ADOPTED RULE # _____

Adopted Filing – Coversheet

Instructions:

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

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

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

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

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

/s/ Todd W. Daloz , on 07/08/2024
(signature) (date)

Printed Name and Title:
Todd W. Daloz
Deputy Secretary
Agency of Human Services

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Letter regarding changes to the final proposed

1. TITLE OF RULE FILING:
   Reportable and Communicable Diseases Rule
2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE
   24P014
3. ADOPTING AGENCY:

   AHS, Vermont Department of Health
4. 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:
5. 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).
6. THE FILING HAS CHANGED SINCE THE FILING OF THE FINAL PROPOSED RULE.
7. THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE, INCLUDING CHANGES IN ECONOMIC IMPACT.
8. THE LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES DID NOT OBJECT TO THE FINAL PROPOSAL.
9. PROCEDURAL HISTORY OF ADOPTION:

   ICAR Filing: 2/6/2024

   Proposal Filed with Office of the Secretary of State: 3/20/2024

   Notices Posted Online: 3/27/2024

   Notices Published in the Newspapers of Record: 4/4/2024

   A Hearing WAS Held.

Hearings Held *(PLEASE USE ADDITIONAL SHEETS TO PROVIDE THE DATE, TIME, AND LOCATION OF ALL HEARINGS, IF THIS FORM IS INSUFFICIENT TO LIST ALL HEARINGS HELD)*:

Date: 4/29/2024
Time: 11:00 AM
Street Address: NOB 2 North, 280 State Dr, Waterbury, VT,Rm. Linden 22
Zip Code: 05671
URL for Virtual: call in (audio only)

+1 802-828-7667,,76013387# United States, Montpelier

Phone Conference ID: 760 133 87#

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

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

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

Deadline for Public Comment: 5/6/2024

Final Proposal —

Filed with Secretary of State: 05/16/2024

Filed with LCAR: 05/16/2024

Dates of LCAR Review: 06/27/2024, , , ,

Adopted Rule —

Filed with Secretary of State: 07/11/2024

Filed with LCAR: 07/11/2024

10. EFFECTIVE DATE: 08/10/2024
(A RULE MAY TAKE EFFECT 15 DAYS AFTER ADOPTION IS COMPLETE OR AT A LATER TIME PROVIDED IN THE TEXT OF THE RULE SEE 3 V.S.A. §845(d) FOR DETAILS).

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:
   AHS, 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 if 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
DEPARTMENT OF HEALTH

To: Representative Trevor Squirrell, Chair, Legislative Committee on Administrative Rules
From: Natalie Weill, Policy Advisor, Vermont Department of Health
Re: Reportable Communicable Diseases Rule
Date: June 21, 2024

Following the filing of the Final Proposed Rule, the Department of Health made the following changes based on the recommendations received from the Legislative Counsel for the Legislative Committee on Administrative Rules:

1. Sec 5.1.4, 6.2.2, and 6.3.1 were updated for consistency to the following: “Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.”

2. Sec. 6.2 was updated for clarity to the following: “How to Report Diseases, Syndromes, and Treatments.”

3. Sec. 11.1.4 was updated for consistency to the following: “Diseases, syndromes, treatments, and laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone.”

4. Sec. 11.4.2 was updated for consistency to the following: "Diseases and laboratory findings denoted with an asterisk (*), shall be reported to the Department immediately, by telephone."

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

No other changes were made to the Rule.

280 State Drive
Waterbury, VT 05671
Telephone: 802.863.7280

Chapter 4 – Health Surveillance and Infectious Disease
Subchapter 1

Reportable and Communicable Diseases Rule

1.0 Authority

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

2.0 Purpose

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

3.0 Definitions

3.1 "Commissioner" means the Commissioner of Health.

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

3.3 "Department" means the Vermont Department of Health.

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

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

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

4.0 Confidentiality Requirements

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

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

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

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

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

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

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

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

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

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

4.2.2 Computer security procedures;

4.2.3 Communication procedures;

4.2.4 Procedures for the legal release of data; and

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

5.0 Reporting Requirements for Both Diseases and Laboratory Findings

5.1 Persons Required to Report Reportable Diseases and Laboratory Findings

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

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

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

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

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

5.2 Additional Reporting Requirements for Diseases and Laboratory Findings

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

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

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

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

6.0 Communicable Disease Reports

6.1 Content of Report

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

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

6.2 How to Report Diseases, Syndromes, and Treatments

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

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

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

6.3 Diseases, Syndromes, and Treatments Required to be Reported

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

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

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

Diseases, Syndromes, and Treatments	**Reportable Laboratory Findings**
Anaplasmosis	*Anaplasma phagocytophilum*
Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at HS_ID_TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov).	N/A
Anthrax*	*Bacillus anthracis**
Babesiosis	*Babesia microti, Babesia divergens, Babesia duncani*
Blastomycosis	*Blastomyces* species
Blood lead levels	All results, including undetectable
Botulism*	*Clostridium botulinum**
Brucellosis*	*Brucella* species*
Campylobacteriosis	*Campylobacter* species
Candida auris illness	*Candida auris*
Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization	Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results
Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization	Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility results
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results

Chikungunya virus disease	Chikungunya virus
Chlamydia trachomatis infection	*Chlamydia trachomatis*
Cholera*	*Vibrio cholerae* serogroups O1 or O139*
COVID-19	SARS-CoV-2
COVID-19-related pediatric deaths	SARS-CoV-2
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies	N/A
Cryptosporidiosis	*Cryptosporidium* species
Cyclosporiasis	*Cyclospora cayetanensis*
Dengue	Dengue virus
Diphtheria*	*Corynebacterium diphtheriae**
Eastern equine encephalitis	Eastern equine encephalitis virus
Ehrlichiosis	*Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis*
Encephalitis	N/A
Glanders*	*Burkholderia mallei**
Gonorrhea	*Neisseria gonorrhoeae*
Haemophilus influenzae disease, invasive*	*Haemophilus influenzae*, isolated from a normally sterile site, including susceptibility results*
Hantavirus disease	Hantaviruses
Hard tick relapsing fever	*Borrelia miyamotoi*
Hemolytic uremic syndrome (HUS)	N/A
Hepatitis A (acute)*	Hepatitis A virus (anti-HAV IgM)*
Hepatitis B	Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
Hepatitis B, positive surface antigen in a pregnant person	Hepatitis B virus (HbsAg)

Hepatitis C	Positive hepatitis C antibody results and all positive and non-detectable nucleic acid test results, including genotype
Hepatitis E	Hepatitis E virus **(**IgM anti-HEV)
Human immunodeficiency virus (HIV) infection/AIDS	Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
Infant botulism*	*Clostridium botulinum**
Influenza: Report -Individual cases of influenza only if due to a novel strain of Influenza A* - Pediatric influenza-related deaths - Institutional outbreaks	N/A (except for novel influenza A)
Jamestown Canyon virus disease	Jamestown Canyon virus
La Crosse virus disease	La Crosse virus
Legionellosis	*Legionella* species
Leptospirosis	*Leptospira* species
Listeriosis	*Listeria monocytogenes*
Lyme disease	*Borrelia burgdorferi*, *Borrelia mayonii*
Malaria	*Plasmodium* species
Measles (Rubeola)*	Measles virus*
Melioidosis*	*Burkholderia pseudomallei**
Meningitis, bacterial*	*Neisseria meningitidis* isolated from a normally sterile site*, including susceptibility results, *Streptococcus pneumoniae* isolated from a normally sterile site, including susceptibility results, *Haemophilus influenzae* isolated from a normally sterile site, including susceptibility results

Meningococcal disease*	*Neisseria meningitidis,* isolated from a normally sterile site, including susceptibility results *
Middle East Respiratory Syndrome (MERS)*	MERS CoV*
Mpox (human monkeypox)	MPXV Clade I and Clade II, non-variola *Orthopoxvirus*
Multisystem inflammatory syndrome in children (MIS-C)	SARS-CoV-2
Mumps	Mumps virus
Pertussis (whooping cough)	*Bordetella pertussis*
Plague*	*Yersinia pestis**
Poliovirus infection, including poliomyelitis*	Poliovirus*
Powassan virus disease	Powassan virus
Psittacosis	*Chlamydia psittaci*
Q fever	*Coxiella burnetii*
Rabies, human* and animal* cases	Rabies virus*
Rabies postexposure prophylaxis in humans Reporting form available at HS_ID_RabiesPostexposureProphylaxisReportForm.pdf (healthvermont.gov).	N/A
Reye syndrome	N/A
Ricin toxicity	Ricin toxin
Rubella (German measles)*	Rubella virus
Rubella, congenital rubella syndrome	Rubella virus
Salmonella Paratyphi infection*	*Salmonella enterica* serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi]*
*Salmonella Typhi infection**	*Salmonella enterica serotype Typhi**
Salmonellosis	*Salmonella* species (non-Typhi)
Severe Acute Respiratory Syndrome (SARS)*	SARS-CoV/SARS-associated virus*

Shiga toxin-producing *E.coli* (STEC)	Shiga toxin-producing *E.coli* (STEC) (including O157:H7)
Shigellosis	*Shigella* species
Smallpox*	Variola virus*
Spotted fever group rickettsioses	*Rickettsia* species
St. Louis encephalitis	St. Louis encephalitis virus
Streptococcal disease, group A, invasive	*Streptococcus pyogenes* (group A), isolated from a normally sterile site
Streptococcal disease, group B invasive (infants less than one month of age)	*Streptococcus agalactiae* (group B), isolated from a normally sterile site (infants less than one month of age)
Streptococcus pneumoniae disease, invasive	*Streptococcus pneumoniae*, isolated from a normally sterile site, including susceptibility results
Syphilis	*Treponema pallidum* and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)
Tetanus	*Clostridium tetani*
Toxic shock syndrome	N/A
Trichinellosis	*Trichinella* species
Tuberculosis disease*	*Mycobacterium tuberculosis* complex, including susceptibility results, interferon gamma release assay (IGRA), tuberculin skin test (TST)
Tuberculosis infection, latent	Interferon gamma release assay (IGRA), tuberculin skin test (TST)
Tularemia*	*Francisella tularensis**
Vaccinia (disease or adverse event)	Vaccinia virus
Varicella (chickenpox only)	Varicella virus
Vibriosis	*Vibrio* species

VRSA, VISA infection	*Staphylococcus aureus*, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results
West Nile virus illness	West Nile virus
Yellow fever	Yellow fever virus
Yersiniosis	*Yersinia enterocolitica*
Zika virus disease and infection	Zika virus

7.0 Reportable Laboratory Findings

7.1 Content of the Laboratory Report

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

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

7.1.1.20 Address of performing facility.

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

7.2 How to Make a Report for Laboratory Findings

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

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

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

7.3 Laboratory Findings Required to be Reported

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

Table 2: Laboratory Findings Required to be Reported	
Reportable Laboratory Findings	**Diseases, Syndromes, Treatments**
Anaplasma phagocytophilum	Anaplasmosis
Babesia microti, Babesia divergens, Babesia duncani	Babesiosis
*Bacillus anthracis**	Anthrax*
Blastomyces species	Blastomycosis
Blood lead levels (all results, including undetectable)	N/A
Bordetella pertussis	Pertussis (whooping cough)
Borrelia burgdorferi	Lyme disease
Borrelia mayonii	Lyme disease
Borrelia miyamotoi	Hard tick relapsing fever
Brucella species*	Brucellosis*
*Burkholderia mallei**	Glanders*
*Burkholderia pseudomallei**	Melioidosis*
Campylobacter species	Campylobacteriosis
Candida auris	*Candida auris* illness
Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results	Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization
Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility results	Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization
CD4+ T-lymphocyte counts and percentages (all results)	N/A
Chikungunya virus	Chikungunya virus disease
Chlamydia psittaci	Psittacosis
Chlamydia trachomatis	*Chlamydia trachomatis* infection

*Clostridium botulinum**	Botulism* and infant botulism*
Clostridium tetani	Tetanus
*Corynebacterium diphtheriae**	Diphtheria*
Coxiella burnetii	Q fever
Cryptosporidium species	Cryptosporidiosis
CSF findings (all positive results)	N/A
Cyclospora cayetanensis	Cyclosporiasis
Dengue virus	Dengue
Eastern equine encephalitis virus	Eastern equine encephalitis
Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis	Ehrlichiosis
*Francisella tularensis**	Tularemia*
Haemophilus influenzae, isolated from a normally sterile site*, including susceptibility results	Invasive *Haemophilus influenzae* disease*, bacterial meningitis
Hantaviruses	Hantavirus disease
Hepatitis A virus (anti-HAV IgM)*	Acute hepatitis A*
Hepatitis B virus (HBsAg, anti-HBc IgM, HBeAg, HBV DNA)	Hepatitis B (acute and chronic)
Hepatitis C virus (positive antibody results and all positive and non-detectable nucleic acid test results, including genotype)	Hepatitis C (acute and chronic)
Hepatitis E virus **(**IgM anti-HEV)	Hepatitis E
Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing	HIV/AIDS
Interferon gamma release assay (IGRA)	Tuberculosis infection
Jamestown Canyon virus	Jamestown Canyon virus disease
La Crosse virus	La Crosse virus disease

Legionella species	Legionellosis
Leptospira species	Leptospirosis
Listeria monocytogenes	Listeriosis
Measles virus*	Measles (Rubeola)*
MERS CoV*	Middle East Respiratory Syndrome (MERS)*
MPXV Clade I and Clade II, non-variola *Orthopoxvirus*	Mpox (human monkeypox)
Mumps virus	Mumps
Mycobacterium tuberculosis complex, including susceptibility results	Tuberculosis (TB) disease*, latent TB infection
Neisseria gonorrhoeae	Gonorrhea
Neisseria meningitidis, isolated from a normally sterile site*, including susceptibility results	Bacterial meningitis, meningococcal disease*
Plasmodium species	Malaria
Poliovirus*	Poliovirus infection, including poliomyelitis*
Powassan virus	Powassan virus disease
Rabies virus*	Rabies, human* and animal* cases
Ricin toxin	Ricin toxicity
Rickettsia species	Spotted fever group rickettsioses
Rubella virus	Rubella (German measles)*, congenital rubella syndrome
Salmonella enterica serotype Typhi*	*Salmonella* Typhi infection*
Salmonella enterica serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi]*	*Salmonella* Paratyphi infection*
Salmonella species (non-Typhi)	Salmonellosis
SARS-CoV/SARS-associated virus*	Severe Acute Respiratory Syndrome (SARS)*
SARS-CoV-2	COVID-19, COVID-19-related pediatric deaths
Shigella species	Shigellosis
Shiga toxin-producing *E.coli* (STEC) (including O157:H7)	Shiga toxin-producing *E.coli* (STEC)

St. Louis encephalitis virus	St. Louis encephalitis
Staphylococcus aureus, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results	VRSA, VISA infection
Streptococcus pyogenes (group A), isolated from a normally sterile site	Invasive group A streptococcal (GAS) disease
Streptococcus agalactiae (group B), isolated from a normally sterile site (infants less than one month of age)	Neonatal invasive group B streptococcal (GBS) disease
Streptococcus pneumoniae, isolated from a normally sterile site, including susceptibility results	Invasive *Streptococcus pneumoniae* disease
Treponema pallidum and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)	Syphilis
Trichinella species	Trichinellosis
Tuberculin skin test (TST)	Tuberculosis infection
Vaccinia virus	Vaccinia disease or vaccine adverse event
Varicella virus	Varicella (only chickenpox is reportable)
Variola virus*	Smallpox*
Vibrio cholerae serogroups O1 or O139*	Cholera*
Vibrio species	Vibriosis
West Nile virus	West Nile virus illness
Yellow fever virus	Yellow fever
Yersinia enterocolitica	Yersiniosis
*Yersinia pestis**	Plague*
Zika virus	Zika virus disease and infection

7.3.2 Further Analysis and Typing

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

isolates.

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

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

7.3.2.2.33 Shiga toxin-producing E. coli (STEC) (including O157:H7);
7.3.2.2.34 Shigella species;
7.3.2.2.35 St. Louis encephalitis virus;
7.3.2.2.36 Streptococcus pyogenes (group A), isolated from a normally sterile site;
7.3.2.2.37 Vibrio species;
7.3.2.2.38 VISA (vancomycin-intermediate Staphylococcus aureus);
7.3.2.2.39 VRSA (vancomycin-resistant Staphylococcus aureus);
7.3.2.2.40 West Nile virus;
7.3.2.2.41 Yersinia enterocolitica; and
7.3.2.2.42 Yersinia pestis.

8.0 Pharmacist Reports

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

9.0 Data from Vermont Health Information Exchange

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

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

10.0 Prophylaxis for Eyes of Newborn

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

medical provider attending the birth.

11.0 Surveillance of Animal Diseases and Laboratory Findings

11.1 Persons Required to Report

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

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

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

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

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

11.2 Additional Reporting Requirements for Animal Diseases and Laboratory Findings

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

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

11.3 Content of the Report

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

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

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

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

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

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

11.4.1 The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department within 24 hours,

unless denoted with an asterisk (*).

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

11.5 Animal Diseases and Laboratory Findings Required to be Reported

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

- 11.5.1.1 Anthrax (*Bacillus anthracis*)* ;
- 11.5.1.2 Arboviral infection;
- 11.5.1.3 Avian Chlamydiosis (*Chlamydia psittaci*);
- 11.5.1.4 Brucellosis (*Brucella* species);
- 11.5.1.5 Glanders (*Burkholderia mallei*)*;
- 11.5.1.6 Hantavirus;
- 11.5.1.7 Mpox;
- 11.5.1.8 *Mycobacterium tuberculosis* complex;
- 11.5.1.9 Novel influenza (avian, swine);
- 11.5.1.10 Plague (*Yersinia pestis*)*;
- 11.5.1.11 Q Fever (*Coxiella burnetii*);
- 11.5.1.12 Rabies*;
- 11.5.1.13 SARS-CoV-2 infection; and
- 11.5.1.14 Tularemia (*Francisella tularensis*)*.

12.0 Rabies Control

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

12.1.1 Physician Report Responsibilities

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

12.1.2 Reporting Responsibilities When There is No Physician in Attendance

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

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

12.2 Control Methods in Domestic and Confined Animals

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

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

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

12.2.2 Management of Animals that Bite Humans

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

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

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

Department laboratory.

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

12.3 Removal of Animal

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

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

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

12.4 Laboratory Specimens

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

12.5 Destruction of Animals, Subject to Rabies; Precautions

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

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