EMERGENCY RULE # 24-E02

Emergency Filing - Coversheet

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 shall be submitted to 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 rule adds Mpox to the list of reportable diseases, due to the virus' increased public health threat. This also reduces the administrative burden for reporters by eliminating the need to report negative COVID results.

I approve the contents of this filing entitled:

Reportable and Communicable Diseases Rule

/s/ Todd W. Daloz , on 1/17/24

(signature) (date)

Todd W. Daloz
Deputy Secretary
Agency of Human Services

Printed Name and Title:

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)

1. TITLE OF RULE FILING:
   Reportable and Communicable Diseases Rule
2. ADOPTING AGENCY:
   Vermont Department of Health
3. PRIMARY CONTACT PERSON:
   (A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

   Name: Natalie Weill

   Agency: Vermont 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: Brendan Atwood

   Agency: Vermont 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).
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)

7. 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 commissioner of [that] department." 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**):
This rulemaking does the following: 1) Removes the requirement to report negative and indeterminate SARS-CoV-2 results to the Department of Health, the lab test to determine if someone has COVID-19; 2) Changes the required reporting period for positive SARS-CoV-2 results from "immediately" to "within 24 hours"; 3) Adds the virus Mpox to the list of reportable diseases and the associated laboratory finding, Non-variola Orthopoxvirus, to the list of reportable laboratory findings; 4) Clarifies that immediate reporting for identified diseases and laboratory findings means they must be reported by telephone to the Department; and 5) Clarifies the difference between the laboratory finding that causes the virus SARS and the laboratory finding that causes the virus COVID-19.

9. EXPLANATION OF WHY THE RULE IS NECESSARY:
The public health risk associated with Mpox is increasing. Adding this disease to the list of reportable diseases is imperative to the Department's public health surveillance efforts for this disease.

The changes to reporting related to COVID-19 are necessary to alleviate the administrative burden on health care providers and laboratories, and are

appropriate given the end of the COVID-19 public health emergency.

10. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY AS DEFINED IN 3 V.S.A. § 801(b)(13(A):
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, rationally connected to those factual bases, and would make sense to a reasonable person.

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

Health care providers

Laboratory directors

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

There is likely to be a positive, though unmeasurable, economic impact to health care providers and laboratories associated with the removal of the requirement to report negative and indeterminate laboratory results for SARS-CoV-2.

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:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

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

16. EMERGENCY RULE EFFECTIVE: 02/12/2024

17. EMERGENCY RULE WILL REMAIN IN EFFECT UNTIL
(A DATE NO LATER THAN 180 DAYS FOLLOWING ADOPTION OF THIS EMERGENCY RULE):
08/10/2024

18. NOTICE OF THIS EMERGENCY RULE SHOULD NOT 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).

Mpox

Human Monkey Pox Virus

COVID-19

Reportable and Communicable Diseases

Laboratory

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

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

JENNEY SAMUELSON
SECRETARY

TODD W. DALOZ
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 31, 2023

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

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I hereby designate Deputy Secretary of Human Services Todd W. Daloz 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 Procedure Act, 3. V.S.A § 801 et seq.

Cc: Todd W. Daloz

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.

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1. TITLE OF RULE FILING:
   Reportable and Communicable Diseases Rule
2. ADOPTING AGENCY:
   Vermont 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*):
   Reportable and Communicable Disease Rule. July 1, 2022
   Secretary of State Rule Log #22-020

VERMONT

State of Vermont
Agency of Administration
Office of the Secretary
Pavilion Office Building
109 State Street, 5th Floor
Montpelier, VT 05609-0201
www.aoa.vermont.gov

[phone] 802-828-3322
[fax] 802-828-2428

Kristin L. Clouser, Secretary

MEMORANDUM

TO: **Copeland Hanzas, Secretary of State**
FROM: **Sean Brown, ICAR Chair**
DATE: **January 24, 2024**
RE: **Emergency Rule Titled 'Rules Governing Medication-Assisted Treatment for Opioid Use Disorder' by the Agency of Human Services**

Sean Brown

Digitally signed by Sean Brown
Date: 2024.01.24 13:07:59 -05'00'

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 titled 'Rules Governing Medication-Assisted Treatment for Opioid Use Disorder', provided by the Agency of Human Services, and agree that emergency rulemaking is necessary.

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VERMONT

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.

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1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Rule

2. ADOPTING AGENCY:

   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 and laboratory directors: There is likely to be a positive, though unmeasurable, economic impact to health care providers and laboratories associated with the removal of the requirement to report negative and indeterminate SARS-CoV-2 results.

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:

No impact is anticipated.

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.*

Given there will be no impacts to school districts, those 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):

No impact is anticipated.

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.*

Given there will be no impacts to small businesses, those alternatives have not been considered.

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, Mpox would be not a required reportable disease. Additionally, providers and labs would need to continue to report results that are no longer utilized since the end of the public health emergency.

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 that is available.

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:

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1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Rule

2. ADOPTING AGENCY:

   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 rule will be posted on the Department of Health website:
   http://healthvermont.gov/admin/public_comment.aspx.

Regular rulemaking has commenced making these amendments permanent, and has included extensive stakeholder outreach regarding additional potential amendments.

4. 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 e-rule.

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

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1. TITLE OF RULE FILING:

   Reportable and Communicable Diseases Rule

2. ADOPTING AGENCY:

   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.*
   This analysis considered the potential impacts of these amendments to the areas listed above, and there will be none.

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:
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 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 **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 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. 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 by telephone 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)*
- Mpox (human monkeypox virus)
- 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, must be reported. For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department by telephone ~~within 24 hours~~immediately):

- *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*
- Non-variola *Orthopoxvirus*
- *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* (the virus that causes SARS)
- 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 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
- Patient telephone number
- 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
- 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)
- 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 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.

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 information related to communicable diseases in Vermont.

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 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
- Highly pathogenic avian influenza
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis* complex
- Novel influenza
- Plague (*Yersinia pestis*)
- Q Fever (*Coxiella burnetti*)
- Rabies
- Ricin toxin (from *Ricinis communis* (castor beans))
- Tularemia (*Francisella tularensis*)
- 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 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 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(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:
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 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 **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 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. 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 by telephone is essential for 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)*
- Mpox (human monkeypox virus)
- 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, must be reported. For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department by telephone immediately):

- *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*
- Non-variola *Orthopoxvirus*
- *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* (the virus that causes SARS)
- SARS-CoV-2
- *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 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
- Patient telephone number
- 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
- 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)
- 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*
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- 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.

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7.1 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.

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 information related to communicable diseases in Vermont.

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 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
- Highly pathogenic avian influenza
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis* complex
- Novel influenza
- Plague (*Yersinia pestis*)
- Q Fever (*Coxiella burnetti*)
- Rabies
- Ricin toxin (from *Ricinis communis* (castor beans))
- Tularemia (*Francisella tularensis*)
- 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 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 report result to the Department irrespective of the required reporting of other parties listed under this rule.

VERMONT **GENERAL ASSEMBLY**

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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.)

VERMONT **GENERAL ASSEMBLY**

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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.)

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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, 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.)

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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.)

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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.)

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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:	24-E02
Title:	Reportable and Communicable Diseases Rule.
Type:	Emergency
Status:	Adopted
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:	This rulemaking does the following: 1) Removes the requirement to report negative and indeterminate SARS-CoV-2 results to the Department of Health, the lab test to determine if someone has COVID-19; 2) Changes the required reporting period for positive SARS-CoV-2 results from "immediately" to "within 24 hours"; 3) Adds the virus Mpox to the list of reportable diseases and the associated laboratory finding, Non-variola Orthopoxvirus, to the list of reportable laboratory findings; 4) Clarifies that immediate reporting for identified diseases and laboratory findings means they must be reported by telephone to the Department; and 5) Clarifies the difference between the laboratory finding that causes the virus SARS and the laboratory finding that causes the virus COVID-19.
Persons Affected:	Health care providers; Laboratory directors
Economic Impact:	There is likely to be a positive, though unmeasurable, economic impact to health care providers and laboratories associated with the removal of the requirement to report negative and indeterminate laboratory results for SARS-CoV-2.
Posting date:	Jan 17,2024

Hearing Information

There are not Hearings scheduled for this Rule

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
Agency:	Department of Health, Agency of Human Services
Address:	108 Cherry Street
City:	Burlington
State:	VT

Zip:	05401
Telephone:	802-863-7280
Fax:	802-951-1275
Email:	ahs.vdhrules@vermont.gov

Website Address:	http://www.healthvermont.gov/about-us/laws-regulations/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:	Brendan Atwood
Agency:	Department of Health, Agency of Human Services
Address:	108 Cherry Street
City:	Burlington
State:	VT
Zip:	05401
Telephone:	802-863-7280
Fax:	802-951-1275
Email:	ahs.vdhrules@vermont.gov

Keyword Information

Keywords:

Mpox
Human Monkey Pox Virus
COVID-19
Reportable and Communicable Diseases
Laboratory