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Final Regulation
Agency Background Document

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC5-90
VAC Chapter title(s)	Disease Reporting and Control Regulations
Action title	Amendment to comply with changes in public health practice
Date this document prepared	8/1/2023

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

The Regulations for Disease Reporting and Control provide information about the process and procedures for reporting diseases to the Virginia Department of Health (VDH), including what diseases must be reported, who must report them and other details related to reporting and disease control. VDH is proposing an amendment to the regulations to bring them into compliance with recent changes in the field of communicable disease detection and control and to allow greater flexibility with respect to reporting requirements in light of rapidly changing laboratory technologies and the emergence of new pathogens that are of public health concern.

This amendment removes, edits, and adds definitions as necessary to reflect current public health definitions and needs; removes the requirement to report weekly counts of influenza diagnoses; modifies the timelines for laboratories to submit isolates or specimens for further public health laboratory testing to improve the viability of material available for testing; and replaces reporting by use of the Epi-1 form with reporting via an online web portal. The list of isolates or specimens that must be forwarded for further

public health testing has been removed from 12VAC5-90-90 in this action because it was added to 12VAC5-90-80 in a separate exempt regulatory action. The section on select agent reporting has been modified to clarify that VDH requires an annual report and an immediate report of a loss, theft, or release. Other, minor changes are listed in the Detail of Changes section.

This action was originally published in the *Virginia Register of Regulations* as a Fast Track in 2019. More than 10 comments were received objecting to the use of the Fast Track action. The majority of commenters objected to the Virginia Department of Health receiving reports, which include personal information, of their influenza data. This action does not add any influenza reporting requirements. Instead, this amendment will strike "influenza should be reported by number of cases only (and type of influenza, if available)" to clarify that only confirmed influenza cases are required to be reported. The final stage has incorporated changes in influenza reporting requirements, to clarify the intent to simplify and reduce the burden of reporting for healthcare providers. The final stage also adds Monkeypox virus to a grouping of Orthopoxviruses to be reported, requires the inclusion of a patient's ethnicity and telephone number for certain reports, and requires persons in charge of certain programs to report additional information to facilitate public health investigation of reported outbreaks.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

No acronyms are used that are not defined in context.

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

The State Board of Health approved these Final amendments to the Disease Reporting and Control Regulations (12VAC5-90) on September 14, 2023.

Mandate and Impetus

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously reported information, include a specific statement to that effect.

The impetus for this regulatory action is a board decision to bring the regulations into compliance with recent changes in the field of communicable disease detection and control, and to provide greater flexibility with respect to reporting requirements. The proposed changes will assure timelier reporting of diseases while at the same time reducing the overall burden of disease reporting.

Several changes were made since the Proposed stage to clarify reporting requirements for influenza for healthcare providers; to require persons in charge of certain programs to report additional information to facilitate public health investigation of reported outbreaks; to add Monkeypox Virus to the group of Orthopoxviruses that are required to be reported; and to maintain and amend the definition of "Lead, reportable levels," which had been stricken in the Proposed stage.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Chapter 2 of Title 32.1 of the Code of Virginia, §§ 32.1-12 and 32.1-35 through 32.1-73, contains language authorizing the State Board of Health to promulgate the proposed regulations. Specifically, § 32.1-35 directs the Board of Health to promulgate regulations specifying which diseases occurring in the Commonwealth are to be reportable and the method by which they are to be reported.

Further, § 32.1-42 of the Code of Virginia authorizes the Board of Health to promulgate regulations and orders to prevent a potential emergency caused by a disease dangerous to public health. The Board of Health is empowered to adopt such regulations as are necessary to carry out provisions of laws of the Commonwealth administered by the state health commissioner by § 32.1-12 of the Code of Virginia.

Chapter 293 of the 2019 Acts of Assembly expanded the reporting of health care-associated infections beyond just those that originate in a hospital to include other healthcare facilities. This action incorporates that change.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety, or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

The proposed changes are essential to protect the health and safety of citizens because they will improve the ability of VDH to conduct disease surveillance and implement disease control for conditions of public health concern. The changes will position the agency to better detect and respond to these illnesses to protect the health of the public. The changes also clarify and reduce the burden of influenza reporting for healthcare providers

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

The amendments will:

- Add, remove, and update definitions to enhance clarity;
- Specify new timelines for submission of isolates or specimens for state public health laboratory testing;
- Remove the list of isolates or specimens that must be forwarded for public health laboratory testing from 12VAC5-90-90 in this action because the list was added to 12VAC5-90-80 in another regulatory action;
- Remove the requirement that physicians and directors of medical care facilities submit weekly counts of cases of influenza and clarify that only confirmed cases of influenza are required to be reported;

- Replace reporting by way of the Epi-1 form with reporting through the VDH's online morbidity reporting portal;
- Add language that states that if a laboratory ascertains that the reference laboratory that tests a specimen reports to VDH electronically, then those reference laboratory findings do not need to be reported by the laboratory of origin;
- Add language that clarifies that if a facility director reports on behalf of the laboratory, the laboratory is still responsible for submitting isolates or specimens for public health testing "unless the laboratory has submitted an exemption request that has been approved by the department", thereby providing a process for opting out of the specimen forwarding requirement;
- Clarify the requirement for a laboratory to report the type of influenza virus isolated, if that is available, by changing the term "should" to "shall."
- Remove language referencing the commissioner's role in enforcement of isolation and quarantine because it has been removed from the Code of Virginia;
- Modify language to refer only to medications that are available in the United States for the treatment of ophthalmia neonatorum;
- Clarify that confirmatory testing is not required for blood lead levels that are below the CDC reference range on screening test;
- Limit the reporting of select agents to only an annual report and those scenarios in which such agents are released, lost, or stolen;
- Require that health care facilities share with VDH any data they supply to CDC as a result of a requirement of the Centers for Medicare and Medicaid Services and not limited to the Hospital Inpatient Quality Reporting Program of that agency
- Refine language related to Orthopoxviruses, by grouping the Orthopoxviruses together (adding Monkeypox Virus) and removing the separate listing of Variola (smallpox) and Vaccinia.
- Require outbreak reporting to include patient information allowing for improved surveillance and investigation.
- Require disease reporting to include patient ethnicity and phone number.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

The primary advantages to the public are the improved ability of the agency to control the risk of disease in the community based on timelier reporting through VDHs online morbidity reporting portal as well as removing the requirement to report weekly influenza counts or to report routine, non-emergency changes in select agent inventory. No disadvantages have been identified. The primary advantage to the agency is that the proposed changes improve the focus of disease surveillance and ability of VDH to conduct surveillance and implement disease control for conditions of public health concern in a timely manner. The changes will position the agency to better detect and respond to these illnesses to protect the health of the public. No disadvantages have been identified.

Requirements More Restrictive than Federal

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than

applicable federal requirements. If there are no changes to previously reported information, include a specific statement to that effect.

None of these requirements is more restrictive than federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously reported information, include a specific statement to that effect.

Other State Agencies Particularly Affected

The Division of Consolidated Laboratory Services (DCLS) will receive isolates or specimens from other laboratories in a more timely fashion.

Localities Particularly Affected

Any impact of these changes is anticipated to be the same for all localities.

Other Entities Particularly Affected

All healthcare providers and medical care facilities who are subject to these regulations would be equally impacted by these amendments.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency's response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

There were no public comments received during the Proposed Stage of this Action.

Detail of Changes Made Since the Previous Stage

*List all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements

	applicable			
***12VAC 5-90-10**		Definitions	Add definition of “Influenza, laboratory-confirmed”	**Change:** A laboratory-confirmed influenza test was not previously defined, but is included here. **Intent:** To reduce confusion for healthcare providers about which tests they should report. **Rationale:** Previous feedback indicates that there is a need for improved clarity regarding which influenza tests need to be reported. **Likely Impact:** Only laboratory-confirmed tests should be reported. Rapid antigen tests will not be reported, reducing the burden to physicians.
12VAC5-90-10			Retain definition of “Lead, reportable levels” and add “blood”	**Change:** Retain and add “blood” to “Lead, reportable blood levels” where it previously said “Lead, reportable levels” **Intent:** To clarify what should be reported **Rationale:** The phrase, “Lead, reportable levels” was not previously found in the regulations **Likely Impact:** reportable blood levels is more clearly defined for physicians
12VAC5-90-80		In subsections B and C, update: “Influenza, laboratory-confirmed"		**Change:** add “laboratory” to the reportable disease list, where it previously said “Influenza, confirmed” **Intent:** Clarify which tests are reportable for healthcare providers and laboratories, consistent with the updated definition **Rationale:** Previous feedback indicates that which influenza tests need to be reported was not clear. **Likely Impact:** Only laboratory-confirmed tests should be reported, reducing the burden to Physicians
12VAC5-90-80		Rename Lead, reportable levels		**Change:** “Lead, blood levels” to “Lead, reportable blood levels” **Intent:** ensure language is consistent with definition section

				Rationale: previously, the phrase in the definition was not consistent with the language in the disease list **Likely Impact:** Ensure clarity for healthcare providers
12VAC5-90-80		Add Pertussis to section D.		**Change:** "Pertussis (Bordetella pertussis)" to the list of conditions for laboratories to report in 12VAC5-90-80(D). **Intent:** Retain Pertussis (Bordetella pertussis) on list of conditions for laboratories to report. **Rationale:** With the deletion of the conditions in 12VAC5-90-90(B), the only initial isolates or specimens required to be submitted will be those listed in -80(D). Upon further consideration, and consultation from laboratorians at the Division of Consolidated Laboratory Services (DCLS), staff realized pertussis was inadvertently left off the list and recommends Pertussis (Bordetella pertussis) should be added to 12VAC5-90-80(D). **Likely Impact:** Ensure that this disease continues to be reported.
***12VAC 5-90-80		Group the Orthopoxviruses together in one category, and remove their separate listing. Include Monkeypox virus to the list of Orthopoxviruses to report.		**Change:** Orthopoxviruses are now just one category (including 4 individual viruses), and Monkeypox Virus has been added to that category. **Intent:** Grouping Orthopoxviruses together streamlines the reportable disease list. Adding Monkeypox virus improves VDH's ability to respond to the present mpox epidemic and future Orthopoxvirus outbreaks. **Rationale:** Monkeypox virus was a previously reportable disease that was removed when it was no longer a threat to the United States. The current global outbreak indicates the need to add it back to the list. **Likely Impact:** VDH can more efficiently respond to Orthopoxvirus outbreaks.

12VAC5-90-80		Lists of diseases that shall be reported	In subsections E, I, J update disease reporting website URL	**Change:** Insert updated url: https://www.vdh.virginia.gov/clinicians/disease-reporting-and-control-regulations/ **Intent:** The intent is to provide a link with quicker, more direct access to the referenced portal. **Rationale:** This will reduce confusion for reporters by linking the more specific URL. **Likely Impact:** Reporters will find the portal quicker and with less confusion.
*12VAC 5-90-90		In subsection A, add telephone number to the list of identifying information for Physicians to report		**Change:** Add telephone number to the list of patient information that physicians report **Intent:** The intent is to allow for more efficient patient follow-up and to standardize the information provided to VDH about patients in an outbreak, under VDH's current authority. **Rationale:** This information is reported for coronavirus disease 2019 in section 90-80-I and improves consistency in reporting requirements. **Likely Impact:** VDH will have more efficient access to patients and will be able to conduct quicker and more robust contact tracing and case investigation in the case of outbreaks or other communicable disease threat of public health interest.
12VAC5-90-90		Those required to report	In subsection A, simplify the language about how to submit reports to VDH and in subsections A and F, update URL	**Change:** Add updated URL and made language more concise. **Intent:** The intent is to show the best URL to find all reporting options for diseases and remove additional confusing language. **Rationale:** Removing the last sentence will reduce confusion, in line with the intent of the original changes to this section. **Likely Impact:** Reduce confusion and simplify electronic reporting requirements for physicians.
*12VAC 5-90-90		Those required to report	In subsection H, formalize the patient information	**Change:** Replace "may" with "shall" in the current language and clarify that the identifying information must include the

			reporting requirement for outbreaks by changing "may report" to "shall report" and clarifying which information should be reported	names and telephone numbers of the individuals involved in the outbreak. **Intent:** The intent is to allow for more efficient patient follow-up during an outbreak and to standardize the information provided to public health **Rationale:** This information is often requested as a follow-up to a reported outbreak and requiring it with the report would improve efficiency in outbreak investigation. **Likely Impact:** There will be more efficient follow-up with affected individuals in the case of an outbreak or suspected outbreak.
12VAC5-90-140			Style and form changes	**Change:** The term "newborn baby" is changed to "infant" for the purposes of consistency of terminology, and a sentence is consolidated to be more concise. **Intent:** The intent is to conform the language to the Registrar of Regulations' style and form requirements. **Rationale:** Following the style and form requirements ensures that statewide regulatory language is consistent, concise, and clear. **Likely Impact:** The language will be more concise and readable.
12VAC5-90-80, -90, -103, -107, -140, -215, 225, -280, -370		Style and Form changes		**Change:** A number of other non-substantive changes were made to the style and form of the language. **Intent:** The intent is to conform the language to the Registrar of Regulations' style and form requirements. **Rationale:** Following the style and form requirements ensures that statewide regulatory language is consistent, concise, and clear. **Likely Impact:** The language will be more readable.

Detail of All Changes Proposed in this Regulatory Action

*List all changes proposed in this action and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of updated requirements
12VAC5-90-10		Definitions	• *Healthcare-associated infection (also known as nosocomial infection) –Replaced the term "hospital" with "medical care facility" to reflect infections that may occur in hospitals or nursing homes. • Hepatitis C, acute – Remove definition. This definition was needed when this infection was newly defined, but now the disease is better recognized and understood. • Hepatitis C, chronic – Remove definition. The infection is well understood in the regulated community so the definition is no longer needed. • Influenza, laboratory confirmed – Add definition for what a laboratory confirmed test means, which was previously undefined. • *Influenza A, novel virus – Modify definition to indicate that genetic reassortment of human and animal influenza viruses represent novel virus. Helps more clearly define what is meant by influenza A novel virus. • Isolation (all definitions)- changed to "an individual" to simplify language and ensure consistency with registrar's previous recommendations • Lead, reportable levels – update phrasing to "Lead, reportable blood levels" • *Tubercle bacilli – Modify definition to include Mycobacterium bovis, Mycobacterium canetti, Mycobacterium microti, and Mycobacterium caprae as additional species included in the Mycobacterium tuberculosis complex. More clearly defines the tubercle bacilli of interest. • Tuberculin skin test (TST) – Remove definition. No longer needed because reporting is based on a positive result from any test.

			• Tuberculosis – Remove definition. This definition is not needed because more specific definitions for TB active disease and infection are already included in the regulations. • Tuberculosis, active disease – In the definition, change from "disease" to "communicable disease" to indicated that TB is spread from person to person. • *Tuberculosis infection in children age <4 years – Modify definition name to Tuberculosis infection to account for the change being made in a separate regulatory action to require reporting of tuberculosis infection among all ages, not just persons <4 years of age. Also change "tuberculin skin testing" to "positive result from a test for tuberculosis infection" to reflect a broader range of acceptable diagnostic test types.
12VAC5-90-80		Directors of laboratories	• *Change from submitting the isolate or clinical specimen within seven days to the Division of Consolidated Laboratory or other specified public health laboratory to submitting the isolate within five days and the clinical specimen within two days of a positive result.
12VAC5-90-80		Submission of initial isolate or other specimen for further public health testing.	• Change Enterobacteriaceae to Enterobacterales
12VAC5-90-80		Lists of diseases that shall be reported	• Change: add "laboratory" to the reportable disease list, where it previously said "Influenza, confirmed" • Intent: Clarify which tests are reportable for healthcare providers and laboratories, consistent with the updated definition • Rationale: Previous feedback indicates that which influenza tests need to be reported was not clear. • Impact: Only laboratory-confirmed tests should be reported, reducing the burden to physicians
12VAC5-90-80		Lists of diseases that shall be reported	• *Change: Orthopoxviruses are now just one category (including 4 individual viruses), and Monkeypox Virus has been added to that category. • Intent: Grouping Orthopoxviruses together streamlines the reportable disease list. Adding Monkeypox virus improves VDH's ability to respond to the present mpox epidemic and future Orthopoxvirus outbreaks. • Rationale: Monkeypox virus was a previously reportable disease that was removed when it was no longer a threat to the United States.

			The current global outbreak indicates the need to add it back to the list. • Impact: VDH can more efficiently respond to Orthopoxvirus outbreaks.
12VAC5-90-80		Lists of diseases that shall be reported	• Change: Insert updated url: https://www.vdh.virginia.gov/clinicians/disease-reporting-and-control-regulations/ in sections E, I, and J • Intent: ensure reporters get all correct information • Rationale: This will reduce confusion for reporters by showing them the more specific URL.
12VAC5-90-90		Physicians	• *Adds ethnicity and telephone number to disease reports as a required field • *Clarify that the list of elements to be reported on a case (e.g., name, address) represent the minimum reporting requirements. • *Remove language stating that influenza should be reported by number of cases only. This is no longer required under this proposal. • Language added to reflect morbidity reporting through VDH's online morbidity reporting portal. • Add language referring to "disease-specific" surveillance form instead of surveillance form. • Modify language to reflect that reporting timeframes are as established in 12VAC5-90-80 rather than listing them again in this subsection.
12VAC5-90-90		Physicians	• Change: Add updated URL and remove extra language • Intent: Show the best URL to find all reporting options for diseases and remove additional confusing language. • Rationale: Removing the last sentence will reduce confusion, in line with the intent of the original changes to this section. • Impact: Reduce confusion and simplify electronic reporting requirements for physicians.
12VAC5-90-90		Directors of laboratories	• *Adds ethnicity as a required field • Language added that if a laboratory ascertains that the reference laboratory that tests a specimen reports to VDH

			electronically, then those reference laboratory findings do not need to be reported by the laboratory of origin. • Language added to reflect morbidity reporting through VDH's online morbidity reporting portal. • Modify language to reflect that reporting timeframes are as established in 12VAC5-90-80 rather than listing them again in this subsection. • Clarify requirement to report type of influenza virus isolated when reporting an influenza case, if it is available. • Language in subsection B pertaining to the submission of an initial isolate or other initial specimen to DCLS has been stricken because it has been updated and moved to 12VAC5-90-80 in a separate exempt regulatory action. • *Add language that clarifies that if a facility director reports on behalf of the laboratory, the laboratory is still responsible for submitting isolates or specimens for public health testing "unless the laboratory has submitted an exemption request that has been approved by the department".
12VAC5-90-90		Persons in charge of a medical facility	• *Adds ethnicity as a required field • *Remove language stating that influenza should be reported by number of cases only. This is no longer required under this proposed amendment. • Modify language to reflect that reporting timeframes are as established in 12VAC5-90-80 rather than listing them again in this subsection. • Add language to reflect morbidity reporting through VDH's online morbidity reporting portal. • Add language referring to "disease-specific" surveillance forms instead of surveillance forms.
12VAC5-90-90		Persons in charge of hospitals, nursing facilities or nursing homes, assisted living facilities, and correctional facilities	• List reportable organisms next to disease names so the reportable disease lists are equally meaningful to practicing clinicians and laboratorians.
12VAC5-90-90		Those required to report	• *Change: add ethnicity and telephone number to the list of patient information • Intent: to allow for more efficient patient follow-up and to standardize the information provided to public health about patients in an outbreak (under VDH's current authority).

			• Rationale: This information is reported in the for coronavirus disease 2019 in section 90-80-I and improves consistency in reporting requirements. • Inmpact: Allows for more efficient follow-up with patients during outbreaks.
12VAC5-90-90		Those required to report	• *Change: Replace “may” with “shall” in the current language and clarify that the identifying information should include the name and telephone number of the individuals involved in the outbreak. • Intent: to allow for more efficient patient follow-up during an outbreak and to standardize the information provided to public health • Rationale: This information is often requested as a follow-up to a reported outbreak and requiring it with the report would improve efficiency in outbreak investigation. • Impact: Allows for more efficient follow-up with patients during outbreaks.
12VAC5-90-103		Isolation for communicable disease of public health threat.	• Remove language referencing the commissioner’s role in enforcement. This is no longer contained in the Code of Virginia.
12VAC5-90-107		Quarantine	• Remove language referencing the commissioner’s role in enforcement. This is no longer contained in the Code of Virginia.
12VAC5-90-140		Procedure for preventing ophthalmia neonatorum	• Modify language to refer only to medications that are available in the United States.
12VAC5-90-215		Schedule and criteria for and confirmation of blood lead testing and information to be provided	• *Change language “built before 1960” to “built before 1950”. • Add language stating that confirmatory testing is not required if the result of the capillary test is below CDC’s reference value. Reflects current national guidance on confirmatory testing. • Changed numbering under, “D. Confirmation of blood lead levels” to reflect the addition of language noted above.
12VAC5-90-225		Additional data to be reported related to persons with active tuberculosis	• *Replace “tuberculin skin test (TST)” with “”tests for tuberculosis infection” to reflect the availability of other test for infection. • Remove the examples provided for Mycobacterium tuberculosis complex. Not needed because this is defined earlier in the regulations. • Replaced “tubercle bacilli” with “M. tuberculosis complex”

			• *Add language that laboratories are required to submit results of tests for tuberculosis infection. • Changed numbering under, "B. Laboratories are required to submit the following" to reflect the addition of language noted above.
12VAC5-90-280		Reporting of dangerous microbes and pathogens	• Removed the definitions for "Biologic agent", "CDC", "Diagnosis", "Proficiency testing", "Responsible official", "Toxin", and "Verification" because they are no longer needed. • Clarified that "dangerous microbes and pathogens" are "select agents and toxins". • *Removed subsections on Administration, Reportable agents, Those required to report, and Exemption from reporting as they are no longer necessary. This section of the regulations is being streamlined to require annual reporting as specified in the Code of Virginia and reporting of instances in which agency response would be necessary. • *Section D. Items to report. Renumbered to Section B. Removed the requirement that a report shall be made on a form determined by VDH, contain information on the objectives of the work with the agent, location (including building and room) where each select agent is stored or used, identification information of persons with access to each agent, identification information of the person in charge of the agents, or that the laboratory has to report that it is registered with the CDC Select Agent Program. These requirements are no longer needed. Added that the name and address of the laboratory must be reported. • *Section E. Renumbered to Section C. Timing of reports. Language has been modified to define who at a laboratory submits the required reports annually and in instances involving a release, loss, or theft of a select agent of toxin, to whom at VDH and when. Language pertaining to reports that will no longer be required has been removed. • Section H. Release of reported information. Renumbered to Section D and the statement about exemptions from liability has been moved to this subsection.
12VAC5-90-370		Reporting of healthcare-associated infections	• *The term "facilities" has been replaced with the term "health care facilities" to comply with the language in the Code of Virginia. The data that health care facilities share with VDH will be any they supply to CDC as a result of a

			requirement of the Centers for Medicare and Medicaid Services and not limited to the Hospital Inpatient Quality Reporting Program of that agency.
12VAC5-90-9998		FORMS	• Removed reference to the following forms; Confidential Morbidity Report, Epi1 (rev. 10/2011), and the Virginia Cancer Registry Reporting Form (rev. 1/1998). These forms are no longer used by VDH.