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18 V.S.A. § 1041 (2007)

§ 1041. Reports by physicians and certain others

A physician who is consulted by a person infected with tuberculosis in any form shall submit the name and address of such person to the commissioner upon such forms as he may furnish, with such other facts as may be required, within one week after such consultation.

HISTORY: Amended 1969, No. 101, § 1, eff. April 19, 1969.

NOTES:
HISTORY

SOURCE. 1955, No. 286. 1951, No. 170, § 58. Prior law: V.S. 1947, § 7307.

REVISION NOTE. Semicolon and word "penalty" were deleted from catchline for conformity with scope of text after 1969 amendment.

AMENDMENTS--1969. Inserted "in any form" following "tuberculosis" in the first sentence and deleted former last sentence which contained penalty provisions.

ANNOTATIONS

CITED. Cited in *Peck v. Counseling Service of Addison County, Inc. (1985) 146 Vt. 61, 499 A.2d 422.*

NOTES APPLICABLE TO ENTIRE TITLE

HISTORY

REGULATION OF LEAD; CONSTRUCTION. 2007, No. 176 (Adj. Sess.), § 36 provides: "Nothing in Secs. 25 through 35 of this act, relating to the regulation of lead, shall be construed to regulate firearms, ammunition, or shooting ranges or circumstances resulting from shooting, handling, storing, or casting and reloading ammunition."

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18 V.S.A. § 1042 (2007)

§ 1042. Record of cases; instructions

The commissioner shall keep an accurate record of cases reported as provided in sections 1007 and 1041 of this title, and the same shall not be published, but shall be kept by the board for such purposes as are necessary in the discharge of its duties. Upon being notified of a case mentioned in sections 1007 and 1041 of this title, the board shall take such action as it deems necessary for the protection of the public and the individual's health.

HISTORY: Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961.

NOTES:
HISTORY

SOURCE. 1951, No. 170, § 59. Prior law: V.S. 1947, § 7308.

AMENDMENTS--1959 (ADJ. SESS.). Substituted "board" for "commission".

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18 V.S.A. § 1043 (2007)

§ 1043. Investigation; educational campaign, report

The board shall investigate the prevalence and extent of tuberculosis, and other chronic respiratory diseases in the state, shall adopt and make use of means for educating the people of the state in respect to the causes and nature of these diseases, means for their prevention and treatment, and in respect to the best method of preventing and limiting the prevalence of these diseases. Such educational campaign shall be carried on in such manner as the board deems proper to disseminate the facts in regard to these diseases.

HISTORY: Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1969, No. 101, § 2, eff. April 19, 1969.

NOTES:
HISTORY

SOURCE. 1951, No. 170, § 60. Prior law: V.S. 1947, §§ 7309, 7310.

AMENDMENTS--1969. Amended section generally.

--1959 (ADJ. SESS.). Substituted "board" for "commission".

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18 V.S.A. § 1047 (2007)

§ 1047. Indigent persons with respiratory diseases

Persons afflicted with tuberculosis and other chronic respiratory diseases, who are without the means to obtain adequate care and treatment for such diseases, shall be deemed indigent persons for the purposes of this subchapter.

HISTORY: Amended 1965, No. 5, § 1; 1969, No. 101, § 3, eff. April 19, 1969.

NOTES:
HISTORY

SOURCE. 1955, No. 52, § 1. 1953, No. 73. 1951, No. 170, § 312. Prior law: 1949, No. 235. V.S. 1947, § 10,035.

AMENDMENTS--1969. Amended section generally.

--1965. Substituted "commissioner of health" for "commissioner of institutions".

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18 V.S.A. § 1048 (2007)

§ 1048. Examination; report; treatment

A physician, licensed to practice medicine and surgery in the state, shall immediately after examination of an indigent person wishing treatment for tuberculosis or other chronic respiratory disease make a report of his findings to the commissioner of health. Upon receipt of such report, the commissioner may authorize treatment of the afflicted person. Such person's physician shall thereupon prescribe the time of treatment and designate the facility at which treatment shall be given, provided, however, that in a case of tuberculosis suspected of being infectious, the commissioner may apply all the laws and regulations of communicable disease control.

HISTORY: Amended 1969, No. 101, § 4, eff. April 19, 1969.

NOTES:
HISTORY

SOURCE. 1951, No. 170, § 313. Prior law: V.S. 1947, § 10,036.

AMENDMENTS--1969. Amended section generally.

ANNOTATIONS

1. DETERMINATION OF INDIGENCY.
There must be a determination that the person is indigent. *1952 Op. Atty. Gen. 153.*

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18 V.S.A. § 1051 (2007)

§ 1051. Tuberculosis treatment facilities

The commissioner shall approve facilities in the state where indigent persons may be treated for tuberculosis under this subchapter. The commissioner and the board of health shall determine to their satisfaction that all such facilities furnish adequate and proper tuberculosis treatment. Treatment for other chronic respiratory diseases under this subchapter may be given at any accredited hospital.

HISTORY: Amended 1959, No. 190, § 2; 1966, No. 22 (Sp. Sess.), § 1; 1969, No. 101, § 6, eff. April 19, 1969.

NOTES:
HISTORY

SOURCE. 1951, No. 170, § 316. Prior law: V.S. 1947, § 10,039.

AMENDMENTS--1969. Amended section generally.

--1966. Amended section generally.

--1959. Deleted "at the Washington county sanatorium" following "Vermont sanatorium at Pittsford".

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18 V.S.A. § 1053 (2007)

§ 1053. Treatment and care of patients

The secretary of the agency of human services may provide for treatment and care of tuberculosis and chronic respiratory disease patients at facilities designated by him.

HISTORY: Amended 1965, No. 5, § 2; 1966, No. 22 (Sp. Sess.), § 2; 1969, No. 101, § 7, eff. April 19, 1969; 1973, No. 89, § 2.

NOTES:
HISTORY

SOURCE. 1955, No. 28. V.S. 1947, §§ 10,033, 10,034. P.L. §§ 5525, 5526. 1933, No. 157, § 5219. 1921, No. 120, § 2.

REVISION NOTE. Former catchline, which read "Vermont sanatorium", rewritten to conform to text of section as modified by 1973 amendment.

AMENDMENTS--1973. Amended section generally.

--1969. Subsection (a): Amended generally.
Subsection (b): Amended generally.

--1966. Subsection (c): Added.

--1965. Subsection (a): Deleted "and" preceding "with the approval of the governor" and "fix the compensation of" thereafter in the last sentence.

DISCHARGE OF TRUST RELATING TO VERMONT SANATORIUM. 1967, No. 145 as amended by 1971, No. 253 (Adj. Sess.), § 6, prescribed the conditions under which the state could discharge the trust involving Vermont sanatorium, which was deeded to the state in trust.

ANNOTATIONS

1. CLOSING OF VERMONT SANATORIUM.

For opinions relating to requirements and procedures for vacation of Vermont sanatorium and use of funds provided therefor for care and treatment of tubercular persons in another facility, see *1964-66 Op. Atty. Gen. 54, 121, and 126.*

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18 V.S.A. § 1054 (2007)

§ 1054. Tuberculosis clinic and treatment program

The department shall visit all newly reported cases or suspect cases of tuberculosis with periodic follow-up visits as deemed necessary.

The department shall provide for:

(1) Prompt examination of all suspects and contacts;

(2) Chemotherapeutic treatment of all active cases attending this clinic; and hospitalization in accordance with sections 1047-1051 of this title;

(3) Chemotherapy for converters and inactive cases;

(4) The re-evaluation and re-examination of inactive cases as medically indicated.

HISTORY: 1961, No. 270, §§ 1-3, eff. Aug. 1, 1961; amended 1973, No. 89, § 3; 1997, No. 147 (Adj. Sess.), § 272.

NOTES:
HISTORY

REFERENCES IN TEXT. Sections 1049, 1049a and 1050 of this title, referred to in subsec. (b)(2), were repealed by 1967, No. 147, § 53(b).

AMENDMENTS--1997 (ADJ. SESS.). Deleted subsec. (a), requiring a clinic in Barre, and subsec. (c), an annual appropriation, and deleted the designation "(b)" from the remaining provisions.

--1973. Subsection (b)(4): Amended generally.

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18 V.S.A. § 1055 (2007)

§ 1055. Tuberculosis--Compulsory examinations

When the commissioner of health has reasonable cause to believe that any person has tuberculosis in an active stage or in a communicable form, he may request the person to undergo an examination at a clinic or hospital approved by the secretary of the agency of human services for that purpose at the expense of the state by a physician qualified in chest diseases. If the person refuses the examination, the commissioner may petition the district court for the district where the person resides for an order requiring the person to submit to examination. When the court finds that there is reasonable cause to believe that the person has tuberculosis in an active stage or in a communicable form, it may order the person to be examined.

HISTORY: 1967, No. 49, § 1; amended 1973, No. 89, § 4.

NOTES:
HISTORY

AMENDMENTS--1973. Deleted "at the Vermont sanatorium or" following "examination" and substituted "secretary of the agency of human services" for "commissioner of health" following "approved by the" in the first sentence.

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18 V.S.A. § 1056 (2007)

§ 1056. --Nature of examination; findings

The examination shall be in the manner and form prescribed by the commissioner of health. It may include taking of an x-ray of the chest and enough microscopical examinations and cultures to permit completion of diagnosis. The findings of the examination shall be reported in full to the commissioner of health who shall furnish copies thereof to the person examined.

HISTORY: 1967, No. 49, § 2.

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18 V.S.A. § 1057 (2007)

§ 1057. Medical management

(a) When the commissioner of health determines, as a result of an examination as provided by sections 1055 and 1056 of this title, that any person is afflicted with tuberculosis in an active stage and in communicable form to an extent that the person may expose other persons or the public generally to danger of infection, he shall investigate the circumstances thereof and if he finds that the person does constitute a health hazard to the public, he may request the court to order the person to a hospital or other suitable place and require appropriate medical management of the person therein until he determines that the management is no longer necessary. Such medical care and treatment as the commissioner of health considers necessary and proper may be furnished to the sick person at the expense of the state. Treatment shall not be imposed on any person against his will unless the commissioner determines that the person constitutes a public health hazard without such treatment.

(b) Nothing in sections 1055 to 1061 of this title shall be construed to compel any person who is being treated by prayer or spiritual means alone in accordance with the tenets and practice of a well recognized church or religious denomination by a duly accredited practitioner to be medically managed in a place to which he objects as long as suitable healing methods or isolation can be maintained in a place of his own choosing, provided that he does not constitute a public health hazard as determined by the commissioner, and that all sanitation rules and regulations are complied with.

HISTORY: 1967, No. 49, § 3; amended 1973, No. 89, § 5.

NOTES:
HISTORY

AMENDMENTS--1973. Subsection (a): Amended generally.
Subsection (b): Amended generally.

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18 V.S.A. § 1058 (2007)

§ 1058. Compulsory medical management

If any person fails or refuses to comply with an order of the court issued under section 1057 of this title, the commissioner of health, in accordance with the order, may request any police officer or sheriff in writing to take the person into custody and deliver him forthwith to a place or facility for such services as designated by the secretary of the agency of human services as provided in sections 1053 and 1055 of this title. The officer shall tender the person named in the order a copy of the order of the court and of the request to him to apprehend and deliver the person to the place of tuberculosis management, and shall make return of his doings to the court.

HISTORY: 1967, No. 49, § 4; amended 1973, No. 89, § 6.

NOTES:
HISTORY

AMENDMENTS--1973. Amended section generally.

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18 V.S.A. § 1059 (2007)

§ 1059. Leaving compulsory medical management

A person who is managed by order of the court shall not leave the place of compulsory medical management without the permission in writing of the court or the commissioner of health. That permission may constitute a final discharge or be for a specified period of time. In either case the commissioner of health may impose such conditions as he considers reasonable including, but not limited to, requirements for periodic examinations. Any person so managed who leaves the place of management without permission, or who fails to return thereto within the time prescribed, may be returned to the place of management without further court order and the commissioner of health may direct any officer specified in section 1058 of this title, in writing, to apprehend the person and to return him forthwith to the place of management.

HISTORY: 1967, No. 49, § 5; amended 1973, No. 89, § 7.

NOTES:
HISTORY

AMENDMENTS--1973. Amended section generally.

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18 V.S.A. § 1060 (2007)

§ 1060. Rights of a person in compulsory medical management

Any person in compulsory medical management by order of the court who believes his physical condition is such as to warrant his discharge, if the discharge is refused by the commissioner of health, is entitled to a physical examination by a qualified physician of his own choice. If as a result of examination the physician feels that the continued compulsory medical management is no longer justified and the commissioner of health does not concur in that opinion, the person may appeal by petition to the court issuing the original order for his compulsory medical management. Proceedings before the court shall be de novo, and the court may require such further examination as it considers necessary and may, in its discretion, at the expense of the state appoint no less than three independent physicians, at least one of whom shall have had special experience in respiratory diseases, to examine the person. At the conclusion of the proceedings, the court shall make findings of fact and issue such order as it considers proper. The order of the court may be appealed to the supreme court in the manner provided by law for appeals from a district court generally. A person may not petition for release from medical management within six months from the date a court order is made, whether an appeal is taken or not.

HISTORY: 1967, No. 49, § 6; amended 1973, No. 89, § 8.

NOTES:
HISTORY

AMENDMENTS--1973. Substituted "in compulsory medical management" for "isolated" in the first sentence, "compulsory medical management" for "isolation" in second sentence, and "medical management" for "isolation" in the last sentence.

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18 V.S.A. § 1061 (2007)

§ 1061. Construction with other laws

Sections 1055-1060 of this title are in addition to any other statutes relating to communicable diseases generally or to tuberculosis specifically and shall not abrogate or repeal those other statutes unless in direct conflict therewith, in which case the provisions of such sections shall control.

HISTORY: 1967, No. 49, § 7.

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18 V.S.A. § 1001 (2007)

Legislative Alert: LEXSEE 2008 Vt. ALS 194 -- See section 2.

§ 1001. Reports to commissioner of health

(a) When a physician, health care provider, nurse practitioner, nurse, physician's assistant, or school health official has reason to believe that a person is sick or has died of a diagnosed or suspected disease, identified by the department of health, as a reportable disease and dangerous to the public health or if a laboratory director has evidence of such sickness or disease, he or she shall transmit within 24 hours a report thereof and identify the name and address of the patient and the name of the patient's physician to the commissioner of health or designee. In the case of the human immunodeficiency virus (HIV), "reason to believe" shall mean personal knowledge of a positive HIV test result. 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. Nonmedical community-based organizations shall be exempt from this reporting requirement. All information collected pursuant to this section and in support of investigations and studies undertaken by the commissioner for the purpose of determining the nature or cause of any disease outbreak shall be privileged and confidential. The health department shall, by rule, require that any person required to report under this section has in place a procedure that ensures confidentiality. In addition, in relation to the reporting of HIV and the acquired immune deficiency syndrome (AIDS), the health department shall, by rule:

(1) develop procedures, in collaboration with individuals living with HIV or AIDS and with representatives of the Vermont AIDS service organizations, to ensure confidentiality of all information collected pursuant to this section; and

(2) develop procedures for backing up encrypted, individually identifying information, including procedures for storage, location, and transfer of data.

(b) Public health records that relate to HIV or AIDS that contain any personally identifying information, or any information that may indirectly identify a person and was developed or acquired by state or local public health agencies, shall be confidential and shall only be disclosed 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 legal 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.

(c) A disclosure made pursuant to subsection (b) of this section shall include only the information necessary for the purpose for which the disclosure is made. The disclosure shall be made only on agreement that the information shall remain confidential and shall not be further disclosed without additional notice to the individual and written authorization by the individual subject as required by subsection (b) of this section.

(d) A confidential public health record, including any information obtained pursuant to this section, shall not be:

(1) Disclosed or discoverable in any civil, criminal, administrative, or other proceeding.

(2) Used to determine issues relating to employment or insurance for any individual.

(3) Used for any purpose other than public health surveillance, and epidemiological follow-up.

(e) Any person who:

(1) willfully or maliciously discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty of not less than $ 10,000.00 and not more than $ 25,000.00, costs and attorney fees as determined by the court, compensatory and punitive damages, or equitable relief, including restraint of prohibited acts, costs, reasonable attorney's fees, and other appropriate relief.

(2) negligently discloses the content of any confidential public health record without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section shall be subject to a civil penalty in an amount not to exceed $ 2,500.00 plus court costs, as determined by the court, which penalty and costs shall be paid to the subject of the confidential information.

(3) willfully, maliciously, or negligently discloses the results of an HIV test to a third party in a manner that identifies or provides identifying characteristics of the person to whom the test results apply without written authorization or other than as authorized by law or in violation of subsection (b), (c), or (d) of this section and that results in economic, bodily, or psychological harm to the subject of the test is guilty of a misdemeanor, punishable by imprisonment for a period not to exceed one year or a fine not to exceed $ 25,000.00, or both.

(4) commits any act described in subdivision (1), (2), or (3) of this subsection shall be liable to the subject for all actual damages, including damages for any economic, bodily, or psychological harm that is a proximate result of the act. Each disclosure made in violation of this chapter is a separate and actionable offense. Nothing in this section shall limit or expand the right of an injured subject to recover damages under any other applicable law.

(f) Except as provided in subdivision (a)(2) of this section, the health department is prohibited from collecting, processing, or storing any individually identifying information concerning HIV/AIDS on any networked computer or server, or any laptop computer or other portable electronic device. On rare occasion, not as common practice, the department may accept HIV/AIDS individually identifying information electronically. Once that information is collected, the department shall, in a timely manner, transfer the information in compliance with this subsection.

(g) Health care providers must, prior to performing an HIV test, inform the individual to be tested that a positive result will require reporting of the result and the individual's name to the department, and that there are testing sites that provide anonymous testing that are not required to report positive results. The department shall develop and make widely available a model notification form.

(h) Nothing in this section shall affect the ongoing availability of anonymous testing for HIV. Anonymous HIV testing results shall not be required to be reported under this section.

(i) No later than November 1, 2007, the health department shall conduct an information and security audit in relation to the information collected pursuant to this section, including evaluation of the systems and procedures it developed to implement this section and an examination of the adequacy of penalties for disclosure by state personnel. No later than January 15, 2008, the department shall report to the senate committee on health and welfare and the house committee on human services concerning options available, and the costs those options would be expected to entail, for maximizing protection of the information collected pursuant to this section. That report shall also include the department's recommendations on whether the general assembly should impose or enhance criminal penalties on health care providers for unauthorized disclosures of medical information. The department shall solicit input from AIDS service organizations and the community advisory group regarding the success of the department's security measures and their examination of the adequacy of penalties as they apply to HIV/AIDS and include this input in the report to the legislature.

(j) No later than January 1, 2008, the department shall plan and commence a public campaign designed to educate the general public about the value of obtaining an HIV test.

(k) The commissioner shall maintain a separate database of reports received pursuant to subsection 1141(i) of this title for the purpose of tracking the number of tests performed pursuant to subchapter 5 of chapter 21 of this title and such other information as the department of health determines to be necessary and appropriate. The database shall not include any information that personally identifies a patient.

HISTORY: Amended 1979, No. 60, § 1; 1997, No. 7, § 1, eff. April 29, 1997; 1999, No. 17, § 2; 2007, No. 73, § 2; eff. April 1, 2008; 2007, No. 194 (Adj. Sess.), § 2.

NOTES:
HISTORY

SOURCE. 1951, No. 170, § 52. Prior law: V.S. 1947, § 7300.

REVISION NOTE. Subsection (a): Added "or" before "school health official" in the first sentence. Substituted "the human immunodeficiency virus (HIV)" for "HIV" in the second sentence and "the acquired immune deficiency syndrome (AIDS)" for "AIDS" in the seventh sentence because it is the first use of the terms in the section.
Subsection (b): Substituted "HIV" for "the human immunodeficiency virus (HIV)" and "AIDS" for "to acquired immune deficiency syndrome (AIDS)" in the first sentence for grammatical consistency.
Subsection (e): Added "other than" before "as authorized by law" for clarity, made "subsection" singular, and added "of this section" after "(b), (c), or (d)" for clarity and consistency in subdivision (1). Added "other than" before "as authorized by law" for clarity and made "subsection" singular in subdivisions (2) and (3).
Subsection (f): Added "health" before "department" in the first sentence for clarification.
Subsection (i): Added "health" before "department" in the first sentence for clarification and aded "the" preceding "adequacy" in the first and last sentences.

AMENDMENTS--2007 (ADJ. SESS.). Subsection (k): Added.

--2007. Subsection (a): Deleted "administrator of a hospital, health care facility, health maintenance organization or managed care organization, or the administrador's designee, town health officer" preceding "nurse practitioner", substituted a comma for "or" following "assistant" and deleted "except in the case of human immunideficiency virus (HIV) which shall be reported only by a unique identifier code" at the end of the second sentence; added the present second sentence; substituted "rule" for "regulation" preceding "establish" in the third sentence; added the present fourth and last sentences, and subdivs. (1) and (2).
Subsection (b): Substituted "only" for "not" preceding "be disclosed", "following notice to" for "except for public health purposes as provided by law or pursuant to a written authorization voluntarily executed by" preceding "the individual", deleted the comma following "record", substituted "legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual's legal representative" at the end of the first sentence; and added the last sentence.
Subsection (c): Added "notice to the individual and" following "additional" in the second sentence.
Subsection (d): Added subdiv. (3).
Subsection (e): Amended generally.
Subsections (f)-(j): Added.

--1999. Designated the existing provisions of the section as subsec. (a); inserted "except in the case of the human immunodeficiency virus (HIV) which shall be reported by a unique identifier code" following "or designee" at the end of the first sentence of that subsection, and added subsecs. (b)-(e).

--1997. Substituted "health care provider, administrator of a hospital, health care facility, health maintenance organization or managed care organization, or the administrator's designee" for "hospital administrator or his designee" and made gender neutral changes in the first sentence, and added the third and fourth sentences.

--1979. Amended section generally.

HIV REPORTING SYSTEM. 1999, No. 17, § 3 provided:
"(a) As soon as practicable, but no later than January 1, 2000, the department of health shall design and implement a uniform statewide system for reporting HIV, using a unique identifier code that prohibits reporting the name or any other personally identifying information of any individual infected with HIV to state or local public health agencies. "Personally identifying information" means any information codes or characteristics from which an individual's identity may be determined, including complete Social Security numbers and drivers license numbers. The system shall be designed to protect the confidentiality of individuals, maintain the security of all health records that relate to HIV and

efficiently and productively evaluate collected data to strengthen public health efforts to treat and prevent HIV infection.

"(b) The department shall consult with persons infected with HIV, representatives of communities most affected by and at risk for HIV infection, health care and support service providers, local health officers, experts in HIV epidemiology and other interested and appropriate persons to develop and design this reporting system and any related rules adopted. The department shall adopt rules to implement this system and those rules shall, at a minimum, include the following:

"(1) Criteria by which an HIV surveillance system will be evaluated. Criteria developed shall include analysis of impact of case-based surveillance of the willingness of individuals to seek testing and medical care for HIV.

"(2) The use of data derived from case reporting which will be used, at a minimum, to conduct epidemiological analyses, evaluate the effectiveness of HIV prevention activities, assist in allocating resources and plan for future service needs.

"(c) The department shall make ongoing improvements to the system of surveillance of the HIV epidemic. These improvements shall include, as appropriate, examination and development of additional utilization of noncase reporting surveillance methods that include population-based seroprevalence studies, sentinel and random serosurveys and behavioral surveillance studies.

"(d) The department shall conduct training for health care providers, local health department employees, laboratory employees and members of affected communities in order to promote understanding of and compliance with the HIV reporting system."

EFFECTIVE DATE. 2007, No. 73, § 6 provides, in part, that the amendments tothis section take effect April 1, 2008, except that the department may immediately begin rulemaking pursuant to *18 V.S.A. § 1001*.

CONTINGENT REPEAL. 2007, No. 73, § 5 provides: "This act [which amended this section] shall be effective only so long as state receipt of federal funds is contingent upon names-based HIV case reporting, and shall expire upon the elimination of the federal requirement for names-based HIV case reporting, such as that contained in *42 U.S.C. § 300ff-28*. Upon such an occurrence, reporting of human immunodeficiency virus (HIV) cases pursuant to *18 V.S.A. § 1001* shall be by a unique identifier only."

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Health Care Workers Safety

ANNOTATIONS

CITED. Cited in *Peck v. Counseling Service of Addison County, Inc. (1985) 146 Vt. 61, 499 A.2d 422.*

NOTES APPLICABLE TO ENTIRE TITLE

HISTORY

REGULATION OF LEAD; CONSTRUCTION. 2007, No. 176 (Adj. Sess.), § 36 provides: "Nothing in Secs. 25 through 35 of this act, relating to the regulation of lead, shall be construed to regulate firearms, ammunition, or shooting ranges or circumstances resulting from shooting, handling, storing, or casting and reloading ammunition."

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*** STATUTES CURRENT THROUGH THE 2007 ADJOURNED SESSION (2008) ***
*** ANNOTATIONS CURRENT THROUGH JULY 15, 2008 AND THE APPROPRIATE FEDERAL COURTS THROUGH JUNE 11, 2008 ***

TITLE EIGHTEEN. HEALTH
PART 2. PUBLIC HEALTH REGULATIONS
CHAPTER 21. COMMUNICABLE DISEASES
SUBCHAPTER 1. GENERAL PROVISIONS

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18 V.S.A. § 1004 (2007)

§ 1004. Report by physician; quarantine

A physician who knows or suspects that a person whom he has been called to attend is sick or has died of a communicable disease dangerous to the public health shall immediately quarantine and report to the health officer the place where such case exists, but if the attending physician, at the time of his first visit, is unable to make a specific diagnosis, he may quarantine the premises temporarily and until a specific diagnosis is made, and post thereon a card upon which the word "quarantine" should be plainly written or printed. Such quarantine shall continue in force until the health officer examines and quarantines as is provided in this title.

NOTES:
HISTORY

SOURCE. 1953, No. 199, § 4. 1951, No. 170, § 55. Prior law: V.S. 1947, §§ 7301, 7304.

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ANNOTATIONS

1. PRIOR LAW.
In prosecution of a physician under P.S. § 5454 for failure to report to the health officer a case of alleged known or suspected diphtheria that he treated, the state was properly allowed to introduce in evidence reports to the physician from the state laboratory, showing positive evidence of diphtheria in cultures taken from throat of a patient the physician was treating in same village. *State v. Pierce (1913) 87 Vt. 144, 88 A. 740.*

CITED. Cited in *Peck v. Counseling Service of Addison County, Inc. (1985) 146 Vt. 61, 499 A.2d 422.*

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18 V.S.A. § 1004a (2007)

§ 1004a. Quarantine

The commissioner of health shall have the power to quarantine a person diagnosed or suspected of having a disease dangerous to the public health.

HISTORY: Added 1979, No. 60, § 2.

NOTES:

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18 V.S.A. § 1007 (2007)

§ 1007. Quarantined patient leaving hospital, report

When a patient who has a communicable disease subject to quarantine leaves a hospital or institution without the consent of the authorities of such hospital or institution the physician or other person in charge of such a hospital or institution shall notify forthwith the commissioner, that such person has left the hospital or institution and is the bearer of such communicable disease.

HISTORY: Amended 1979, No. 60, § 3.

NOTES:
HISTORY

SOURCE. 1955, No. 286. 1951, No. 170, § 58.

AMENDMENTS--1979. Deleted former last sentence which contained penalty provisions.

CROSS REFERENCES
Record of cases reported under this section, see § 1042 of this title.

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Health Care Workers Safety

ANNOTATIONS

CITED. Cited in *Peck v. Counseling Service of Addison County, Inc. (1985) 146 Vt. 61, 499 A.2d 422.*

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18 V.S.A. § 1008 (2007)

§ 1008. Vaccines, antibiotics, antiserums, and other agents; purchase and distribution; penalties

(a) The department is authorized to procure vaccines, antibiotics, antiserums and such other agents as may be necessary for the prevention and diagnosis of infectious and communicable diseases or diseases of public health significance in which there is an unmet need and to distribute same free of charge upon application thereof by licensed physicians, and under such rules and regulations as the department and secretary of human services may prescribe; and the expense thereof shall be paid by the state.

(b) A person selling or disposing of any vaccine, antibiotic, antiserum or other agent procured or distributed under the provisions of this section for personal gain shall be fined not more than $ 50.00 or less than $ 10.00 for each such offense.

HISTORY: Amended 1959, No. 329 (Adj. Sess.), § 27, eff. March 1, 1961; 1961, No. 51,§§ 1, 2; 1979, No. 60, § 4.

NOTES:
HISTORY

SOURCE. 1951, No. 170, § 64. Prior law: V.S. 1947, § 7314.

AMENDMENTS--1979. Substituted "department" for "board", inserted "and secretary of human services" preceding "may prescribe" and deleted "upon vouchers duly approved by the board" following "paid by the state".

--1961. Subsection (a): Amended generally.
Subsection (b): Added.

--1959 (ADJ. SESS.). Substituted "board" for "commission".

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CODE OF VERMONT RULES
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*** THIS DOCUMENT REFLECTS CHANGES CURRENT THROUGH NOVEMBER 6, 2008 ***

AGENCY 13. AGENCY OF HUMAN SERVICES
SUB-AGENCY 140. DEPARTMENT OF HEALTH
CHAPTER 007. COMMUNICABLE DISEASE REGULATIONS

CVR 13-140-007 (2008)

13 140 007. COMMUNICABLE DISEASE REGULATIONS

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 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).

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 0157: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 0157: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 Ricinis communis (castor beans))

- Staphylococcal enterotoxins

- Tularemia (Francisella tularensis)

- Typhus fever (Rickettsia prowazekii)

- Viral Encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis])

- Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

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 of 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.

STATUTORY AUTHORITY: *3 V.S.A. § 3003*; *13 V.S.A. § 3504*; *18 V.S.A. §§ 102*, *1001*; *20 V.S.A. § 3801*

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