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, as amended, and by 18 V.S.A. §102, as amended, by 3 V.S.A. §3003, by 20 V.S.A. §3801, and by 13 V.S.A. §3504(h).

2.0 Purpose
The purpose of these regulations is to protect the public health through the control of communicable and dangerous diseases and other diseases dangerous to the public health. These regulations require the early and prompt reporting of listed diseases which have been identified as dangerous to the public health, so that the Department of Health may take any necessary protective action to protect the public from such diseases.

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 “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 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 Process for the confidential handling of all electronically-stored records;

4.1.6 Process for authorizing the release of confidential records; and
4.1.7 Provision for annual review and revision of confidentiality policies and procedures.

4.2 In relation to the reporting of HIV and AIDS, the Department shall maintain:
4.2.1 Procedures for ensuring the physical security of reports including procedures for personnel training and responsibilities for handling physical reports and data;
4.2.2 Computer security procedures;
4.2.3 Communication procedures;
4.2.4 Procedures for the legal release of data; and
4.2.5 Procedures to ensure that a disclosure of information from the confidential public health record is only made following notice to the individual subject of the public health record or the individual’s legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual’s representative pursuant to 18 V.S.A. §1001 (b). (such notice and authorization is required prior to all disclosures, including disclosures to other states, the federal government, and other programs, departments, or agencies of state government).

5.0 Communicable Disease Reports
5.1 Organizations and persons required to report:
The following organizations and persons 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 “*”). Nonmedical community-based organizations are exempt from these requirements. Required reporters:
5.1.1 Infection preventionists
5.1.2 Health care providers
5.1.3 Laboratory directors
5.1.4 Nurse practitioners
5.1.5 Nurses
5.1.6 Physician assistants
5.1.7 Physicians
5.1.8 School health officials
5.1.9 Administrators of long-term care and assisted living facilities

5.2 Nature of the report:
The report of communicable diseases and other diseases dangerous to the public’s health and rare infectious diseases, as listed in 5.5, shall include the following information as it relates to the affected person:
- name of person
- date of birth
- age
- sex
- address
- telephone number
- name of health care provider/physician
- address of health care provider/physician
- name of disease being reported
- date of onset of the disease
- any other pertinent information.

5.3 **How to make a report**
The report should be made by telephone, or in writing, or electronically to the Department of Health, Epidemiology Program. HIV and AIDS reports shall be made on the Adult HIV/AIDS Confidential Case Report Form or the Pediatric HIV/AIDS Confidential Case Report Form as appropriate.

5.4 Laboratories must report in accordance with section 5.6.

5.5 **Diseases, syndromes, and treatments required to be reported.**
5.5.1 Reportable Diseases and Syndromes (to include any rare infectious disease or one dangerous to public health) In addition to the list below, 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. The following is a list of all reportable diseases, syndromes and treatments (immediate reporting is essential for those diseases or laboratory reports indicated by a “*”):
- Anaplasmosis
- Animal bites reportable to Town Health Officers only per Section 8 of this rule
- AIDS
- Anthrax*
- Arboviral illness
- Babesiosis
- Blood lead levels
- *Borrelia miyamotoi* infection
- Botulism*
- Brucellosis*
- Campylobacteriosis
- *Candida auris*
• Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results*
• Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results*
• *Chlamydia trachomatis* infection
• Cholera*
• Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
• Cryptosporidiosis
• Cyclosporiasis
• Dengue
• Diphtheria*
• Eastern Equine Encephalitis illness
• Ehrlichiosis
• Encephalitis
• Glanders*
• Gonorrhea
• Guillain-Barré Syndrome
• *Haemophilus influenzae* disease, invasive*
• Hantavirus disease
• Hemolytic uremic syndrome (HUS)
• Hepatitis A*
• Hepatitis B
• Hepatitis B, positive surface antigen in a pregnant woman
• Hepatitis C
• Hepatitis E
• Human immunodeficiency virus (HIV)
• Influenza: Report **only**
  – Individual cases of influenza **only if** due to a novel strain of Influenza A*
  – Pediatric influenza-related deaths
  – Institutional outbreaks
• Jamestown Canyon virus disease
• Legionellosis
• Leptospirosis
• Listeriosis
• Lyme Disease
• Malaria
• Measles (Rubeola)*
• Melioidosis*
• Meningitis, bacterial
• Meningococcal disease*
• Middle East Respiratory Syndrome (MERS)*
• Mumps
• Pertussis (whooping cough)
• Plague*
• Poliovirus infection, including poliomyelitis*
• Powassan virus disease
• Psittacosis
• Q Fever
• Rabies, human* and animal cases
• Rabies post exposure treatment in humans (irrespective of evidence of rabies)
• Reye syndrome
• Spotted Fever Rickettsiosis
• Rubella (German Measles)*
• Rubella, congenital rubella syndrome
• Salmonellosis
• Severe Acute Respiratory Syndrome (SARS)*
• Shiga toxin-producing E.coli (STEC)
• Shigellosis
• Smallpox (variola)*
• Streptococcal disease, Group A, invasive
• Streptococcal disease, Group B invasive (infants less than one month of age)
  Streptococcus pneumoniae disease, invasive
• Syphilis
• Tetanus
• Toxic Shock Syndrome
• Trichinosis
• Tuberculosis infection, latent
• Tuberculosis disease
• Tularemia*
• Typhoid Fever*
• Vaccinia (disease or adverse event)
• Varicella (chicken pox only)
• Viral hemorrhagic fever*
• Vibriosis
• West Nile virus illness
• Yellow Fever
• Yersiniosis
• Zika virus infection

5.5.2 Human rabies post exposure treatment (HRPET) is reportable irrespective of evidence of rabies. Identifying information as indicated in 5.2 must be provided to the Department of Health.
6.0 Reportable Laboratory Findings

6.1 Positive, presumptive or confirmed, isolation or detection of the following organisms or positive, presumptive or confirmed, serological results for the following organisms OR or results from specific laboratory tests as indicated below (to include any rare infectious disease or one dangerous to public health) must be reported (immediate reporting is essential for those diseases or laboratory reports indicated by a “*”):

- Anaplasma phagocytophilum
- Babesia microti
- Bacillus anthracis*
- Blood lead levels (all results, including undetectable)
- Bordetella pertussis
- Borrelia burgdorferi
- Borrelia mayonii
- Borrelia miyamotoi
- Brucella species*
- Burkholderia mallei*
- Burkholderia pseudomallei*
- Campylobacter species
- Candida auris*
- Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results*
- Carbapenem-resistant Pseudomonas aeruginosa (CRPA), including susceptibility results*
- CD4+ T-lymphocyte counts and percentages of less than 200 cells/μL or a CD4+ percentage of less than 14 (all results)
- Chlamydia psittaci
- Chlamydia trachomatis
- Clostridium botulinum*
- Clostridium tetani
- Corynebacterium diphtheriae*
- Coxiella burnetii
- Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
- Cryptosporidium species
- CSF cultures (all positive findings)
- Cyclospora cayetanensis
- Dengue virus
- Eastern Equine Encephalitis virus
- Ehrlichia species
- Francisella tularensis*
- Haemophilus influenzae, isolated from a normally sterile site
Hantavirus

Hemorrhagic fever viruses*

Hepatitis A virus (anti-HAV IgM)

Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)

Hepatitis C virus (HCV)

Hepatitis E virus (IgM anti-HEV)

Human immunodeficiency virus (HIV): Includes the following:
  - HIV viral load measurement (including non-detectable results)
  - All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing

Jamestown Canyon virus

Legionella species

Leptospira species

Listeria monocytogenes

Measles virus*

MERS CoV*

Mumps virus

Mycobacterium tuberculosis complex (including positive interferon-gamma release assay (IGRA) test results

Neisseria gonorrhoeae

Neisseria meningitidis, isolated from a normally sterile site*

Plasmodium species

Poliovirus*

Powassan virus

Rabies virus*

Rickettsia species

Ricin toxin (from Ricinis communis (castor beans))

Rubella virus

Salmonella species

SARS-CoV/SARS - associated virus*

Shigella species*

Shiga toxin-producing E.coli (STEC) (including O157:H7)

Smallpox (variola)*

Staphylococcus aureus, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results

Streptococcus, Group A, isolated from a normally sterile site

Streptococcus, Group B, isolated from a normally sterile site (infants less than one month of age)

Streptococcus pneumoniae, isolated from a normally sterile site, including susceptibility results

Treponema pallidum and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)
- *Trichinella spiralis*
- Varicella virus
- *Vibrio* species
- Viral hemorrhagic fever (filoviruses [e.g. Ebola, Marburg] and arenaviruses [e.g. Lassa, Machupo])*
- West Nile virus
- Yellow fever virus
- *Yersinia enterocolitica*
- *Yersinia pestis* *
- *Zika virus*

6.1.1 In addition, the following laboratory tests must be reported:
- Blood lead (all results, including undetectable)
- CSF cultures (all positive findings)
- Nontreponemal tests for syphilis (all positive findings)

6.2 Laboratory reporting shall include:
- name of patient
- date of birth
- age
- sex
- address of patient
- telephone number of patient
- name of ordering health care provider/physician
- address of ordering health care provider/physician
- telephone number of ordering provider/physician
- positive test results
- specimen type(s), e.g., serum, swab, etc.
- specimen source(s), e.g., cervix, throat, etc.
- diagnostic test(s) performed
- interpretation of result(s)
- date(s) of specimen collection
- name and address of laboratory performing test(s)

6.2.1 Laboratories are required to provide a written or electronic report irrespective of the required reporting of other parties under 5.1.

6.2.2 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.

6.3 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis or typing:
- Arboviruses
- *Brucella* species
- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- *Campylobacter species*
- *Candida auris*
- Carbapenem-resistant *Enterobacteriaceae*
- Carbapenem-resistant *Pseudomonas aeruginosa*
- *Clostridium botulinum*
- *Corynebacterium diphtheriae*
- *Coxiella burnetti*
- Eastern equine encephalitis virus
- *Francisella tularensis*
- *Haemophilus influenza*, isolated from a normally sterile site
- Hanta virus
- Hemorrhagic fever viruses
- Influenza A, novel strain only
- Jamestown Canyon virus
- *Leptospira species*
- *Listeria monocytogenes*
- MERS-CoV
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, isolated from a normally sterile site
- Powassan virus
- *Salmonella species*.
- SARS-CoV/SARS - associated virus
- Shiga toxin-producing *E. coli* (STEC) (including O157:H7)
- *Shigella species*.
- VISA (vancomycin-intermediate *Staphylococcus aureus*)
- VRSA (vancomycin-resistant *Staphylococcus aureus*)
- *Vibrio species*.
- *West Nile virus*
- *Yersinia pestis*

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

7.0 Prophylaxis for Eyes of Newborn
7.1 Duties of Health Care Providers
7.1.1 Prophylaxis for conjunctivitis of the newborn (ophthalmia neonatorum) shall be administered to all infants immediately after birth by the medical provider attending the birth.

8.0 Rabies Control
8.1.1 Physician Reporting
8.1.1 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.

8.1.2 Minors and Adults; No Attending Physician

8.1.2.1 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.

8.1.2.2 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.

8.2 Control Methods in Domestic and Confined Animals.

8.2.1 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.

8.2.1.1 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 and vaccinated 1 month. A rabies vaccine should be administered immediately before being released. Dogs, cats and ferrets that are currently vaccinated shall be revaccinated immediately, kept under the owner’s control, and observed for 45 days. Animals with expired overdue for a booster vaccination need to be evaluated on a case by case basis.

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

8.2.2 Management of Animals that Bite Humans.

8.2.2.1 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.

8.2.2.2 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.

8.2.2.3 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.

8.2.2.4 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, and the epidemiology of rabies in the area, and the biting animal’s history, current health status, and potential for exposure to rabies.

8.3 Removal: 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.

8.3.1 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, he or she they shall give permission only after securing the consent of the commissioner of health of the state of Vermont.

8.3.2 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.

8.4 Laboratory Specimens: Whenever any animal that has or is suspected of having rabies dies or is killed it shall be the duty of the local health officer to 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 state commissioner of health. The local health officer shall notify the health department of the specimen’s intended arrival.

8.5 Destruction of Animals, Subject to Rabies; Precautions: Whenever an animal, subject to rabies, is brought to a veterinarian to be destroyed, an attempt shall be made by the veterinarian to ascertain that the animal has not bitten any person within the previous ten day period; before destroying the animal, he or she they shall require the owner to sign a statement to this effect, and he or she 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.

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

9.1 Prescriptions Required to be Reported
9.1.1 Reportable Prescription Requests includes any unusual request of a prescription specific to a disease that is relatively uncommon and may be the result of bioterrorism.

- Botulinum antitoxin (botulinum)
- Unusual antitoxins and antidotes

9.1.2 Unusual Increase in Prescriptions includes any unusual increase in the number of prescriptions or over-the-counter sales of medications or drug classes listed below or that treat a disease that is relatively uncommon and may be the result of bioterrorism.

- Antipyretics (prescription and/or over-the-counter)
- Anti-diarrheal (prescription and/or over-the-counter)
- Decongestants and anti-tussive medications used to treat respiratory or influenza-like illness (prescription and/or over-the-counter)
- Analgesics (prescription and/or over-the-counter)
- Anticonvulsants
- Antibiotics (for example, streptomycin, doxycycline, ciprofloxacin)
- Antivirals

9.1.3 Unusual Number of Requests for Information: Includes over-the-counter pharmaceuticals to treat fever, respiratory and gastrointestinal complaints or other symptoms that may result from bioterrorism.

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

9.2.1 Reportable Prescription Requests: The pharmacy report of an unusual prescription request or any prescription that treats a disease that is relatively uncommon and may be the result of bioterrorism shall include as much of the following information as is available:

- Name of patient
- Date of birth [or age if date of birth not available]
- Sex
- Race
- Address of patient (include city and county)
- Name of health care provider/physician
- Address of health care provider/physician
- Name of unusual prescriptions
- Date prescription was written
- Date prescription was filled
- Name of pharmacist
- Address of pharmacist
- Date of report
- Any other pertinent information
9.2.2 Unusual Increase in Prescriptions or Unusual Number of Requests for Information: The pharmacy report of an increase in the number of prescription requests or over-the-counter sales for certain classes of pharmaceuticals OR an unusual number of requests for information shall include as much of the following information as is available:

- Name of prescription, over-the-counter medication, or drug class
- Approximate date the increase began
- Magnitude of increase (e.g., 20 prescription requests for a drug in 1 day—usually receive 1-2 requests per day)
- Name of pharmacist
- Address of pharmacist
- Date of report
- Any other pertinent information

9.3 Communication: The Department of Health will immediately notify the Department of Public Safety by the most expeditious method possible if information received in accordance with these rules appears to present a threat to the public safety.

10.0 Animal Disease Surveillance

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

10.1.1 Clinical or laboratory diagnosis or suspicion of the following communicable diseases or any other rare infectious disease in animals that might pose a risk of significant number of human and animal fatalities or incidents or permanent or long-term disability shall be reported:

- Anthrax
- Arboviral: eastern equine encephalitis, Venezuelan equine encephalitis, western equine encephalitis, West Nile virus
- Avian Chlamydiosis (Psittacosis, Ornithosis)
- Botulism (*Clostridium botulinum* toxin)
- Bovine spongiform encephalopathy
- Brucellosis (*Brucella* species) (confirmed cases classified as reactors only, as determined by the Agency of Agriculture Food and Markets)
- *Clostridium perfringens* epsilon toxin (laboratory confirmed epsilon toxin only)
- Glanders (*Burkholderia mallei*)
- Hantavirus
- Hendra virus
• Highly pathogenic avian influenza
• Melioidosis (*Burkholderia pseudomallei*)
• *Mycobacterium tuberculosis* complex
• Nipah (Nipah virus)
• Plague (*Yersinia pestis*)
• Q Fever (*Coxiella burnetti*)
• Rabies
• Ricin toxin (from *Ricinis communis* (castor beans))
  • Staphylococcal enterotoxins
• Tularemia (*Francisella tularensis*)
• Typhus fever (*Rickettsia prowazekii*)
• Viral Encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis])
• Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

10.1.2 Unusual cases or clusters of animal illnesses or deaths that pose a threat to human health.

10.1.3 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 deaths in animals and/or humans shall be reported.

10.2 Veterinarians shall act on behalf of livestock owners and persons having care of animals who have reported illness consistent with such diseases.

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

10.3.1 1) Clinical report: The report of a clinical diagnosis or suspicion of the above-named diseases or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:
  • Location or suspected location of the affected animal(s)
  • Name of any known owner
  • Address of any known owner
  • Name of reporting individual
  • Address of reporting individual
  • Name of disease or suspected disease being reported
  • Type of animal(s) affected
  • Number of animals affected or
  • Date of confirmation of disease or onset of clinical signs

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

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

10.3.3 Laboratories are required to provide a written report even if the reportable disease has been reported by others.