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

Kristin L. McClure _____ , on 12/1/25

(signature) (date)

Printed Name and Title:

Kristin McClure, 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: 280 State Drive Waterbury, VT 05671-8300
Telephone: Fax:
E-Mail: natalie.weill@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: Jessica Schifano
Agency: AHS, Vermont Department of Health
Mailing Address: 280 State Drive Waterbury, VT 05671-8300
Telephone: Fax:
E-Mail: jessica.schifano@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 secretaries of those agencies…"

18 V.S.A. §1001 states: "The Commissioner, with the approval of the Secretary of Human Services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable."

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

The purpose of 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. This rulemaking does the following:

1) Modifies and reorganizes the lists of required reportable findings in humans and animals;

2) Changes the required reporting period for Brucellosis from "immediately" to "within 24 hours" and Rubella virus from "within 24 hours" to "immediately";

3) Adds information about how to report positive tuberculin skin test (TST) results;

4) Clarifies the reporting of blood lead results.

9. EXPLANATION OF WHY THE RULE IS NECESSARY:

The public health risks associated with diseases and laboratory findings in humans and animals is evolving. Updating the list of reportable findings is imperative to the Department's public health surveillance and disease prevention efforts.

Additionally, the changes associated with the reporting of COVID-19 and SARS-COV-2 are necessary to alleviate the administrative burden on health care providers, veterinarians, and laboratories, and are appropriate given the updates to CDC policies and the State's ability to more accurately surveil COVID-19 and SARS-COV-2 using other metrics.

Moreover, in response to feedback received from health care providers, veterinarians, and laboratories, the Department is proposing amendments to clarify requirements.

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 and are necessary in order for the Department to control the spread of communicable and dangerous diseases. These regulations are rationally connected to those factual bases because these regulations require the early and prompt reporting of listed diseases so that the Department of Health may take the necessary protective actions. A reasonable person can connect that the Department would need to know about a reportable finding in order to take necessary protective action.

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 cost savings to the regulated community associated with removing the requirements to report COVID-19 and SARS-CoV-2 to the Department. Due to the prevalence of COVID-19 and SARS-CoV-2, the Department anticipates that the removal of these reportable findings will reduce the administrative burden on the regulated community.

This rulemaking may also impose some costs on the regulated community due to the additions of required reportable findings. However, the added animal diseases that will be required to be reported (i.e., B Virus, Melioidosis, and Hemorrhagic Fevers) are rare and will likely have a limited impact on the administrative burden for the regulated community.

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: 1/13/2026

Time: 01:00 PM

Street Address: 280 State Drive, Waterbury, VT
Room: A209

Zip Code: 05671-8300

URL for Virtual: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDNlYjIzNGYtYTA3Yi00NGMzLTljNjAtMGZjNmI4OWUzNjkx%40thread.v2/0?context=%7b%22Tid%22%3a%2220b4933b-baad-433c-9c02-70edcc7559c6%22%2c%22Oid%22%3a%22e6440c4f-7582-4db1-800b-a2038a1e1e68%22%7d

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Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

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15. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING): 1/20/2025

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

COVID-19

SARS-COV-2

Reportable Communicable Diseases

Laboratory

Health care providers

Veterinarians

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. August 10, 2024 Secretary of State Rule Log #24-027

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, veterinarians, and laboratory directors: There is likely to be cost savings to health care providers, veterinarians, and laboratories associated with removing the requirements to report COVID-19 and SARS-CoV-2 to the Department. Due to the prevalence of COVID-19 and SARS-CoV-2, the Department anticipates that the removal of these reportable

findings will reduce the administrative burden on the regulated community.

This rulemaking may also impose some costs on health care providers, veterinarians, and laboratories due to the additions of required reportable findings. However, the added animal diseases that will be required to be reported (i.e., B Virus, Melioidosis, and Hemorrhagic Fevers) are rare and will likely have a limited impact on the administrative burden for the regulated community.

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:

Since school health officials are required to report reportable diseases under this Rule, there is likely to be cost savings associated with removing the requirements to report individual COVID-19 cases to the Department. Due to the prevalence of COVID-19, the Department anticipates that the removal of this reportable finding will reduce the administrative burden on the regulated community. Outbreaks of COVID-19 will still be reportable to the Department; this rulemaking does not change this existing requirement.

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 we anticipate that the Rule will reduce costs and administrative burden on school health officials, 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, health care providers, veterinarians, and labs would need to continue to report SARS-COV-2 and COVID-19 results that are no longer utilized by the CDC or the State. There would be an unnessessary administrative burden on health care providers, veterinarians, and laboratories. These proposed amendments are appropriate given the updates to CDC policies and the State's ability to more accurately surveil COVID-19 and SARS-COV-2 using other metrics. Additionally, without the proposed additional necessary reportable findings, the Department would be greatly hindered in its ability to take the necessary protective actions on known threats to public health.

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 above based on the 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:

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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:

   Targeted outreach will continue to the parties listed below. Additionally, there will be public notice, a public comment period, and a public hearing. 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:

   The Department has conducted targeted outreach to the following: 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

Additionally, the Department will conduct outreach to school nurses.

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, 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

2.0 Purpose

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

3.0 Definitions

3.1 "Commissioner" means the Commissioner of Health.

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

3.3 "Department" means the Vermont Department of Health.

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

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

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

4.0 Confidentiality Requirements

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

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

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

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

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

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

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

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

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

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

4.2.2 Computer security procedures;

4.2.3 Communication procedures;

4.2.4 Procedures for the legal release of data; and

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

5.0 Reporting Requirements for Both Diseases and Laboratory Findings

5.1 Persons Required to Report Reportable Diseases and Laboratory Findings

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

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

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

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

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

5.2 Additional Reporting Requirements for Diseases and Laboratory Findings

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

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

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

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

6.0 Communicable Disease Reports

6.1 Content of Report

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

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

6.2 How to Report Diseases, Syndromes, and Treatments

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

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

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

6.2.4 Positive tuberculin skin test (TST) results shall be reported to the Department, by telephone, within 24 hours.

6.2.5 Although not required under this Rule, blood lead results shall also be reported in accordance with Section 6 of the Blood Lead Screening, Reporting and Response Rule.

6.3 Diseases, Syndromes, and Treatments Required to be Reported

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

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

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

Diseases, Syndromes, and Treatments	**Reportable Laboratory Findings**
Anaplasmosis	*Anaplasma phagocytophilum*
Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at HS_ID_TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov).	N/A
Anthrax*	*Bacillus anthracis**
Arboviral disease, including arboviral encephalitis	California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus

	St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses
Babesiosis	*Babesia* species
Blastomycosis	*Blastomyces* species
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 and resistance mechanism results
Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization	Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results
Chlamydia trachomatis infection	*Chlamydia trachomatis*
Cholera*	*Vibrio cholerae* serogroups O1 or O139*
COVID-19-related pediatric deaths	SARS-CoV-2
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies	N/A
Cryptosporidiosis	*Cryptosporidium* species
Cyclosporiasis	*Cyclospora cayetanensis*
Diphtheria*	*Corynebacterium diphtheriae**

Ehrlichiosis	*Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis*
Glanders*	*Burkholderia mallei**
Gonorrhea	*Neisseria gonorrhoeae*
Haemophilus influenzae disease, invasive*	*Haemophilus influenzae,* isolated from a normally sterile site, including susceptibility results*
Hantavirus disease	Hantaviruses
Hard tick relapsing fever	*Borrelia miyamotoi*
Hemolytic uremic syndrome (HUS)	N/A
Hepatitis A (acute)*	Hepatitis A virus (anti-HAV IgM)*
Hepatitis B	Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
Hepatitis B, positive surface antigen in a pregnant person	Hepatitis B virus (HbsAg)
Hepatitis C	Positive hepatitis C antibody results and all positive and non-detectable nucleic acid test results, including genotype
Hepatitis E	Hepatitis E virus **(**IgM anti-HEV)
Human immunodeficiency virus (HIV) infection/AIDS	Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
Infant botulism*	*Clostridium botulinum**
Influenza: Report -Individual cases of influenza only if due to a novel strain of Influenza A* - Pediatric influenza-related deaths - Institutional outbreaks	N/A (except for novel influenza A)
Legionellosis	*Legionella* species
Leptospirosis	*Leptospira* species

Listeriosis	*Listeria monocytogenes*
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*
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
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
Yellow fever	Yellow fever virus
Yersiniosis	*Yersinia enterocolitica*

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 supportive of a current infection for 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
Arboviruses: California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses	Arboviral disease, including arboviral encephalitis
Babesia species	Babesiosis
*Bacillus anthracis**	Anthrax*
Blastomyces species	Blastomycosis
Bordetella pertussis	Pertussis (whooping cough)
Borrelia burgdorferi	N/A
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 and resistance mechanism results	Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization
Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results	Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization
CD4+ T-lymphocyte counts and percentages (all results)	N/A
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
Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis	Ehrlichiosis
*Francisella tularensis**	Tularemia*
Haemophilus influenzae, isolated from a normally sterile site*, including susceptibility results	Invasive *Haemophilus influenzae* disease*, bacterial meningitis
Hantaviruses	Hantavirus disease
Hepatitis A virus (anti-HAV IgM)*	Acute hepatitis A*
Hepatitis B virus (HBsAg, anti-HBc IgM, HBeAg, HBV DNA)	Hepatitis B (acute and chronic)
Hepatitis C virus (positive antibody results and all positive and non-detectable nucleic acid test results, including genotype)	Hepatitis C (acute and chronic)
Hepatitis E virus (IgM anti-HEV)	Hepatitis E

Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing	HIV/AIDS
Interferon gamma release assay (IGRA)	Tuberculosis infection
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*
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)*
Shigella species	Shigellosis
Shiga toxin-producing *E.coli* (STEC) (including O157:H7)	Shiga toxin-producing *E.coli* (STEC)
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
Yellow fever virus	Yellow fever
Yersinia enterocolitica	Yersiniosis
*Yersinia pestis**	Plague*

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 supportive of a current infection with 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:

7.3.2.2.1 Arboviruses
7.3.2.2.2 *Bacillus anthracis*;
7.3.2.2.3 *Bacillus cereus*, biovar anthracis;
7.3.2.2.4 *Brucella* species;
7.3.2.2.5 *Burkholderia mallei*;
7.3.2.2.6 *Burkholderia pseudomallei*;
7.3.2.2.7 *Campylobacter* species;
7.3.2.2.8 *Candida auris*;
7.3.2.2.9 Carbapenem-resistant *Acinetobacter baumannii* (CRAB);
7.3.2.2.10 Carbapenem-resistant *Enterobacteriaceae* (CRE);
7.3.2.2.11 Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA);
7.3.2.2.12 Clostridium botulinum;
7.3.2.2.13 *Corynebacterium diphtheriae*;
7.3.2.2.14 *Coxiella burnetii*;
7.3.2.2.15 *Cryptosporidium* species;
7.3.2.2.16 E. coli,, Shiga toxin-producing (STEC) (including O157:H7)
7.3.2.2.17 *Francisella tularensis*;
7.3.2.2.18 *Haemophilus influenza*, isolated from a normally sterile site;
7.3.2.2.19 Hantaviruses;
7.3.2.2.20 Hemorrhagic fever viruses;
7.3.2.2.21 Influenza A, novel strains only;
7.3.2.2.22 *Legionella* species;
7.3.2.2.23 *Leptospira* species;
7.3.2.2.24 *Listeria* species;
7.3.2.2.25 MERS-CoV;
7.3.2.2.26 *Mycobacterium tuberculosis*;
7.3.2.2.27 *Neisseria meningitidis*, isolated from a normally sterile site;
7.3.2.2.28
7.3.2.2.29 Ricin toxin;

7.3.2.2.30 *Salmonella* species;
7.3.2.2.31 SARS-CoV/SARS-associated virus;
7.3.2.2.32 *Shigella* species;
7.3.2.2.33 *Streptococcus pyogenes* (group A), isolated from a normally sterile site;
7.3.2.2.34 *Vibrio* species;
7.3.2.2.35 VISA (vancomycin-intermediate Staphylococcus aureus);
7.3.2.2.36 VRSA (vancomycin-resistant Staphylococcus aureus);
7.3.2.2.37 *Yersinia enterocolitica*; and
7.3.2.2.38 *Yersinia pestis*.

8.0 Pharmacist Reports

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

9.0 Data from Vermont Health Information Exchange

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

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

10.0 Prophylaxis for Eyes of Newborn

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

11.0 Surveillance of Animal Diseases and Laboratory Findings

11.1 Persons Required to Report

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

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

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

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

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

11.2 Additional Reporting Requirements for Animal Diseases and Laboratory Findings

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

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

11.3 Content of the Report

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

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

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

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

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

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

11.4.1 The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department within 24 hours, unless denoted with an asterisk (*).

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

11.5 Animal Diseases and Laboratory Findings Required to be Reported

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

11.5.1.1 Anthrax (*Bacillus anthracis*)* ;
11.5.1.2 Arboviral infection;
11.5.1.3 Avian chlamydiosis (*Chlamydia psittaci*);
11.5.1.4 B virus (herpesvirus B);
11.5.1.5 Brucellosis (*Brucella* species);
11.5.1.6 Glanders (*Burkholderia mallei*)*;
11.5.1.7 Hantavirus;
11.5.1.8 Hemorrhagic fever viruses;
11.5.1.9 Mpox;
11.5.1.10 Melioidosis (*Burkholderia pseudomallei*);
11.5.1.11 Novel influenza (avian, swine);
11.5.1.12 Plague (*Yersinia pestis*)*;
11.5.1.13 Q Fever (*Coxiella burnetii*);
11.5.1.14 Rabies*;
11.5.1.15 Tuberculosis *(Mycobacterium tuberculosis* complex); and
11.5.1.16 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.

Chapter 4 – Health Surveillance and Infectious Disease
Subchapter 1

Reportable and Communicable Diseases Rule

1.0 Authority

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

2.0 Purpose

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

3.0 Definitions

3.1 "Commissioner" means the Commissioner of Health.

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

3.3 "Department" means the Vermont Department of Health.

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

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

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

4.0 Confidentiality Requirements

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

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

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

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

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

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

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

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

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

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

4.2.2 Computer security procedures;

4.2.3 Communication procedures;

4.2.4 Procedures for the legal release of data; and

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

5.0 Reporting Requirements for Both Diseases and Laboratory Findings

5.1 Persons Required to Report Reportable Diseases and Laboratory Findings

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

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

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

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

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

5.2 Additional Reporting Requirements for Diseases and Laboratory Findings

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

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

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

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

6.0 Communicable Disease Reports

6.1 Content of Report

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

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

6.2 How to Report Diseases, Syndromes, and Treatments

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

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

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

6.2.4 Positive tuberculin skin test (TST) results shall be reported to the Department, by telephone, within 24 hours.

6.2.5 Although not required under this Rule, b~~B~~lood lead results shall also be reported ~~as listed in~~in accordance with Section 6 of the Blood Lead Screening, Reporting and Response Rule.

6.3 Diseases, Syndromes, and Treatments Required to be Reported

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

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

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

Diseases, Syndromes, and Treatments	**Reportable Laboratory Findings**
Anaplasmosis	*Anaplasma phagocytophilum*
Animal bites are reportable to Town Health Officers only per Section 12.0 of this rule. Reporting form available at HS_ID_TownHealthOfficerAnimalBiteReportForm.pdf (healthvermont.gov).	N/A
Anthrax*	*Bacillus anthracis**
Arboviral disease, including arboviral encephalitis	California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus

	St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses
Babesiosis	*Babesia* species~~*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 and resistance mechanism results
Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization	Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results
~~Chikungunya virus disease~~	~~Chikungunya virus~~
Chlamydia trachomatis infection	*Chlamydia trachomatis*
Cholera*	*Vibrio cholerae* serogroups O1 or O139*
~~COVID-19~~	~~SARS-CoV-2~~
COVID-19-related pediatric deaths	SARS-CoV-2
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies	N/A
Cryptosporidiosis	*Cryptosporidium* species
Cyclosporiasis	*Cyclospora cayetanensis*

~~Dengue~~	~~Dengue virus~~
Diphtheria*	*Corynebacterium diphtheriae**
~~Eastern equine encephalitis~~	~~Eastern equine encephalitis virus~~
Ehrlichiosis	*Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis*
~~Encephalitis~~	~~N/A~~
Glanders*	*Burkholderia mallei**
Gonorrhea	*Neisseria gonorrhoeae*
Haemophilus influenzae disease, invasive*	*Haemophilus influenzae,* isolated from a normally sterile site, including susceptibility results*
Hantavirus disease	Hantaviruses
Hard tick relapsing fever	*Borrelia miyamotoi*
Hemolytic uremic syndrome (HUS)	N/A
Hepatitis A (acute)*	Hepatitis A virus (anti-HAV IgM)*
Hepatitis B	Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
Hepatitis B, positive surface antigen in a pregnant person	Hepatitis B virus (HbsAg)
Hepatitis C	Positive hepatitis C antibody results and all positive and non-detectable nucleic acid test results, including genotype
Hepatitis E	Hepatitis E virus (IgM anti-HEV)
Human immunodeficiency virus (HIV) infection/AIDS	Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
Infant botulism*	*Clostridium botulinum**
Influenza: Report	N/A (except for novel influenza A)

-Individual cases of influenza only if due to a novel strain of Influenza A* - Pediatric influenza-related deaths - Institutional outbreaks	
~~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 supportive of a current infection ~~of~~for 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
Arboviruses: California serogroup viruses: • California encephalitis • Jamestown Canyon • Keystone • La Crosse • Snowshoe hare • Trivittatus viruses Chikungunya virus Dengue virus Eastern equine encephalitis virus Powassan virus St. Louis encephalitis virus West Nile virus Western equine encephalitis virus Zika virus Other exotic arboviruses	Arboviral disease, including arboviral encephalitis
Babesia species ~~*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 ~~*Borrelia mayonii*~~	N/A~~Lyme disease~~
Borrelia mayonii	N/A~~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 and resistance mechanism results	Carbapenem-resistant *Acinetobacter baumannii* (CRAB) infection/colonization
Carbapenem-resistant *Enterobacterales* (CRE), including susceptibility and resistance mechanism results	Carbapenem-resistant *Enterobacterales* (CRE) infection/colonization
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility and resistance mechanism results	Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) infection/colonization
CD4+ T-lymphocyte counts and percentages (all results)	N/A
~~Chikungunya virus~~	~~Chikungunya virus disease~~
Chlamydia psittaci	Psittacosis
Chlamydia trachomatis	*Chlamydia trachomatis* infection
*Clostridium botulinum**	Botulism* and infant botulism*
Clostridium tetani	Tetanus
*Corynebacterium diphtheriae**	Diphtheria*
Coxiella burnetii	Q fever
Cryptosporidium species	Cryptosporidiosis
CSF findings (all positive results)	N/A

Cyclospora cayetanensis	Cyclosporiasis
~~Dengue virus~~	~~Dengue~~
~~Eastern equine encephalitis virus~~	~~Eastern equine encephalitis~~
Ehrlichia chaffeensis, Ehrlichia ewingii, Ehrlichia muris eauclairensis	Ehrlichiosis
*Francisella tularensis**	Tularemia*
Haemophilus influenzae, isolated from a normally sterile site*, including susceptibility results	Invasive *Haemophilus influenzae* disease*, bacterial meningitis
Hantaviruses	Hantavirus disease
Hepatitis A virus (anti-HAV IgM)*	Acute hepatitis A*
Hepatitis B virus (HBsAg, anti-HBc IgM, HBeAg, HBV DNA)	Hepatitis B (acute and chronic)
Hepatitis C virus (positive antibody results and all positive and non-detectable nucleic acid test results, including genotype)	Hepatitis C (acute and chronic)
Hepatitis E virus **(**IgM anti-HEV)	Hepatitis E
Human immunodeficiency virus (HIV) including the following: • HIV viral load measurement (including non-detectable results) • All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing	HIV/AIDS
Interferon gamma release assay (IGRA)	Tuberculosis infection
~~Jamestown Canyon virus~~	~~Jamestown Canyon virus disease~~
~~La Crosse virus~~	~~La Crosse virus disease~~
Legionella species	Legionellosis
Leptospira species	Leptospirosis
Listeria monocytogenes	Listeriosis
Measles virus*	Measles (Rubeola)*
MERS CoV*	Middle East Respiratory Syndrome (MERS)*
MPXV Clade I and Clade II, non-variola *Orthopoxvirus*	Mpox (human monkeypox)

Mumps virus	Mumps
Mycobacterium tuberculosis complex, including susceptibility results	Tuberculosis (TB) disease*, latent TB infection
Neisseria gonorrhoeae	Gonorrhea
Neisseria meningitidis, isolated from a normally sterile site*, including susceptibility results	Bacterial meningitis, meningococcal disease*
Plasmodium species	Malaria
Poliovirus*	Poliovirus infection, including poliomyelitis*
~~Powassan virus~~	~~Powassan virus disease~~
Rabies virus*	Rabies, human* and animal* cases
Ricin toxin	Ricin toxicity
Rickettsia species	Spotted fever group rickettsioses
Rubella virus*	Rubella (German measles)*, congenital rubella syndrome
Salmonella enterica serotype Typhi*	*Salmonella* Typhi infection*
Salmonella enterica serotypes Paratyphi A, B [tartrate negative], and C [*S.* Paratyphi]*	*Salmonella* Paratyphi infection*
Salmonella species (non-Typhi)	Salmonellosis
SARS-CoV/SARS-associated virus*	Severe Acute Respiratory Syndrome (SARS)*
~~SARS-CoV-2~~	~~COVID-19, COVID-19-related pediatric deaths~~
Shigella species	Shigellosis
Shiga toxin-producing *E.coli* (STEC) (including O157:H7)	Shiga toxin-producing *E.coli* (STEC)
~~St. Louis encephalitis virus~~	~~St. Louis encephalitis~~
Staphylococcus aureus, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results	VRSA, VISA infection
Streptococcus pyogenes (group A), isolated from a normally sterile site	Invasive group A streptococcal (GAS) disease
Streptococcus agalactiae (group B), isolated from a normally sterile site (infants less than one month of age)	Neonatal invasive group B streptococcal (GBS) disease

Streptococcus pneumoniae, isolated from a normally sterile site, including susceptibility results	Invasive *Streptococcus pneumoniae* disease
Treponema pallidum and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)	Syphilis
Trichinella species	Trichinellosis
Tuberculin skin test (TST)	Tuberculosis infection
Vaccinia virus	Vaccinia disease or vaccine adverse event
Varicella virus	Varicella (only chickenpox is reportable)
Variola virus*	Smallpox*
Vibrio cholerae serogroups O1 or O139*	Cholera*
Vibrio species	Vibriosis
~~West Nile virus~~	~~West Nile virus illness~~
Yellow fever virus	Yellow fever
Yersinia enterocolitica	Yersiniosis
*Yersinia pestis**	Plague*
~~Zika virus~~	~~Zika virus disease and infection~~

7.3.2 Further Analysis and Typing

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

7.3.2.2 Specimens or isolates supportive of a current infection ~~of~~with 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 Arboviruses

~~7.3.2.2.1~~7.3.2.2.2 *Bacillus anthracis*;

~~7.3.2.2.2~~7.3.2.2.3 *Bacillus cereus*, biovar anthracis;

~~7.3.2.2.3~~7.3.2.2.4 *Brucella* species;
~~7.3.2.2.4~~7.3.2.2.5 *Burkholderia mallei*;
~~7.3.2.2.5~~7.3.2.2.6 *Burkholderia pseudomallei*;
~~7.3.2.2.6~~7.3.2.2.7 *Campylobacter* species;
~~7.3.2.2.7~~7.3.2.2.8 *Candida auris*;
~~7.3.2.2.8~~7.3.2.2.9 Carbapenem-resistant *Acinetobacter baumannii* (CRAB);
~~7.3.2.2.9~~7.3.2.2.10 Carbapenem-resistant *Enterobacteriaceae* (CRE);
~~7.3.2.2.10~~7.3.2.2.11 Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA);
~~7.3.2.2.11~~7.3.2.2.12 Clostridium botulinum;
~~7.3.2.2.12~~7.3.2.2.13 *Corynebacterium diphtheriae*;
~~7.3.2.2.13~~7.3.2.2.14 *Coxiella burnetii*;
~~7.3.2.2.14~~7.3.2.2.15 *Cryptosporidium* species;
~~Eastern equine encephalitis virus;~~
~~7.3.2.2.15~~7.3.2.2.16 E. coli,, Shiga toxin-producing (STEC) (including O157:H7)
~~7.3.2.2.16~~7.3.2.2.17 *Francisella tularensis*;
~~7.3.2.2.17~~7.3.2.2.18 *Haemophilus influenza*, isolated from a normally sterile site;
~~7.3.2.2.18~~7.3.2.2.19 Hantaviruses;
~~7.3.2.2.19~~7.3.2.2.20 Hemorrhagic fever viruses;
~~7.3.2.2.20~~7.3.2.2.21 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~~7.3.2.2.22 *Legionella* species;
~~7.3.2.2.24~~7.3.2.2.23 *Leptospira* species;
~~7.3.2.2.25~~7.3.2.2.24 *Listeria* species;
~~7.3.2.2.26~~7.3.2.2.25 MERS-CoV;
~~7.3.2.2.27~~7.3.2.2.26 *Mycobacterium tuberculosis*;
~~7.3.2.2.28~~7.3.2.2.27 *Neisseria meningitidis*, isolated from a normally sterile site;
~~7.3.2.2.29~~7.3.2.2.28 ~~Powassan virus;~~
~~7.3.2.2.30~~7.3.2.2.29 Ricin toxin;
~~7.3.2.2.31~~7.3.2.2.30 *Salmonella* species;
~~7.3.2.2.32~~7.3.2.2.31 SARS-CoV/SARS-associated virus;
~~7.3.2.2.33 Shiga toxin-producing E. coli (STEC) (including O157:H7);~~
~~7.3.2.2.34~~7.3.2.2.32 *Shigella* species;
~~7.3.2.2.35 St. Louis encephalitis virus;~~

~~7.3.2.2.36~~7.3.2.2.33 *Streptococcus pyogenes* (group A), isolated from a normally sterile site;
~~7.3.2.2.37~~7.3.2.2.34 *Vibrio* species;
~~7.3.2.2.38~~7.3.2.2.35 VISA (vancomycin-intermediate Staphylococcus aureus);
~~7.3.2.2.39~~7.3.2.2.36 VRSA (vancomycin-resistant Staphylococcus aureus);
~~7.3.2.2.40 West Nile virus;~~
~~7.3.2.2.41~~7.3.2.2.37 *Yersinia enterocolitica*; and
~~7.3.2.2.42~~7.3.2.2.38 *Yersinia pestis*.

8.0 Pharmacist Reports

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

9.0 Data from Vermont Health Information Exchange

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

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

10.0 Prophylaxis for Eyes of Newborn

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

11.0 Surveillance of Animal Diseases and Laboratory Findings

11.1 Persons Required to Report

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

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

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

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

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

11.2 Additional Reporting Requirements for Animal Diseases and Laboratory Findings

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

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

11.3 Content of the Report

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the diseases listed in Section 11.5, or any unusual cluster of animal illnesses

or deaths shall include as much of the following information as is available:

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

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

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

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

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

11.4.1 The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department within 24 hours, unless denoted with an asterisk (*).

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

11.5 Animal Diseases and Laboratory Findings Required to be Reported

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

11.5.1.1 Anthrax (*Bacillus anthracis*)* ;
11.5.1.2 Arboviral infection;
11.5.1.3 Avian c~~C~~hlamydiosis (-*Chlamydia psittaci*);
~~11.5.1.3~~11.5.1.4 B virus (herpesvirus B);
~~11.5.1.4~~11.5.1.5 Brucellosis (*Brucella* species);
~~11.5.1.5~~11.5.1.6 Glanders (*Burkholderia mallei*)*;
11.5.1.7 Hantavirus;
~~11.5.1.6~~11.5.1.8 Hemorrhagic fever viruses;
11.5.1.9 Mpox;
~~11.5.1.7~~11.5.1.10 Melioidosis (*Burkholderia pseudomallei*);
~~11.5.1.8~~1.1.1.1 ~~Tuberculosis (*Mycobacterium tuberculosis* complex);~~
~~11.5.1.9~~11.5.1.11 Novel influenza (avian, swine);
~~11.5.1.10~~11.5.1.12 Plague (*Yersinia pestis*)*;
~~11.5.1.11~~ Q Fever (*Coxiella burnetii*);
11.5.1.13
~~11.5.1.12~~ Rabies*;
11.5.1.14 ~~SARS-CoV-2 infection; and~~
Tuberculosis (*Mycobacterium tuberculosis* complex); and
~~11.5.1.13~~11.5.1.15
~~11.5.1.14~~11.5.1.16 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.

Interagency Committee on Administrative Rules (ICAR) Minutes

Date/Time: November 10, 2025, 2:00 PM

Location: Virtually via Microsoft Teams

Members Present: Nick Kramer, Jared Adler, John Kessler, Natalie Weill, Michael Obuchowski, Nicole Dubuque, John Kessler and Diane Sherman

Members Absent: Jennifer Mojo

Minutes By: Chrissy Gilhuly

- 2:03 p.m. meeting called to order
- Review and approval of minutes from the October 27, 2025 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments were made.
- Presentation of Proposed Rule with recommended changes on pages to follow:

1) Green Mountain Care Board (GMCB)
    a. Oversight of the Accountable Care Organizations. This rule establishes revised standards and processes, consistent with Act 62 of 2025, that the GMCB will use to certify Accountable Care Organizations (ACOs) and review, modify, and approve the budgets of ACOs.

2) Agency of Human Services, Vermont Department of Health
    a. 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. This rulemaking does the following:

        i. Modifies and re-organizes the lists of required reportable findings in humans and animals;
        ii. Changes the required reporting period for Brucellosis from "immediately" to "within 24 hours" and Rubella virus from "within 24 hours" to "immediately";
        iii. Adds information about how to report positive tuberculin skin test (TST) results;
        iv. Clarifies the reporting of blood lead results.

3) Agency of Human Services – Department of Disabilities, Aging, and Independent Living

    a. Brain Injury Program Rule: AHS maintains a set of rules for all Vermont Medicaid services, called the Health Care Administrative Rules (HCAR). Home & Community-Based Services, like the Brain Injury Program (BIP), are required to be part of HCAR. This rule proposes to modernize some definitions, add clarity regarding continued clinical eligibility, incorporate a new required Medicaid policy regarding paying legally responsible individuals, insert federally required Electronic Visit Verification, and add an updated Case Management definition, along with a new "Service Broker" service to comply with federally required Conflict-Free Case Management rules.

- Next scheduled meeting is November 17, at 2:00 p.m.
- 3:11 p.m. meeting adjourned.

Proposed Rule: Green Mountain Care Board (GMCB). This rule establishes revised standards and processes, consistent with Act 62 of 2025, that the GMCB will use to certify Accountable Care Organizations (ACOs) and review, modify, and approve the budgets of ACOs.

Presented By: Michelle Sawyer, Health Policy Project Director and Mark Hengstler, Staff Attorney – Green Mountain Care Board

Motion made to accept the rule by Diane Sherman, seconded by John Kessler, and passed unanimously with the following recommendations:

1) Proposed Filing – Coversheet:
    a. Type out printed name and title (v. handwritten)

2) Adopting Page:
    a. #4: Confirm that the SOS log number is correct and add effective date (v. adopting date).

3) Public Input Maximization Plan
    a. #3: Recommend staying away from the term stakeholders and list groups; minor wordsmithing. Add statement regarding reserving e-mails for times when public comment is requested.

Proposed Rule: Agency of Human Services, Vermont Department of Health. 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.

Presented By: Natalie Weill, Public Health Policy Advisor and Jessica Schifano, Policy Director, Department of Health

Motion made to accept the rule by John Kessler, seconded by Nicole Dubuque, and passed unanimously with one abstention, Natalie Weill, with the following recommendations:

1) Proposed Filing – Coversheet:
    a. #8: Remove hyphen from the word reorganizes.

2) Adopting Page:
    a. #4: Confirm that the date listed is the effective date, not adopting date.

Proposed Rule: Agency of Human Services – Department of Disabilities, Aging, and Independent Living. Brain Injury Program Rule. This rule proposes to modernize some definitions, add clarity regarding continued clinical eligibility, incorporate a new required Medicaid policy regarding paying legally responsible individuals, insert federally required Electronic Visit Verification, and add an updated Case Management definition, along with a new "Service Broker" service to comply with federally required Conflict-Free Case Management rules.

Presented By: Stuart Schurr, General Council – Department of Disabilities, Aging and Independent Living

Motion made to accept the rule by Jared Adler, seconded by Nicole Dubuque, and passed unanimously with one abstention, Natalie Weill, with the following recommendations:

1) Proposed Filing – Coversheet:
   a. #8: recommend adding the word ‘new’ and adding language clarifying this rule is being adopted from policy and these are the changes.
   b. #10: Explain why the choices being made are not arbitrary.
   c. #12: Clarify where existing requirements can be found.

2) Public Input Maximization Plan
   b. #3: List brain injury program providers.

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JENNEY SAMUELSON
SECRETARY

KRISTIN MCCLURE
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: November 21, 2024

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

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I hereby designate Kristin McClure, 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: KristinMcClure@vermont.gov