia mallei*)
- Hantavirus
- Hendra virus
- Highly pathogenic avian influenza
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis* complex
- Nipah (Nipah virus)
- Novel influenza
- Plague (*Yersinia pestis*)
- Q Fever (*Coxiella burnetti*)
- Rabies
- Ricin toxin (from *Ricinis communis* (castor beans))
- Tularemia (*Francisella tularensis*)
- Typhus fever (*Rickettsia prowazekii*)
- Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
- Unusual cases or clusters of animal illnesses or deaths that pose a threat to human health.
- 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 shall be reported.

11.2 For the purposes of reporting to the Department of Health, veterinarians shall act on behalf of livestock owners and persons having care of animals who have reported illness consistent with such diseases.

11.3 Nature of the How to report.
The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department of Health within 24 hours.

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the above-named diseases or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:

- Location or suspected location of the affected animal(s)
- Name of any known owner
- Address of any known owner
- Name of reporting individual
- Address of reporting individual
- Name of disease or suspected disease being reported
- Type of animal(s) affected
- Number of animals affected
- Date of confirmation of disease or onset of clinical signs

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

- Name of any known owner
- Address of any known owner
- Name of person who submitted specimen
- Address of person who submitted specimen
- Name of test
- Result of test
- Date submitted
- Date of positive test result
- Specimen type (e.g. swab)
- Specimen source (e.g. skin, mouth)

11.4 Laboratories are required to provide a written report to the Department of Health even if the reportable disease has been reported by others. Laboratories are required to report result to the Department irrespective of the required reporting of other parties listed under this rule.

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

Title 18 : Health

Chapter 003 : State Board Of Health

(Cite as: 18 V.S.A. § 102)

§ 102. Duties of Board

The Board 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 Board may delegate such powers and assign such duties to the Commissioner as it may deem appropriate and necessary for the proper execution of provisions of this title. The authority of the Board to adopt the rules shall extend to all matters relating to the preservation of the public health and consistent with the duties and responsibilities of the Board. The Board's jurisdiction over sewage disposal includes emergent conditions which 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.)

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

Title 18: Health

Chapter 21: Communicable Diseases

Subchapter 1: General Provisions

Subchapter 2: Tuberculosis

Subchapter 3: Venereal Diseases

Subchapter 4: Immunization

Subchapter 5: Communicable Disease Testing

Full Text of Chapter

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

Title 3 : Executive

Chapter 053 : Human Services

Subchapter 001 : Generally

(Cite as: 3 V.S.A. § 3003)

§ 3003. Advisory capacity

(a) All boards and commissions which under this chapter are a part of or are attached to the Agency shall be advisory only, except as hereinafter provided, and the powers and duties of the boards and commissions, including administrative, policy making, and regulatory functions, shall vest in and be exercised by the Secretary of the Agency.

(b) Notwithstanding subsection (a) of this section, the Board of Health shall retain and exercise all powers and functions given to the Board by law of quasi-judicial nature, including the power to conduct hearings, to adjudicate controversies, and to issue and enforce orders, in the manner and to the extent provided by law. Boards of registration attached to this Agency shall retain and exercise all existing authority with respect to licensing and maintenance of the standards of the persons registered. (Added 1969, No. 272 (Adj. Sess.), § 3, eff. Jan. 10, 1971.)

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

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.)

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

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
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Deadline For Public Comment

Deadline: Unavailable.

The deadline for public comment is unavailable for this rule. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:	21-E20
Title:	Reportable and Communicable Diseases Emergency Rule.
Type:	Emergency
Status:	Adopted
Agency:	Department of Health, Agency of Human Services
Legal Authority:	18 V.S.A. §§ 102 and 1001 and 3 V.S.A. §3003(b), 20 V.S.A. §3801, 13 V.S.A. § 3504(h) and 3 V.S.A. § 801(b)(11).
Summary:	The purpose of this rule is to protect the public health through the reporting of communicable diseases and other diseases dangerous to public

	health. Through this rulemaking, the Department adds COVID-19 to the list of reportable diseases, clarifies how diseases are to be reported to the Department and by whom, and requires demographic information be reported to the Department. The Department anticipates initiating formal rulemaking soon, which will include the proposed changes to this emergency rule.
Persons Affected:	This rule will have a deminimis effect on infection preventionists, healthcare providers, veterinarians, laboratory directors, nurse practitioners, nurses, physician assistants, physicians, school health officials, and administrators of long-term care and assisted living facilities.
Economic Impact:	As this is a revision to the existing requirements, the economic impact is deminimis.
Posting date:	Oct 13,2021

Hearing Information

There are not Hearings scheduled for this Rule

Contact Information

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COMMENT

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VIEW WEBSITE

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SEND A COMMENT

Keyword Information

Keywords:

Reportable Diseases
Reportable Syndromes
Rare Diseases
Communicable Diseases
COVID-19
Coronavirus
SARS-Cov-2

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