PROPOSED RULE # _____.

# Proposed 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 filing will be considered complete upon filing and acceptance of these forms and enclosures with the Office of the Secretary of State, and the Legislative 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 Proposed Filing Coversheet will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record. 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 3/15/24

(signature) (date)

Printed Name and Title:

Todd W. Daloz
Deputy Secretary
Agency of Human Services

RECEIVED BY: _____

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

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

2. ADOPTING AGENCY:
AHS, 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: AHS, Vermont Department of Health
Mailing Address: 108 Cherry Street, Burlington, VT 05401
Telephone: 802-863-7280 Fax: 8029511275
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: AHS, 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) Modifies the content contained in reports to include additional information if requested; 2) Removes the requirement to report negative and indeterminate SARS-CoV-2, the lab test for COVID-19, results to the Department of Health (Department); 3) Changes the required reporting period for positive SARS-CoV-2 results and COVID-19 from "immediately" to "within 24 hours"; 4) Adds Mpox to the list of reportable diseases and the associated laboratory finding, Non-variola Orthopoxvirus, to the list of reportable laboratory findings; 5) Clarifies that immediate reporting for identified diseases and laboratory findings means they must be reported by telephone to the Department; 6) Requires additional organisms to be sent to the Department Laboratory; 7) Updates and clarifies various other human and animal diseases, syndromes, and laboratory findings required to be reported to the Department; and 8) Reorganizes the rule for clarity.

9. EXPLANATION OF WHY THE RULE IS NECESSARY:

The public health risk associated with Mpox and other diseases is changing. Updating the list of reportable diseases is imperative to the Department's public health surveillance and disease prevention efforts.

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

Veterinarians

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 WILL BE SCHEDULED

IF A HEARING WILL NOT BE SCHEDULED, PLEASE EXPLAIN WHY.

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: 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:

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

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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): 5/6/2024
16. 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 Communicable Diseases

Laboratory

Tests

# 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

# 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:

   AHS, Vermont Department of Health

3. CATEGORY OF AFFECTED PARTIES:

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

   Health care providers 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.

   Veterinarians: No anticipated impact.

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.*

   Because there are no impacts, alternatives have not been considered.

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

   There are no anticipated impacts to small businesses.

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

   There are no anticipated impacts to small businesses.

8. COMPARISON:
   *COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS*:
   Without these amendments, 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 it has based on as assessment of the potential impacts.

# Environmental Impact Analysis

**Instructions:**

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

Examples of Environmental Impacts include but are not limited to:

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

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1. TITLE OF RULE FILING:

   **Reportable and Communicable Diseases Rule**

2. ADOPTING AGENCY:

   AHS, Vermont Department of Health

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

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

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

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

7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
   No impact is anticipated.
8. OTHER: *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
   No impact is anticipated.
9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
   The rule does not impact any of the areas listed above, and therefore, this analysis sufficiently captures that there will be no environmental impact.

# Public Input Maximization Plan

**Instructions:**

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

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

---

1. TITLE OF RULE FILING:

   **Reportable and Communicable Diseases Rule**

2. ADOPTING AGENCY:

   AHS, Vermont Department of Health

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

   A public hearing will be held.

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

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

   40 infectious disease clinicians

   26 Clinical Lab Directors and Microbiology Directors representing every Vermont hospital

   The Vermont Veterinary Medical Association

   Vermont Agency of Agriculture, Food, and Markets

   Vermont Department of Fish & Wildlife

   USDA Wildlife Services

   USDA Veterinary Services

**State of Vermont**
**Agency of Administration**
109 State Street
Montpelier, VT 05609-0201
www.aoa.vermont.gov

[phone] 802-828-3322

*Kristin L. Clouser, Secretary*

# INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

**Meeting Date/Location:** February 23, 2024, virtually via Microsoft Teams
**Members Present:** Chair Sean Brown, Jennifer Mojo, John Kessler, Diane Sherman, Michael Obuchowski, Nicole Dubuque, Jared Adler (voted on the 1st two rules only then exited meeting at 1:55 PM), Natalie Weill (did not vote)
**Minutes By:** Melissa Mazza-Paquette

- 1:01 p.m. meeting called to order, welcome and introduction of newest Committee member Natalie Weill who will begin voting at the next ICAR meeting.
- Review and approval of minutes from the January 8, 2024 meeting.
- No additions/deletions to agenda.
- No public comments made.
- Presentation of Proposed Rules on pages 2-7 to follow.
  1) Aboveground Storage Tank Rules, Agency of Natural Resources, Department of Environmental Conservation, page 2
  2) Unused Drug Repository Rule, Agency of Human Services, Department of Health, page 3
  3) Improved Tracking of Workplace Injuries and Illnesses, Vermont Department of Labor, page 4
  4) Reportable and Communicable Diseases Rule, Agency of Human Services, Department of Health, page 5
  5) Rule 3.300 Disconnection of Residential Gas, Electric and Water Service, Vermont Public Utility Commission, page 6
  6) Rule 3.400 Disconnection of Cable Television Service and Non-Residential Electric, Gas and Water Service, Vermont Public Utility Commission, page 7
- Other business:
  - Diane will create draft public guidance for the Committee's review at a future meeting to aid those filing proposed rules.
- Next scheduled meeting is Monday, March 11, 2024 at 2:00 p.m.
- 3:02 p.m. meeting adjourned.

**Proposed Rule:** Reportable and Communicable Diseases Rule, Agency of Human Services, Department of Health

**Presented By:** Natalie Weill

Motion made to accept the rule by Nicole Dubuque, seconded by Jen Mojo, and passed unanimously with the following recommendations:

1. Proposed Filing – Coversheet:
    a. #11: Reach out to the Vermont Agency of Agriculture, Food & Markets.
    b. #12: Clarify if there are any economic impacts to others.
2. Public Input Maximization Plan:
    a. #3: Include all outreach.
    b. Add ‘, Food & Markets’ to ‘Vermont Agency of Agriculture’.

**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).

~~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 Reporting Requirements for Both Diseases and Laboratory Findings

### 5.1 Persons Required to Report Reportable Diseases and Laboratory Findings ~~Organizat ions and persons required to report~~

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:

~~4.2.4.1~~5.1.1.1 Infection preventionists;
~~4.2.4.2~~5.1.1.2 Laboratory directors;
~~4.2.4.3~~5.1.1.3 Nurse practitioners;
~~4.2.4.4~~5.1.1.4 Nurses;
~~4.2.4.5~~5.1.1.5 Physician assistants;
~~4.2.4.6~~5.1.1.6 Physicians;
~~4.2.4.7~~5.1.1.7 School health officials;
~~4.2.4.8~~5.1.1.8 Administrators of long-term care and assisted living facilities;
~~4.2.4.9~~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 For those diseases or laboratory reports indicated by a "*" results shall be reported immediately, by telephone, to the Department.

### 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.

~~4.2.5 Any unusual occurrence of communicable disease or 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.~~

~~4.3~~

~~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:~~

## 6.0 Communicable Disease Reports

### 6.1 Content of Report

~~4.3.1~~ The report of communicable diseases, and other dangerous and rare infectious diseases ~~dangerous to the public's health and rare infectious diseases, as~~ listed in Section 6.3, Table 1,~~5.4,~~ shall include the following information as it relates to the affected person:

6.1.1

~~4.3.1.1~~ Name;

6.1.1.1

~~4.3.1.2~~ Date of birth;

6.1.1.2

~~4.3.1.3~~ Age;

6.1.1.3

~~4.3.1.4~~ Sex;
6.1.1.4
~~4.3.1.5~~ Race;
6.1.1.5
~~4.3.1.6~~ Ethnicity;
6.1.1.6
~~4.3.1.7~~ Address;
6.1.1.7
~~4.3.1.8~~ Telephone number;
6.1.1.8
~~4.3.1.9~~ Name of health care provider/physician;
6.1.1.9
~~4.3.1.10~~ Address of health care provider/physician;
6.1.1.10
~~4.3.1.11~~ Name of disease being reported;
6.1.1.11
~~4.3.1.12~~ Date of onset of the disease;
6.1.1.12
~~4.3.1.13~~ Clinical assessment of signs and symptoms relevant to the disease or syndrome, if requested;
6.1.1.13
~~4.3.1.14~~ Laboratory and diagnostic results relevant to the disease or syndrome, if requested
6.1.1.14 ; and

~~4.3.1.16~~6.1.1.15 Any other information deemed pertinent by the reporter.~~.~~

**~~4.4~~ How to ~~M~~make a ~~R~~report for Disease Reporting**

**6.2**

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

6.2.2 Diseases, syndromes, and treatments listed in Table 1, 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.

## ~~4.5~~ Diseases, Ssyndromes, and Ttreatments Rrequired to bbe Rreported

### 6.3

~~4.5.1~~6.3.1 ~~The following is a~~ Table~~list~~ 1 is a list of all reportable diseases, syndromes, and treatments. For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department immediately, by telephone~~(immediate reporting is essential for those diseases or laboratory reports indicated by a "*")~~:

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

| **Diseases, Syndromes, and Treatments** | **Reportable Laboratory Findings** |
|---|---|
| Anaplasmosis | *Anaplasma phagocytophilum* |
| Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at HS_ID_TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov). | N/A |
| Anthrax* | *Bacillus anthracis** |
| ~~Arboviral illness~~ | |
| 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* |
| ~~Guillain-Barré Syndrome~~ | ~~N/A~~ |
| *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 ~~woman~~ 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:<br>• HIV viral load measurement (including non-detectable results)<br>• All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing |
| Infant botulism* | *Clostridium botulinum** |
| Influenza: Report<br>-Individual cases of influenza only if due to a novel strain of Influenza A*<br>- Pediatric influenza-related deaths<br>- 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<br>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 |
| ~~Viral hemorrhagic fever*~~ | |

| | |
|---|---|
| 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 |

## ~~5.0~~7.0 Reportable Laboratory Findings

### ~~5.1~~7.1 Content of the Laboratory Report

~~5.1.1~~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:

~~5.1.1.1~~7.1.1.1 Patient name

~~5.1.1.2~~7.1.1.2 Patient date of birth

~~5.1.1.3~~7.1.1.3 Patient sex;

~~5.1.1.4~~7.1.1.4 Patient race;

~~5.1.1.5~~7.1.1.5 Patient ethnicity;

~~5.1.1.6~~7.1.1.6 Patience address;

~~5.1.1.7~~7.1.1.7 Patient telephone number;

~~5.1.1.8~~7.1.1.8 Name of ordering health care provider/physician and NPI (as applicable);

~~5.1.1.9~~7.1.1.9 Address of ordering health care provider/physician;

~~5.1.1.10~~7.1.1.10 Telephone number of ordering provider/physician;

~~5.1.1.11~~7.1.1.11 Accession number/specimen ID;

~~5.1.1.12~~7.1.1.12 Specimen type(s), e.g., serum, swab, etc.;

~~5.1.1.13~~7.1.1.13 Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes;

~~5.1.1.14~~7.1.1.14 Diagnostic test(s) performed (use national standardized codes);

~~5.1.1.15~~7.1.1.15 Test results(s) (use national standardized codes);

~~5.1.1.16~~7.1.1.16 Interpretation of result(s);

~~5.1.1.17~~7.1.1.17 Date(s) of specimen collection;

~~5.1.1.18~~7.1.1.18 Date test ordered;

~~5.1.1.19~~7.1.1.19 Names of performing facility and CLIA number (if applicable); and

~~5.1.1.20~~7.1.1.20 Address of performing facility.

~~5.1.2~~ Reports shall include any additional information required by federal statute or rule.

~~5.1.5~~7.1.2

## 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

~~5.1.6~~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, ~~will be~~are specified in Table 2. For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department, by telephone, ~~within 24 hours~~ immediately):

| Table 2: Laboratory Findings Required to be Reported | |
|---|---|
| **Reportable Laboratory Findings** | **Diseases, Syndromes, Treatments** |
| *Anaplasma phagocytophilum* | Anaplasmosis |
| ~~Arboviruses~~ | |
| *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 |
| ~~Hemorrhagic fever viruses*~~ | |
| 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:<br>• HIV viral load measurement (including non-detectable results)<br>• 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* ~~(All results including positive, negative, and indeterminate)~~ | 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.

~~5.1.6.1~~7.3.2.2 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis, ~~or~~ typing, or storage if~~should~~ the Department makes a request for further characterization ~~be required~~:

~~5.1.6.1.1 Arboviruses~~

7.3.2.2.1 Bacillus anthracis;

7.3.2.2.2 Bacillus cereus, biovar anthracis;

~~5.1.6.1.2~~7.3.2.2.3 Brucella species;

~~5.1.6.1.3~~7.3.2.2.4 Burkholderia mallei;

~~5.1.6.1.4~~7.3.2.2.5 Burkholderia pseudomallei;

~~5.1.6.1.5~~7.3.2.2.6 Campylobacter species;

~~5.1.6.1.6~~7.3.2.2.7 Candida auris;

~~5.1.6.1.7~~7.3.2.2.8 Carbapenem-resistant Acinetobacter baumannii (CRAB);

~~5.1.6.1.8~~7.3.2.2.9 Carbapenem-resistant Enterobacteriaceae (CRE);

~~5.1.6.1.9~~7.3.2.2.10 Carbapenem-resistant Pseudomonas aeruginosa (CRPA);

~~5.1.6.1.10~~7.3.2.2.11 Clostridium botulinum;

7.3.2.2.12 Corynebacterium diphtheriae;

~~5.1.6.1.11~~7.3.2.2.13 Coxiella burnetii;

7.3.2.2.14 Cryptosporidium species;

~~5.1.6.1.12~~7.3.2.2.15 Eastern equine encephalitis virus;

~~5.1.6.1.13~~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;

~~5.1.6.1.14~~7.3.2.2.19 Hemorrhagic fever viruses;

7.3.2.2.20 Influenza A, novel strains only;

~~5.1.6.1.15~~7.3.2.2.21 Jamestown Canyon virus;

7.3.2.2.22 La Crosse virus;

7.3.2.2.23 Legionella species;

~~5.1.6.1.16~~7.3.2.2.24 Leptospira species;

7.3.2.2.25 Listeria species;
~~5.1.6.1.17~~7.3.2.2.26 MERS-CoV;
~~5.1.6.1.18~~7.3.2.2.27 Mycobacterium tuberculosis;
~~5.1.6.1.19~~7.3.2.2.28 Neisseria meningitidis, isolated from a normally sterile site;
~~5.1.6.1.20~~7.3.2.2.29 Powassan virus;
7.3.2.2.30 Ricin toxin;
~~5.1.6.1.21~~7.3.2.2.31 Salmonella species;
~~5.1.6.1.22~~7.3.2.2.32 SARS-CoV/SARS-associated virus;
~~5.1.6.1.23~~7.3.2.2.33 Shiga toxin-producing E. coli (STEC) (including O157:H7);
~~5.1.6.1.24~~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;
~~5.1.6.1.25~~7.3.2.2.38 VISA (vancomycin-intermediate Staphylococcus aureus);
~~5.1.6.1.26~~7.3.2.2.39 VRSA (vancomycin-resistant Staphylococcus aureus);
~~5.1.6.1.27~~7.3.2.2.40 West Nile virus;
7.3.2.2.41 Yersinia enterocolitica; and
~~5.1.6.1.28~~7.3.2.2.42 Yersinia pestis.

## ~~6.0~~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.

## ~~7.0~~9.0 Data from Vermont Health Information Exchange

~~7.1~~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

~~Duties of Health Care Providers~~

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 For those diseases or laboratory reports indicated by a "*" results shall be reported immediately, by telephone, to the Department.

### 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;

~~7.1.1.1~~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. ~~shall be reported.~~

## 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:

~~7.1.1.2~~11.3.1.1 Location or suspected location of the affected animal(s);

~~7.1.1.3~~11.3.1.2 Name of any known owner;

~~7.1.1.4~~11.3.1.3 Address of any known owner;

~~7.1.1.5~~11.3.1.4 Name of reporting individual;

~~7.1.1.6~~11.3.1.5 Address of reporting individual;

~~7.1.1.7~~11.3.1.6 Name of disease or suspected disease being reported;

~~7.1.1.8~~11.3.1.7 Type of animal(s) affected;

~~7.1.1.9~~11.3.1.8 Number of animal(s) affected; ~~and~~

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

~~7.1.1.10~~11.3.1.12 Any other information deemed pertinent by the reporter.

~~7.1.2~~11.3.2 Laboratory report: The report of positive, non-negative, presumptive, or confirmed~~,~~ isolation, ~~or~~ detection or ~~positive, presumptive or confirmed,~~ serological results shall include as much of the following information as is available:

~~7.1.2.1~~11.3.2.1 Name of any known owner;

~~7.1.2.2~~11.3.2.2 Address of any known owner;

~~7.1.2.3~~11.3.2.3 Name of person who submitted specimen;

~~7.1.2.4~~11.3.2.4 Address of person who submitted specimen;
~~7.1.2.5~~11.3.2.5 Name of test;
~~7.1.2.6~~11.3.2.6 Result of test;
~~7.1.2.7~~11.3.2.7 Date submitted;
~~7.1.2.8~~11.3.2.8 Date of positive test result;
~~7.1.2.9~~11.3.2.9 Specimen type (e.g. swab); and
~~7.1.2.10~~11.3.2.10 Specimen source (e.g. skin, mouth).

~~7.1.3~~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.

## ~~7.2~~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 w~~-of Health w~~ithin 24 hours, unless denoted with an asterisk (*).

~~7.2.1~~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 ~~Veterinarians, 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 to a~~of~~ significant number of human and animal fatalities, or incidents of permanent or long-term disability. ~~including the following:~~ For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department immediately, by telephone.

~~7.2.1.1.0~~ Anthrax (*Bacillus anthracis*)* ;

11.5.1.1
~~7.2.1.2~~ Arboviral infection; ~~eastern equine encephalitis, Venezuelan equine encephalitis, western equine encephalitis, West Nile virus~~

11.5.1.2
~~7.2.1.3~~ Avian Chlamydiosis (~~Psittacosis, Ornithosis~~ *Chlamydia psittaci*);

11.5.1.3
~~7.2.1.4 Bovine spongiform encephalopathy~~
~~7.2.1.5~~ Brucellosis (*Brucella* species);

11.5.1.4
~~7.2.1.6~~ Glanders (*Burkholderia mallei*)*;

11.5.1.5
~~7.2.1.7~~ Hantavirus;
11.5.1.6
~~7.2.1.8 Highly pathogenic avian influenza~~
~~Melioidosis (*Burkholderia pseudomallei*)~~
~~7.2.1.9~~ Mpox;
11.5.1.7
~~7.2.1.10~~ *Mycobacterium tuberculosis* complex;
11.5.1.8
~~7.2.1.11~~ Novel influenza (avian, swine);
11.5.1.9
~~7.2.1.12~~ Plague (*Yersinia pestis*)*;
11.5.1.10
~~7.2.1.13~~ Q Fever (*Coxiella burnetii*);
11.5.1.11
Rabies*; ~~Ricin toxin (from *Ricinis communis* (castor beans))~~
11.5.1.12
~~7.2.1.15~~ SARS-CoV-2 infection; and
11.5.1.13
~~7.2.1.16~~11.5.1.14 Tularemia (*Francisella tularensis*)*.
~~Viral hemorrhagic fevers* (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])~~

**~~11.0~~12.0 Rabies Control**

~~11.1~~12.1 **~~Reporting of~~ Animal Bite Report~~s~~**: The ~~Reporting~~ form to report an animal bite is available at www.healthvermont.gov.

~~11.1.1~~12.1.1 Physician Report Responsibilities
~~ing~~
~~11.1.1.1~~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.

~~11.1.2~~12.1.2 Reporting Responsibilities When There is No Physician in Attendance ~~Minors and Adults; No Attending Physician~~

~~11.1.2.1~~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.

~~11.1.2.2~~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.

## ~~11.2~~12.2 Control Methods in Domestic and Confined Animals

~~11.2.1~~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.

~~11.2.1.1~~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 ~~should~~ 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.

~~11.2.1.2~~12.2.1.2 Other Animals~~:~~ Other animals exposed to rabies should be evaluated on a case-by-case basis.

~~11.2.2~~12.2.2 Management of Animals that Bite Humans

~~11.2.2.1~~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.

~~11.2.2.2~~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.

~~11.2.2.3~~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.

~~11.2.2.4~~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.

## ~~11.3~~12.3 Removal of Animal

~~11.3.1~~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.

~~11.3.2~~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.

~~11.3.3~~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

~~11.3.4~~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

~~11.3.5~~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.

**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 For those diseases or laboratory reports indicated by a "*" results shall be reported immediately, by telephone, to the Department.

### 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 Make a Report for Disease Reporting

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, and treatments listed in Table 1, 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. For those diseases or laboratory reports indicated by a "*" results 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:<br>• HIV viral load measurement (including non-detectable results)<br>All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing |
| Infant botulism* | *Clostridium botulinum** |
| Influenza: Report<br>-Individual cases of influenza only if due to a novel strain of Influenza A*<br>- Pediatric influenza-related deaths<br>- 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:<br>• HIV viral load measurement (including non-detectable results)<br>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 For those diseases or laboratory reports indicated by a "*" results shall be reported immediately, by telephone, to the Department.

### 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 to a significant number of human and animal fatalities, or incidents of permanent or long-term disability. For those diseases or laboratory reports indicated by a "*" results 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.

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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:** March 7, 2024

**SUBJECT:** Signatory Authority for Purposes of Authorizing Administrative Rules

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

CC: Todd W. Daloz via Todd.Daloz@vermont.gov