

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. §1001, as amended, and by 18 V.S.A. §102, as amended, by 3 V.S.A. §3003, by 20 V.S.A. §3801, and by 13 V.S.A. § 3504(h).
- 2.0 Purpose** The purpose of these regulations is to protect the public health through the control of communicable diseases and other diseases dangerous to the public health. These regulations require the 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.
- 3.0 Definitions**
- 3.1 “Commissioner”** means the Commissioner of Health.
- 3.2 “Communicable disease” or “communicable syndrome”** means an illness due to the infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal, host, or vector, or through the inanimate environment.
- 3.3 “Department”** means the Vermont Department of Health
- 3.4 “Subject species”** means any mammal species which may carry and potentially serve as a reservoir species for rabies including but not limited to raccoons, foxes, bats, skunks, woodchucks, and domestic animals.
- 4.0 Confidentiality Requirements**
- 4.1** Any person or entity required to report under this rule must have written policies and procedures in place that ensure the confidentiality of the records. Such policies and procedures must, at a minimum, include the following:
- 4.1.1** Identification of those positions/individuals who are authorized to have access to confidential disease-reporting information and the limits placed upon their access;
- 4.1.2** A mechanism to assure that the confidentiality policies and procedures are understood by affected staff;
- 4.1.3** Process for training staff in the confidential handling of records;

- 4.1.4 A quality assurance plan to monitor compliance and to institute corrective action when necessary;
- 4.1.5 Process for the confidential handling of all electronically-stored records;
- 4.1.6 Process for authorizing the release of confidential records; and
- 4.1.7 Provision for annual review and revision of confidentiality policies and procedures.

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

- 4.2.1 Procedures for ensuring the physical security of reports including procedures for personnel training and responsibilities for handling physical reports and data;
- 4.2.2 Computer security procedures;
- 4.2.3 Communication procedures;
- 4.2.4 Procedures for the legal release of data; and
- 4.2.5 Procedures to ensure that a disclosure of information from the confidential public health record is only made following notice to the individual subject of the public health record or the individual's legal representative and pursuant to a written authorization voluntary 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).

5.0 Communicable Disease Reports

5.1 Organizations and person 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.

- 5.1.1 Infection preventionists
- 5.1.2 Health care providers
- 5.1.3 Laboratory directors
- 5.1.4 Nurse practitioners
- 5.1.5 Nurses
- 5.1.6 Physician assistants

5.1.7 Physicians

5.1.8 School health officials

5.1.9 Administrators of long-term care and assisted living facilities

5.2 Nature of the report: The report of communicable diseases and other diseases dangerous to the public health and rare infectious diseases, as listed in 5.5, shall include the following information as it relates to the affected person:

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

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

5.4 Laboratories must report in accordance with section 5.6.

5.5 Diseases, syndromes, and treatments required to be reported.

5.5.1 Reportable Diseases and Syndromes (to include any rare infectious disease or one dangerous to public health) 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 (immediate reporting is essential for those diseases or laboratory reports indicated by a “*”).

- Anaplasmosis
- AIDS
- Anthrax*
- Arboviral illness
- Babesiosis
- Blood lead levels
- Botulism*

Brucellosis
Campylobacteriosis
Chlamydia trachomatis infection
Cholera
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
Cryptosporidiosis
Cyclosporiasis
Dengue
Diphtheria*
Eastern Equine Encephalitis illness
Ehrlichiosis
Encephalitis
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 E
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
Legionellosis
Leptospirosis
Listeriosis
Lyme Disease
Malaria
Measles (Rubeola)*
Meningitis, bacterial
Meningococcal disease*
Middle East Respiratory Syndrome (MERS)
Mumps
Pertussis (Whooping cough)
Plague*
Poliovirus infection, including poliomyelitis*
Psittacosis
Q Fever
Rabies, human* and animal cases
Reye syndrome
Spotted Fever Rickettsiosis

Rubella (German Measles)
Rubella, congenital rubella syndrome
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)*
Shigatoxin-producing *E.coli* (STEC)
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*
Vibriosis
West Nile virus illness
Yellow Fever
Yersiniosis

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

5.6 Reportable Laboratory Findings

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

Anaplasma phagocytophilum

Arboviruses

Babesia microti

*Bacillus anthracis**

Bordetella pertussis

Borrelia burgdorferi
Brucella species
Burkholderia mallei
Burkholderia pseudomallei
Campylobacter species
Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results
CD4+ T-lymphocyte counts of less than 200 cells/uL or a CD4+ percentage of less than 14
Chlamydia psittaci
Chlamydia trachomatis
*Clostridium botulinum**
Clostridium tetani
*Corynebacterium diphtheriae**
Coxiella burnetii
Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
Cryptosporidium species
Cyclospora cayetanensis
Dengue virus
Eastern Equine Encephalitis virus
Ehrlichia species
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)
Hepatitis E virus (IgM anti-HEV)
Human immunodeficiency virus (HIV): Includes the following:
– HIV viral load measurement (including non-detectable results)
Influenza virus: Report only
– Positive PCR
Legionella species

Leptospira species
Listeria monocytogenes
Measles virus*
MERS CoV
Mumps virus
Mycobacterium tuberculosis complex
Neisseria gonorrhoeae
Neisseria meningitidis, isolated from a normally sterile site*
Plasmodium species
Poliovirus*
Rabies virus
Rickettsia
Rubella virus
Salmonella species
SARS-CoV/SARS - associated virus*
Shigella species:-
Shigatoxin-producing *E.coli* (STEC)
Smallpox (*variola*)*
Staphylococcus aureus, vancomycin resistant (VRSA) and
vancomycin intermediate (VISA), including susceptibility results
Streptococcus, Group A, isolated from a normally sterile site
Streptococcus, Group B, isolated from a normally sterile site (infants
less than one month of age)
Streptococcus pneumoniae, isolated from a normally sterile site,
including susceptibility results
Treponema pallidum
Trichinella spiralis
*Francisella tularensis**
Varicella virus
Vibrio species
Viral hemorrhagic fever (filoviruses [e.g. Ebola, Marburg] and
arenaviruses [e.g. Lassa, Machupo])*

West Nile virus
Yellow fever virus
Yersinia enterocolitica
*Yersinia pestis**

5.6.2 In addition, the following laboratory tests must be reported:

Blood lead (all results, including undetectable)
CSF cultures (all positive findings)
Nontreponemal tests for syphilis (all positive findings)

5.6.3 Laboratory reporting shall include:

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

5.6.4 Laboratories are required to provide a written or electronic report irrespective of the required reporting of other parties under 5.1. If no positive reportable laboratory findings have been made during a given week then a written report of “No reportable findings” shall be made.

5.6.5 For laboratories with validated electronic laboratory reporting, a report of “No reportable findings” is not required.

5.6.6 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis or typing:

Burkholderia mallei
Burkholderia pseudomallei
Campylobacter species
Carbapenem-resistant *Enterobacteriaceae*

Coxiella burnetti

Neisseria meningitidis, isolated from a normally sterile site

Listeria monocytogenes

Salmonella species-

Shigella species-

Shigatoxin-producing *E. coli* (STEC) (including O157:H7)

Mycobacterium tuberculosis

VRSA (vancomycin-resistant *Staphylococcus aureus*)

VISA (vancomycin-intermediate *Staphylococcus aureus*)

Vibrio species

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

6.0 Prophylaxis for Eyes of Newborn

6.1 Duties of Health Care Providers

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

7.0 Rabies Control

7.1 Reporting of Animal Bites:

7.1.1 Physician Reporting

- 7.1.2** 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.

7.1.3 Minors and Adults; No Attending Physician

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

7.1.3.2 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.

7.2 Control Methods in Domestic and Confined Animals.

- 7.2.1** 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.

7.2.1.1 Dogs, Cats and Ferrets. When an unvaccinated dogs, cats or ferrets is exposed to a rabid animal the Department may order that the exposed animal be euthanized immediately or be placed in strict isolation for 6 months and vaccinated 1 month before being released. Dogs, cats and ferrets that are currently vaccinated shall be revaccinated immediately, kept under the owner's control, and observed for 45 days. Animals with expired vaccinations need to be evaluated on a case by case basis.

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

7.2.2 Management of Animals that Bite Humans.

7.2.2.1 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.

7.2.2.2 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.

7.2.2.3 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.

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

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

7.3.1 The former shall give permission only after securing the consent of the local health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to another state, he or she shall give permission only after securing the consent of the commissioner of health of the state of Vermont.

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

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

7.5 Destruction of Animals, Subject to Rabies; Precautions: Whenever an animal, subject to rabies, is brought to a veterinarian to be destroyed, an attempt shall be made by the veterinarian to ascertain that the animal has not bitten any person within the previous ten day period; before destroying the animal, he or she 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 by the veterinarian of any such biting incident.

8.0 Pharmacist Reporting

8.1 Pharmacists are required to 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.

8.2 Prescriptions Required to be Reported

8.2.1 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

8.2.2 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

8.2.3 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.

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

8.3.1 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

8.3.2 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

- 8.4** 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.

9.0 Animal Disease Surveillance

- 9.1** Veterinarians and veterinary diagnostic laboratory directors shall report to the Division of Health Surveillance, Department of Health, within 24 hours of the time when they become aware of the following:

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

Anthrax

Avian Chlamydiosis (Psittacosis, Ornithosis)

Botulism (*Clostridium botulinum* toxin)

Brucellosis (*Brucella* species) (confirmed cases only, as determined by the Agency of Agriculture Food and Markets)

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])

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

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

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

9.3 Nature of the Report

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

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

Location or suspected location of the 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 confirmation of disease or onset of clinical signs

9.3.2 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)

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