

COMMUNICABLE DISEASE REGULATIONS

Vermont Department of Health

CHAPTER I - GENERAL PROVISIONS

4-101. AUTHORITY: These regulations are adopted under the authority granted to the Department of Health by 18 V.S.A. §1001, as amended, and by 18 V.S.A. §102, as amended, by 3 V.S.A. §3003, by 20 V.S.A. §3801, and by 13 V.S.A. § 3504(h).

4-102. PURPOSE: The purpose of these regulations is to protect the public health through the control of communicable diseases and other diseases dangerous to the public health.

The intent of these regulations is to facilitate early and prompt reporting of diseases which have been identified as dangerous to the public health, so that the Department of Health may take any necessary action to protect the public from such diseases. The intent of the regulations is that historical claims data (received, for example, at a payment stage) be used for evaluation and quality assurance.

These regulations shall not be construed to impose a reporting requirement on a health maintenance organization or managed care organization solely on the basis of information obtained through the payment of health care claims. Any organization or person subject to the requirements of this regulation may include in any contract with any entity located outside of Vermont a requirement that such entity comply with the reporting requirements of this regulation.

4-103. PROGRAM: The Department of Health, through its Division of Health Surveillance, is generally responsible for the protection of the public health from communicable diseases and other diseases dangerous to the public health. The Division reviews reports and information concerning these diseases and determines the extent of the threat to the public health. When the Division determines that there is an outbreak of such a disease, it institutes appropriate control measures to prevent further spread.

4-104. CONFIDENTIALITY REQUIREMENTS: Any person or entity required to report under these regulations 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:

- identification of those positions/individuals who are authorized to have access to confidential disease-reporting information and the limits placed upon their access
- a mechanism to assure that the confidentiality policies and procedures are understood by affected staff
- process for training staff in the confidential handling of records
- a quality assurance plan to monitor compliance and to institute corrective action when necessary
- process for the confidential handling of all electronically-stored records
- process for authorizing the release of confidential records, and
- provision for annual review and revision of confidentiality policies and procedures.

Additionally, the Department has established procedures that ensure the confidentiality of the reports it receives. In relation to the reporting of HIV and AIDS, the Department has:

- procedures for backing up encrypted, individually identifying information, including procedures for storage location and transfer of data.
- procedures to ensure the confidentiality of public health records that contain any personally identifying information, or any information that may indirectly identify a person and was developed or acquired by the Department.
- procedures to ensure that a disclosure of information from the confidential public health record is only made following notice to the individual subject of the public health record or the individual's legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual's representative (such notice and authorization is required prior to all disclosures, including disclosures to other states, the federal government, and other programs, departments, or agencies of state government).

CHAPTER II - COMMUNICABLE DISEASE REPORTS

4-201. ORGANIZATIONS AND PERSONS REQUIRED TO REPORT: The following organizations and persons who know or suspect that a person is sick or has died of a disease dangerous to the public health are required to report to the Department of Health within 24 hours of the time when they become aware of the disease (immediate reporting is essential for those diseases or laboratory reports indicated by a “*”). Nonmedical community-based organizations are exempt from these requirements.

- Infection control practitioners
- Health care providers
- Laboratory directors
- Nurse practitioners
- Nurses
- Physician assistants
- Physicians
- School health officials

4-202. NATURE OF THE REPORT: The report of communicable diseases and other diseases dangerous to the public health and rare infectious diseases, as listed in 4-203, shall include the following information as it relates to the affected person:

- name of person
- date of birth
- age
- sex
- address
- name of health care provider/physician
- address of health care provider/physician
- name of disease being reported
- date of onset of the disease
- any other pertinent information.

The report should be made by telephone or in writing to the Department of Health, Epidemiology Field Unit (802/863-7240 or 800/640-4374). HIV and AIDS reports should be made on the ADULT HIV (not AIDS) CONFIDENTIAL CASE REPORT form, the PEDIATRIC HIV (not AIDS) CONFIDENTIAL CASE REPORT form, the ADULT AIDS CONFIDENTIAL CASE REPORT form, or the PEDIATRIC AIDS CONFIDENTIAL CASE REPORT form, as appropriate.

Laboratories must report in accordance with section 4-204.

4-203: DISEASES, SYNDROMES, AND TREATMENTS REQUIRED TO BE REPORTED

1. Reportable Diseases and Syndromes (to include any rare infectious disease or one dangerous to public health)

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism, must be reported. Such reports may be made by sharing medical encounter information with the Department of Health so that the Department can determine if there is sufficient probability that a case or an outbreak warrants further public health response.

AIDS
 Amebiasis
 Anthrax*
 Arboviral illness
 Babesiosis
 Botulism*
 Brucellosis
 Campylobacter infection
Chlamydia trachomatis infection
 Cholera
 Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
 Cryptosporidiosis
 Diphtheria*
 Ehrlichiosis
 Encephalitis
 Enterococcal disease, vancomycin-resistant
 Enterohemorrhagic *E.coli*, (including O157:H7)
 Giardiasis
 Gonorrhea
 Guillain Barre Syndrome
Haemophilus influenzae disease, invasive
 Hantavirus disease
 Hemolytic uremic syndrome (HUS)
 Hepatitis A
 Hepatitis B
 Hepatitis B, positive surface antigen in a pregnant woman
 Hepatitis C
 Hepatitis, unspecified
 Human immunodeficiency virus (HIV)
 Influenza: Report only

- Individual cases of influenza due to a novel strain of Influenza A*
- Pediatric influenza-related deaths
- Institutional outbreaks

 Lead poisoning
 Legionellosis
 Listeriosis
 Lyme Disease
 Malaria
 Measles (Rubeola)*
 Meningitis, bacterial
 Meningococcal disease*
 Mumps
 Pertussis (Whooping cough)
 Plague*
 Poliomyelitis*
 Psittacosis
 Rabies, human* and animal cases
 Reye syndrome
 Rheumatic fever
 Rocky Mountain Spotted Fever
 Rubella (German Measles)
 Rubella, congenital rubella syndrome
 Salmonellosis
 Severe Acute Respiratory Syndrome (SARS)*
 Shigellosis
 Smallpox*
 Streptococcal disease, Group A, invasive
 Streptococcal disease, Group B invasive (infants less than one month of age)
Streptococcus pneumoniae disease, invasive
 Syphilis
 Tetanus
 Toxic Shock Syndrome
 Trichinosis
 Tuberculosis
 Tularemia*
 Typhoid Fever
 Varicella (Chicken pox only)
 Viral hemorrhagic fever*
 VRSA (Vancomycin resistant *Staphylococcus aureus*)/VISA (reduced susceptibility)
 Vibrio species
 Yellow Fever
Yersinia enterocolitica

2. Reportable Treatments

Human rabies postexposure treatment (HRPET) is reportable even where no evidence of rabies has been found. Full identifying information as indicated in 4-202 must be provided to the Department of Health.

4-204: REPORTABLE LABORATORY FINDINGS

Positive, presumptive or confirmed, isolation or detection of the following organisms OR positive, presumptive or confirmed, serological results for the following organisms OR results from specific laboratory tests as indicated below (to include any rare infectious disease or one dangerous to public health):

Arboviruses
Babesia microti
*Bacillus anthracis**
Bordetella pertussis
Borrelia burgdorferi
Brucella sp.
Campylobacter sp.
CD4+ T-lymphocyte count of less than 200 cells/uL or a CD4+ percentage of less than 14
Chlamydia psittaci
Chlamydia trachomatis
*Clostridium botulinum**
Clostridium tetani
*Corynebacterium diphtheriae**
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
Cryptosporidium parvum
Ehrlichia species
Entamoeba histolytica
Enterohemorrhagic *E.coli* (including O157:H7)
Enterococcus sp., intermediate or greater vancomycin-resistance, isolated from any site
Giardia lamblia
Haemophilus influenzae, isolated from a normally sterile site
Hantavirus
Hepatitis A virus (anti-HAV IgM)
Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
Hepatitis C virus (HCV)
Human immunodeficiency virus (HIV): Includes the following:
– HIV viral load measurement (including non-detectable results)
Influenza virus: Report only
– Positive viral cultures
– Weekly aggregate number of positive rapid influenza tests
Legionella sp.
Listeria monocytogenes
Measles virus*
Mumps virus
Mycobacterium tuberculosis
Neisseria gonorrhoeae
Neisseria meningitidis, isolated from a normally sterile site*
Plasmodium sp.
Poliovirus*
Rabies virus
Rickettsia rickettsii
Rubella virus
Salmonella sp.
SARS-CoV/SARS associated virus*
Shigella sp.
Smallpox*
Streptococcus, Group A, isolated from a normally sterile site
Streptococcus, Group B, isolated from a normally sterile site (infants less than one month of age)
Streptococcus pneumoniae, isolated from a normally sterile site, (resistant or susceptible)
Treponema pallidum
Trichinella spiralis
Tularemia*
Varicella virus
Vibrio species
Viral hemorrhagic fever*
VRSA (Vancomycin resistant *staphylococcus aureus*)/VISA (reduced susceptibility)
Yellow fever virus
Yersinia enterocolitica
*Yersinia pestis**

In addition, all positive findings for the following laboratory tests must be reported:

AFB smears
Blood lead (>9 micrograms per deciliter)
CSF cultures
Nontreponemal tests for syphilis

Laboratory reporting shall include:

- name of patient
- date of birth
- age
- sex
- name of health care provider/physician
- address of health care provider/physician
- positive test results
- specimen type, e.g., serum, swab, etc.
- specimen source, e.g., cervix, throat, etc.

Laboratories are required to provide a written report even if the reportable disease has been reported by others required to report under 4-201. If no positive reportable laboratory findings have been made during a given week then a written or electronic report of “No reportable findings” shall be made.

The Department of Health requires that isolates of the following organisms be sent to the Vermont Department of Health Laboratory for further analysis or typing:

- *Neisseria meningitidis*, isolated from a normally sterile site
- *Listeria monocytogenes*
- *Salmonella* sp.
- *Shigella* sp.
- Enterohemorrhagic *E. coli* (including O157:H7)
- *Mycobacterium tuberculosis*
- VRSA (vancomycin-resistant *Staphylococcus aureus*)
- VISA (vancomycin-intermediate *Staphylococcus aureus*)

The Department of Health Laboratory (802/863-7335 or 800/660-9997) will provide transport containers and instructions on how to submit or isolates.

CHAPTER III - PROPHYLAXIS FOR EYES OF NEWBORN

4-301. DUTIES OF HEALTH CARE PROVIDERS: Prophylaxis for conjunctivitis of the newborn (ophthalmia neonatorum) shall be administered to all infants immediately after birth by the person attending the birth.

CHAPTER IV - RABIES CONTROL

4-401. REPORTING OF ANIMAL BITES:

(a) It shall be the duty of every physician to report within 24 hours to the local health officer the full name, age and address of any person under his or her care or observation who has been bitten by an animal of a species subject to rabies.

(b) If no physician is in attendance and the person bitten is a child, it shall be the duty of the parent or guardian to make such report within 24 hours. If the person bitten is an adult, such person shall make the report, or, if incapacitated, it shall be made by whoever is caring for the person bitten.

4-402. Principles of Rabies Control

1. Human Rabies Prevention. Rabies in humans can be prevented either by eliminating exposures to rabid animals or by providing exposed persons with prompt local treatment of wounds combined with appropriate passive and active immunization. The rationale for recommending preexposure and postexposure rabies prophylaxis and details of their administration can be found in the current recommendations of the Advisory Committee Immunization Practices (ACIP) of the Public Health Service (PHS). These recommendations, along with information concerning the current local and regional status of animal rabies and availability of human rabies biologics, are available from the Vermont Department of Health. Persons who regularly handle animals such as trappers, slaughterhouse workers, and taxidermists should consider receiving rabies preexposure vaccination.

2. Domestic Pets and Wolf Hybrids. Local governments are encouraged to initiate and maintain effective programs to ensure vaccination of all domestic pets and wolf hybrids and to remove strays and unwanted animals in accordance with Titles 20, Chapters 191 and 193 of the Vermont Statutes Annotated.

“Domestic pet” and “Wolf-hybrid” are defined in Title 20, Chapter 193 of the Vermont Statutes Annotated. An owner of a domestic pet or wolf-hybrid must have that animal inoculated against rabies by a licensed veterinarian in accordance with Section 3581 of Title 20, if applicable, and with rules adopted by the Secretary of Agriculture, Food, and Markets.

The current recommendations of the Compendium of Animal Rabies Control, National Association of State Public Health Veterinarians, endorsed by the American Veterinary Medical Association and the Council of State and Territorial Epidemiologists, serve as the basis for the animal rabies control program and procedures in Vermont and facilitate standardization of procedures throughout the United States.

4-403. Control Methods in Domestic and Confined Animals

1. Postexposure Management. Any animal bitten or scratched by a wild mammal not available for testing must be regarded as having been exposed to rabies.

a. Dogs, Cats and Ferrets. Unvaccinated dogs, cats and ferrets exposed to a rabid animal must be euthanized immediately. If the owner is unwilling to have this done, the animal must be placed in strict isolation for 6 months and vaccinated 1 month before being released. Dogs, cats and ferrets that are currently vaccinated must be revaccinated immediately, kept under the owner's control, and observed for 45 days. Animals with expired vaccinations need to be evaluated on a case by case basis.

b. Livestock. All species of livestock are susceptible to rabies; cattle and horses are among the most frequently infected of all domestic animals. Potential for exposure of livestock to rabies must be assessed on a case-by-case basis. Neither tissues nor milk from a rabid animal should be used for human or animal consumption. However, since pasteurization temperatures will inactivate rabies virus, drinking pasteurized milk or eating cooked meat does not constitute a rabies exposure, although exposures will be assessed on a case-by-case basis.

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

2. Management of Animals that Bite Humans.

The local health officer shall cause an apparently healthy dog, cat or ferret that bites a person to be confined and observed for 10 days. It is recommended that rabies vaccine not be administered during the observation period. 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. If signs suggestive of rabies develop, the animal must be humanely killed, its head removed, and the head shipped under refrigeration for examination by the state health department laboratory.

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

4-404. Control Methods in Wildlife

The public should not handle wildlife. Wild mammals (as well as the offspring of wild species cross-bred with domestic dogs and cats) that bite or otherwise expose people, pets or livestock should be considered for euthanasia and rabies examination. A person bitten by any wild mammal must immediately report the incident to a physician who can evaluate the need for antirabies treatment.

4-405. REMOVAL: A confined animal being observed for signs of rabies shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the 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. The former shall give permission only after securing the consent of the health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to another state, he or she shall give permission only after securing the consent of the commissioner of

health of the state of Vermont. 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.

4-406. LABORATORY SPECIMENS: Whenever any animal that has or is suspected of having rabies dies or is killed it shall be the duty of the health officer to cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the state commissioner of health. The health department shall be notified of the specimen's intended arrival.

4-407. DESTRUCTION OF ANIMALS, SUBJECT TO RABIES; PRECAUTIONS: Whenever an animal, subject to rabies, is brought to a veterinarian to be destroyed, an attempt shall be made to ascertain that the animal has not bitten any person within the previous ten day period; before destroying the animal, he or she shall require the owner to sign a statement to this effect, and he or she shall not destroy any animal which has bitten a person within ten days. The health officer must be notified of any such biting incident.

CHAPTER V – PHARMACIST REPORTING

AUTHORITY: These regulations are adopted under the authority granted to the Department of Health by 13 V.S.A. § 3504(h)

PURPOSE: The purpose of these regulations is to protect the public health through early recognition and control of communicable diseases that might pose a threat to human health.

The intent of these regulations is to facilitate early recognition of communicable diseases for which medications (over-the-counter or prescription) are often sought. Early identification of communicable diseases is necessary to prevent further spread, and is a critical defense against potential terrorist attacks.

PROGRAM: The Department of Health, through its Division of Health Surveillance, is generally responsible for the protection of the public health from communicable diseases dangerous to the public health. The Division reviews reports and information concerning these diseases and determines the extent of the threat to the public health. When the division determines that there is an outbreak of such a disease, it institutes appropriate control measures to prevent further spread.

CONFIDENTIALITY REQUIREMENTS: Any person or entity required to report under these regulations 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:

- Identification of those positions/individuals who are authorized to have access to confidential information and the limits placed upon their access
- A mechanism to assure that the confidentiality policies and procedures are understood by affected staff
- Process for training staff in the confidential handling of records
- A quality assurance plan to monitor compliance and to institute corrective action when necessary
- Process for the confidential handling of all electronically-stored records
- Process for authorizing the release of confidential records, and
- Provision for annual review and revision of confidentiality policies and procedures.

ORGANIZATIONS AND PERSONS REQUIRED TO REPORT: The following organizations and persons shall report 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.

- Pharmacists

PRESCRIPTION REQUESTS REQUIRED TO BE REPORTED

1) Reportable Prescription Requests includes any unusual request of a prescription specific to a disease that is relatively uncommon and may be the result of bioterrorism.

- Botulinum antitoxin (botulinum)
- Unusual antitoxins and antidotes

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

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

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

NATURE OF THE REPORT

The report should be made by telephone [(802) 863-7240 or (800) 640-4374], in writing, by fax [(802) 865-7701] or electronically (when available by email or internet) to the Department of Health within 24 hours. Forms for filing pharmacy reports can be found at www.healthyvermonters.info.

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

- Name of patient
- Date of birth [or age if date of birth not available]
- Sex
- Race
- Address of patient (include city and county)
- Name of health care provider/physician
- Address of health care provider/physician
- Name of unusual prescriptions
- Date prescription was written
- Date prescription was filled
- Name of pharmacist
- Address of pharmacist
- Date of report
- Any other pertinent information

2) Unusual Increase in Prescriptions OR Unusual Number of Requests for Information: The pharmacy report of an increase in the number of prescription requests or over-the-counter sales for certain classes of pharmaceuticals OR an unusual number of requests for information shall include as much of the following information as is available:

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

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

CHAPTER VI – ANIMAL DISEASES SURVEILLANCE

AUTHORITY: These regulations are adopted under the authority granted to the Department of Health by 13 V.S.A. § 3504(h)

PURPOSE: The purpose of these regulations is to protect the public health through the control of communicable diseases that occur in animals and might pose a threat to human health.

The intent of these regulations is to facilitate early and prompt reporting of diseases that occur in animals and are potentially dangerous to the public health. Early identification of communicable diseases is necessary to prevent further spread of disease in humans and animals, and is a critical defense against potential terrorist attacks.

PROGRAM: The Department of Health, through its Division of Health Surveillance, is generally responsible for the protection of the public health from communicable diseases dangerous to the public health. The Division reviews reports and information concerning these diseases and determines the extent of the threat to the public health. When the division is aware of disease in animals that might pose a threat to human health, it institutes appropriate control measures to prevent human disease.

CONFIDENTIALITY REQUIREMENTS: Information collected shall be available upon request to the public, provided that it is presented in a form which does not disclose the identity of individual persons, households or businesses from whom the information was obtained, or whose characteristics, activities or products the information is about.

ORGANIZATIONS AND PERSONS REQUIRED TO REPORT: The following organizations and persons who know or suspect that an animal is sick or has died of a disease that can result from bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a risk of significant number of human and animal fatalities or incidents or permanent or long-term disability are required to report to the Division of Health Surveillance, Department of Health, within 24 hours of the time when they become aware of the disease. Veterinarians shall act on behalf of livestock owners and persons having care of animals who have reported illness consistent with such diseases.

- Veterinarians
- Veterinary diagnostic laboratory directors

DISEASES AND SYNDROMES REQUIRED TO BE REPORTED

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

- Anthrax
- Avian Chlamydiosis (Psittacosis, Ornithosis)
- Botulism (*Clostridium botulinum* toxin)
- Brucellosis (*Brucella* species) (confirmed cases only, as determined by the Agency of Agriculture)
- *Clostridium perfringens* epsilon toxin (laboratory confirmed epsilon toxin only)
- Glanders (*Burkholderia mallei*)
- Hantavirus
- Melioidosis (*Burkholderia pseudomallei*)
- Nipah (Nipah virus)
- Plague (*Yersinia pestis*)
- Q Fever (*Coxiella burnetti*)

- Ricin toxin (from *Ricinus communis* (castor beans))
- Staphylococcal enterotoxins
- Tularemia (*Francisella tularensis*)
- Typhus fever (*Rickettsia prowazekii*)
- Viral Encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis])
- Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

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

3) Any evidence or suspicion of terrorism, including intentional or threatened use of viruses, bacteria, fungi, toxins, chemicals, or radiologic material to produce malfunction, illness or deaths in animals and/or humans shall be reported.

NATURE OF THE REPORT

The report should be made by telephone [(802) 863-7240 or (800) 640-4374], in writing, by fax [(802) 865-7701] or electronically (when available by email or internet) to the Department of Health within 24 hours. Forms for filing reports can be found at www.healthyvermonters.info.

1) Clinical report: The report of a clinical diagnosis or suspicion of the above named diseases or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:

- Location or suspected location of the animal
- Name of any known owner
- Address of any known owner
- Name of reporting individual
- Address of reporting individual
- Name of disease or suspected disease being reported
- Type of animal(s) affected
- Number of animals affected
- Date of onset of disease or symptoms

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

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

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