

## Regulations for Disease Reporting and Control

**12 VAC 5-90-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

“Affected area” means any part or the whole of the Commonwealth, which has been identified as where individuals reside, or may be located, who are known to have been exposed to or infected with or who are reasonably suspected to have been exposed to or infected with a communicable disease of public health threat.

“Board” means the State Board of Health.

“Cancer” means all carcinomas, sarcomas, melanomas, leukemias, and lymphomas excluding localized basal and squamous cell carcinomas of the skin, except for lesions of the mucous membranes.

~~“Carrier” means a person who, with or without any apparent symptoms of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.~~

“Child care center” means a child day center, child day center system, child day program, family day home, family day system, or registered family day home as defined by § 63.2-100 of the *Code of Virginia*, or a similar place providing day care of children by such other name as may be applied.

“Clinic” means any facility, freestanding or associated with a hospital, that provides preventive, diagnostic, therapeutic, rehabilitative, or palliative care or services to outpatients.

“Commissioner” means the State Health Commissioner, or his duly designated officer or agent, unless stated in a provision of these regulations that it applies to the State Health Commissioner in his sole discretion.

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“Communicable disease” means an illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod or through the agency of an intermediate host or a vector or through the inanimate environment.

“Communicable disease of public health significance” means an illness caused by a specific or suspected infectious agent that may be transmitted directly or indirectly from one individual to another. This includes, but is not limited to, infections caused by human immunodeficiency viruses, blood-borne pathogens, and tubercle bacillus. The State Health Commissioner may determine that diseases caused by other pathogens constitute communicable diseases of public health significance.

“Communicable disease of public health threat” means an illness of public health significance, as determined by the State Health Commissioner in accordance with these regulations, caused by a specific or suspected infectious agent that may be reasonably expected or is known to be readily transmitted directly or indirectly from one individual to another and has been found to create a risk of death or significant injury or impairment; this definition shall not, however, be construed to include human immunodeficiency viruses or the tubercle bacilli, unless used as a bioterrorism weapon.

“Companion animal” means any domestic or feral dog, domestic or feral cat, nonhuman primate, guinea pig, hamster, rabbit not raised for human food or fiber, exotic or native animal, reptile, exotic or native bird, or any feral animal or any animal under the care, custody, or ownership of a person or any animal that is bought, sold, traded, or bartered by any person.

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Agricultural animals, game species, or any animals regulated under federal law as research animals shall not be considered companion animals for the purpose of this article.

“Condition” means any adverse health event ~~that is not technically a disease~~, such as a disease, an infection, a syndrome, or procedure (including, but not limited to, the results of a physical exam, laboratory test, or imaging interpretation) indicating that an exposure of public health importance has occurred.

“Contact” means a person or animal known to have been in such association with an infected person or animal as to have had an opportunity of acquiring the infection.

“Contact tracing” means the process by which an infected person or health department employee notifies others that they may have been exposed to the infected person in a manner known to transmit the infectious agent in question.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy hazardous substances or organisms from a surface, item or person to the point that such substances or organisms are no longer capable of causing adverse health affects and the surface or item is rendered safe for handling, use, or disposal.

“Department” means the State Department of Health.

“Designee” or “designated officer or agent” means any person, or group of persons, designated by the State Health Commissioner, to act on behalf of the commissioner or the board.

“Epidemic” means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy.

“Essential needs” means basic human needs for sustenance including, but not limited to, food, water and health care, e.g., medications, therapies, testing, and durable medical equipment.

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“Exceptional circumstances” means the presence, as determined by the commissioner in his sole discretion, of one or more factors that may affect the ability of the department to effectively control a communicable disease of public health threat. Factors to be considered include, but are not limited to: 1) characteristics or suspected characteristics of the disease-causing organism or suspected disease-causing organism such as virulence, routes of transmission, minimum infectious dose, rapidity of disease spread, the potential for extensive disease spread, and the existence and availability of demonstrated effective treatment; 2) known or suspected risk factors for infection; 3) the potential magnitude of the effect of the disease on the health and welfare of the public; and, 4) the extent of voluntary compliance with public health recommendations. The determination of exceptional circumstances by the commissioner may take into account the experience or results of investigation in Virginia, another state or another country.

“Foodborne outbreak” means two or more cases of a similar illness acquired through the consumption of food contaminated with chemicals or an infectious agent or its toxic products. Such illnesses include but are not limited to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, *Clostridium perfringens* food poisoning, hepatitis A, and *Escherichia coli* 0157:H7 illness.

“Hepatitis C, acute” means the following clinical characteristics are met: (i) discrete onset of symptoms indicative of viral hepatitis and (ii) jaundice or elevated serum aminotransferase levels and the following laboratory criteria are met: (a) serum aminotransferase levels greater than seven times the upper limit of normal; (b) IgM anti-HAV negative; (c) IgM anti-HBc negative (if done) or HBsAg negative; and (d) antibody to hepatitis C virus (anti-HCV)

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positive verified by a repeat anti-HCV positive test by EIA and confirmed by a more specific assay or positive by RIBA, nucleic acid test, or anti-HCV by EIA with a signal-to-cutoff ratio of 3.8 or greater.

“Hepatitis C, chronic” means that the laboratory criteria specified in clauses (b), (c) and (d) listed above for an acute case are met but clinical symptoms of acute viral hepatitis are not present and serum aminotransferase levels do not exceed seven times the upper limit of normal. This category will include cases that may be acutely infected but not symptomatic.

“Immunization” means a procedure that increases the protective response of an individual's immune system to specified pathogens.

“Independent pathology laboratory” means a nonhospital or a hospital laboratory performing surgical pathology, including fine needle aspiration biopsy and bone marrow specimen examination services, which reports the results of such tests directly to physician offices, without reporting to a hospital or accessioning the information into a hospital tumor registry.

“Individual” means a person or companion animal. When the context requires it, "person or persons" shall be deemed to include any individual.

“Infection” means the entry and multiplication or persistence of an organism (prion, virus, rickettsia, bacteria, fungus, protozoan, helminth, or ectoparasite) in the body of an individual. An infection may be inapparent (i.e., without recognizable signs or symptoms but identifiable by laboratory means) or manifest (clinically apparent).

“Invasive” means the organism is affecting a normally sterile site, including but not limited to blood or cerebrospinal fluid.

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“Investigation” means an inquiry into the incidence, prevalence, extent, source, mode of transmission, causation of, and other information pertinent to a disease occurrence.

~~“Isolation” means separation for the period of communicability of infected persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of an infectious agent from those infected to those who are susceptible. The means of isolation shall be the least restrictive means appropriate under the facts and circumstances as determined by the commissioner.~~ the physical separation, including confinement or restriction of movement, of an individual or individuals who are infected with or are reasonably suspected to be infected with a communicable disease of public health threat in order to prevent or limit the transmission of the communicable disease of public health threat to uninfected and unexposed individuals.

“Isolation, complete” means the full-time confinement or restriction of movement of an individual or individuals infected with, or reasonably suspected to be infected with, a communicable disease in order to prevent or limit the transmission of the communicable disease to uninfected and unexposed individuals.

“Isolation, modified” means a selective, partial limitation of freedom of movement or actions of an individual or individuals infected with, or reasonably suspected to be infected with, a communicable disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.

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“Isolation, protective” means the physical separation of a susceptible individual or individuals not infected with, or not reasonably suspected to be infected with, a communicable disease from an environment where transmission is occurring, or is reasonably suspected to be occurring, in order to prevent the individual or individuals from acquiring the communicable disease.

“Laboratory” as used herein means a clinical laboratory that examines materials derived from the human body for the purpose of providing information on the diagnosis, prevention, or treatment of disease.

“Laboratory director” means any person in charge of supervising a laboratory conducting business in the Commonwealth of Virginia.

“Law-enforcement agency” means any sheriff’s office, police department, adult or youth correctional officer, or other agency or department that employs persons who have law-enforcement authority that is under the direction and control of the Commonwealth or any local governing body. “Law-enforcement agency” shall include, by order of the Governor, the Virginia National Guard.

“Lead - elevated blood levels” means a child or children 15 years of age and younger with a confirmed blood level greater than or equal to 10 micrograms of lead per deciliter ( $\mu\text{g}/\text{dL}$ ) of whole blood, a person older than 15 years of age with a venous blood lead level greater than or equal to 25  $\mu\text{g}/\text{dL}$ , or such lower blood lead level as may be recommended for individual intervention by the department or the Centers for Disease Control and Prevention.

“Least restrictive” means the minimal limitation of the freedom of movement and communication of an individual while under an order of isolation or an order of quarantine

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that also effectively protects unexposed and susceptible individuals from disease transmission.

“Medical care facility” means any hospital or nursing home licensed in the Commonwealth, or any hospital operated by or contracted to operate by an entity of the United States government or the Commonwealth of Virginia.

“Midwife” means any person who is licensed as a nurse midwife by the Virginia Boards of Nursing and Medicine or who possesses a midwife permit issued by the State Health Commissioner.

“Nosocomial outbreak” means any group of illnesses of common etiology occurring in patients of a medical care facility acquired by exposure of those patients to the disease agent while confined in such a facility.

“Nurse” means any person licensed as a professional nurse or as a licensed practical nurse by the Virginia Board of Nursing.

“Occupational outbreak” means a cluster of illness or disease that is indicative of an occupational health problem. Such diseases include but are not limited to silicosis, asbestosis, byssinosis, and tuberculosis.

“Outbreak” means the occurrence of more cases of a disease than expected.

“Period of communicability” means the time or times during which the etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

“Physician” means any person licensed to practice medicine or osteopathy by the Virginia Board of Medicine.



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~~“Quarantine” means generally, a period of detention for persons or domestic animals that may have been exposed to a reportable, contagious disease for purposes of observation or treatment.~~

- ~~1. Complete quarantine. The formal limitation of freedom of movement of well persons or animals exposed to a reportable disease for a period of time not longer than the longest incubation period of the disease in order to prevent effective contact with the unexposed. The means of complete quarantine shall be the least restrictive means appropriate under the facts and circumstances, pursuant to 12 VAC 5-90-90 E or as determined by the commissioner.~~
- ~~2. Modified quarantine. A selective, partial limitation of freedom of movement of persons or domestic animals, determined on the basis of differences in susceptibility, or danger of disease transmission. Modified quarantine is designed to meet particular situations and includes but is not limited to, the exclusion of children from school and the prohibition or restriction of those exposed to or suffering from a communicable disease from engaging in a particular occupation. The means of modified quarantine shall be the least restrictive means appropriate under the facts and circumstances, pursuant to 12 VAC 5-90-90 E or as determined by the commissioner.~~
- ~~3. Segregation. The separation, for special control or observation, of one or more persons or animals from other persons or animals to facilitate control or surveillance of a reportable disease. The means of segregation shall be the least restrictive means available under the facts and circumstances, as determined by the commissioner. the physical separation, including confinement or restriction of movement, of an individual~~

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or individuals who are present within an affected area or who are known to have been exposed, or may reasonably be suspected to have been exposed, to a communicable disease of public health threat and who do not yet show signs or symptoms of infection with the communicable disease of public health threat in order to prevent or limit the transmission of the communicable disease of public health threat to unexposed and uninfected individuals.

“Quarantine, complete” means the full-time confinement or restriction of movement of an individual or individuals who do not have signs or symptoms of infection but may have been exposed, or may reasonably be suspected to have been exposed, to a communicable disease of public health threat in order to prevent the transmission of the communicable disease of public health threat to uninfected individuals.

“Quarantine, modified” means a selective, partial limitation of freedom of movement or actions of an individual or individuals who do not have signs or symptoms of the infection but have been exposed to, or are reasonably suspected to have been exposed to, a communicable disease of public health threat. Modified quarantine may be designed to meet particular situations and includes, but is not limited to, limiting movement to the home, work, and/or one or more other locations, the prohibition or restriction from using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.

“Reportable disease” means an illness due to a specific toxic substance, occupational exposure, or infectious agent, which affects a susceptible individual, either directly, as from an infected

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animal or person, or indirectly through an intermediate host, vector, or the environment, as determined by the board.

“School” means i) any public school from kindergarten through grade 12 operated under the authority of any locality within the Commonwealth; ii) any private or parochial school that offers instruction at any level or grade from kindergarten through grade 12; iii) any private or parochial nursery school or preschool, or any private or parochial child care center licensed by the Commonwealth; and iv) any preschool handicapped classes or Head Start classes.

“Serology” means the testing of blood, serum, or other body fluids for the presence of antibodies or other markers of an infection or disease process. For the purpose of this regulation, serology includes the concept that a positive test result is defined as one that is outside the normal range of results as determined by the laboratory performing the test.

“Surveillance” means the on-going systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation and evaluation of public health practice. A surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities.

“Susceptible individual” means a person or animal who is vulnerable to or potentially able to contract a disease or condition. Factors that affect an individual’s susceptibility include, but are not limited to, physical characteristics, genetics, previous or chronic exposures, chronic conditions or infections, immunization exposure, or medications.

“Toxic substance” means any substance, including any raw materials, intermediate products, catalysts, final products, or by-products of any manufacturing operation conducted in a

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commercial establishment, that has the capacity, through its physical, chemical or biological properties, to pose a substantial risk of death or impairment either immediately or over time, to the normal functions of humans, aquatic organisms, or any other animal but not including any pharmaceutical preparation which deliberately or inadvertently is consumed in such a way as to result in a drug overdose.

“Tuberculosis, active disease” (also “active tuberculosis disease” and “active TB disease”), as defined by § 32.1-49.1 of the *Code of Virginia*, means a disease caused by an airborne microorganism and characterized by the presence of either (i) a specimen of sputum or other bodily fluid or tissue that has been found to contain tubercle bacilli as evidenced by culture or nucleic acid amplification, including preliminary identification by rapid methodologies, (ii) a specimen of sputum or other bodily fluid or tissue that is suspected to contain tubercle bacilli as evidenced by smear, and sufficient clinical and radiographic evidence of active tuberculosis disease is present as determined by a physician licensed to practice medicine in Virginia, or (iii) sufficient clinical and radiographic evidence of active tuberculosis disease as determined by the commissioner is present, but a specimen of sputum or other bodily fluid or tissue containing or suspected to contain tubercle bacilli is unobtainable.

“Tubercle bacilli” means disease-causing organisms belonging to the *Mycobacterium tuberculosis* complex and includes *Mycobacterium tuberculosis*, *Mycobacterium bovis* and *Mycobacterium africanum* or other members as established by the commissioner.

“Tuberculosis” means a disease caused by tubercle bacilli.

“Tuberculosis infection in children age less than 4 years” means a significant reaction resulting from a tuberculin skin test (TST) or other approved test for latent infection without clinical or

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radiographic evidence of active tuberculosis disease, in children from birth up to their fourth birthday.

“Tuberculin skin test (TST)” means a test for infection with tubercle bacilli, performed according to the Mantoux method, in which 5 tuberculin units (5TU=0.1cc) of a standardized preparation of purified protein derivative (PPD-S ) are injected intradermally on the volar surface of the arm and the reaction read as the transverse diameter of the palpable area of induration, recorded in mm of induration. The significance of the measured induration is based on existing national and state guidelines.

“Vaccinia, disease or adverse event” means serious or unexpected events in persons who received the smallpox vaccine or their contacts, including but not limited to bacterial infections, eczema vaccinatum, erythema multiforme, generalized vaccinia, progressive vaccinia, inadvertent inoculation, post-vaccinial encephalopathy or encephalomyelitis, ocular vaccinia, and fetal vaccinia.

“Vancomycin-resistant *Staphylococcus aureus*” means any *Staphylococcus aureus* culture that demonstrates intermediate or greater resistance to vancomycin.

“Waterborne outbreak” means two or more cases of a similar illness acquired through the ingestion of or other exposure to water contaminated with chemicals or an infectious agent or its toxic products. Such illnesses include but are not limited to giardiasis, viral gastroenteritis, cryptosporidiosis, hepatitis A, cholera, and shigellosis. A single case of laboratory-confirmed primary amebic meningoencephalitis or of waterborne chemical poisoning is considered an outbreak.

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**12 VAC 5-90-40. Administration.**

A. The State Board of Health (“board”) has the responsibility for promulgating regulations pertaining to the reporting and control of diseases of public health importance and to meet any emergency or to prevent a potential emergency caused by a disease dangerous to the public health including, but not limited to, specific procedures for responding to any disease listed pursuant to § 32.1-35 of the *Code of Virginia* that is determined to be caused by an agent or substance used as a weapon or any communicable disease of public health threat that is involved in an order of quarantine or an order of isolation pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of the *Code of Virginia*.

B. The State Health Commissioner (“commissioner”) is the executive officer for the State Board of Health with the authority of the board when it is not in session, subject to the rules and regulations of and review by the board. The commissioner has the authority to require quarantine, isolation, immunization, decontamination or treatment of any individual or group of individuals when he determines any such measure to be necessary to control the spread of any disease of public health importance and the authority to issue orders of isolation pursuant to Article 3.01 (§ 32.1-48.01 et seq.) of the *Code of Virginia* and orders of quarantine and orders of isolation under exceptional circumstances involving any communicable disease of public health threat pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of the *Code of Virginia*.

C. The local health director is responsible for the surveillance and investigation of those diseases specified by this chapter which occur in his jurisdiction. He is further responsible for reporting all such surveillance and investigations to the Office of Epidemiology. In cooperation with the commissioner, he is responsible for instituting measures for disease control, which may include

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~~implementing the quarantine, and isolation, or segregation as required by orders of the~~  
commissioner.

D. The Office of Epidemiology, an organizational part of the department, is responsible for the statewide surveillance of those diseases specified by this chapter, for defining and disseminating appropriate disease control protocols for an outbreak situation, for coordinating the investigation of those diseases with the local health director, and for providing direct assistance where necessary. The ~~Director~~ director of the Office of Epidemiology acts as the commissioner's designee in reviewing reports and investigations of diseases and recommendations by local health directors for quarantine or isolation. However, authority to order quarantine or isolation resides solely with the commissioner, ~~unless otherwise expressly provided by him~~.

E. All persons responsible for the administration of this chapter shall ensure that the anonymity of patients and practitioners is preserved, according to state and federal law including the provisions of §§ 32.1-38, 32.1-41, and 32.1-71.4 of the *Code of Virginia*.

**12 VAC 5-90-90. Those Required to Report.**

## A. Physicians.

Each physician who treats or examines any person who is suffering from or who is suspected of having a reportable disease or condition shall report that person's name, address, age, date of birth, sex, race, name of disease diagnosed or suspected, and the date of onset of illness, except that influenza should be reported by number of cases only (and type of influenza, if available). The pregnancy status of females who test positive for HBsAg should be reported, if available. Reports are to be made to the local health department serving the jurisdiction where the physician practices. A physician may designate someone to report on his behalf, but the

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physician remains responsible for ensuring that the appropriate report is made. Any physician, designee, or organization making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the *Code of Virginia*.

Such reports shall be made on a form to be provided by the department (Epi-1), a computer generated printout containing the data items requested on Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information and shall be made within three days of the suspicion or confirmation of disease unless the disease in question requires rapid reporting under 12 VAC 5-90-80. Reporting may be done by means of secure electronic transmission upon agreement of the physician and the department.

Pursuant to § 32.1-49.1 of the *Code of Virginia*, additional elements are required to be reported for individuals with confirmed or suspected active tuberculosis disease. Refer to Part X for details on these requirements.

B. Directors of laboratories.

Any person who is in charge of a laboratory conducting business in the Commonwealth shall report any laboratory examination of any specimen derived from the human body, whether performed in-house or referred to an out-of-state laboratory, which yields evidence, by the laboratory method(s) indicated or any other confirmatory test, of a disease listed in 12 VAC 5-90-80 B:

Each report shall give the source of the specimen and the laboratory method and result; the name, age, date of birth, race, sex, and address of the person from whom the specimen was obtained; and the name and address of the physician or medical facility for whom the examination was made. When the influenza virus is isolated, the type should be reported, if



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available. The pregnancy status of females who test positive for HBsAg should be reported, if available. Reports shall be made within three days of identification of evidence of disease, except that those identified by an asterisk shall be reported within 24 hours by the most rapid means available, to the local health department serving the jurisdiction in which the laboratory is located. Reports shall be made on Form Epi-1 or on the laboratory's own form if it includes the required information. Computer generated reports containing the required information may be submitted. Reporting may be done by means of secure electronic transmission upon agreement of the laboratory director and the department. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the *Code of Virginia*.

A laboratory shall fulfill its responsibility to report anthrax, cholera, diphtheria, *E. coli* O157:H7, *H. influenzae* infection, *Listeria*, meningococcal infection, *Mycobacterium tuberculosis* (see 12 VAC 5-90-225), pertussis, plague, poliomyelitis, *Salmonella* infection, *Shigella* infection, invasive Group A streptococcal infection, and other diseases as may be requested by the health department by both notifying the health department of the positive culture and submitting the initial culture to the Virginia Division of Consolidated Laboratory Services (DCLS). Stool specimens that test positive for Shiga toxin shall be submitted to DCLS for organism identification. All specimens must be identified with the patient and physician information required in this subsection. At times, other laboratories may also be requested to submit specimens to the Virginia Division of Consolidated Laboratory Services.

Laboratories operating within a medical care facility shall be considered to be in compliance with the requirement to notify the health department when the director of that medical care facility assumes the reporting responsibility.

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## C. Person in charge of a medical care facility.

Any person in charge of a medical care facility shall make a report to the local health department serving the jurisdiction where the facility is located of the occurrence in or admission to the facility of a patient with a reportable disease listed in 12 VAC 5-90-80 A unless he has evidence that the occurrence has been reported by a physician. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the *Code of Virginia*. The requirement to report shall include all inpatient, outpatient and emergency care departments within the medical care facility. Such reports shall contain the patient's name, age, date of birth, address, sex, race, name of disease being reported, the date of admission, hospital chart number, date expired (when applicable), and attending physician. Influenza should be reported by number of cases only (and type of influenza, if available). The pregnancy status of females who test positive for HBsAg should be reported, if available. Reports shall be made within three days of the suspicion or confirmation of disease unless the disease in question requires rapid reporting under 12 VAC 5-90-80 and shall be made on Form Epi-1, a computer generated printout containing the data items requested on Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information. Reporting may be done by means of secure electronic transmission upon agreement of the medical care facility and the department.

A person in charge of a medical care facility may assume the reporting responsibility on behalf of the director of the laboratory operating within the facility.

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## D. Person in charge of a school, child care center, or summer camp.

Any person in charge of a school, child care center, or summer camp shall report immediately to the local health department the presence or suspected presence in his school or child care center of children who have common symptoms suggesting an epidemic or outbreak situation. Any person so reporting shall be immune from liability as provided by § 32.1-38 of the *Code of Virginia*.

## E. Local health director.

The local health director shall forward within three days of receipt to the Office of Epidemiology of the State Health Department any report of a disease or report of evidence of a disease which has been made on a resident of his jurisdiction. This report shall be by telecommunication if the disease is one requiring rapid communication, as required in 12 VAC 5-90-80. All such rapid reporting shall be confirmed in writing and submitted to the Office of Epidemiology within seven days. Furthermore, the local health director shall immediately forward to the appropriate local health director any disease reports on individuals residing in the latter's jurisdiction or to the Office of Epidemiology on individuals residing outside Virginia.

~~When notified about a disease specified in 12 VAC 5-90-80, the local health department shall perform contact tracing for HIV infection, infectious syphilis, and active tuberculosis disease and may perform contact tracing for the other diseases if deemed necessary to protect the public health. The local health director shall have the responsibility to accomplish contact tracing, by either having patients inform their potential contacts directly or through obtaining pertinent information such as names, descriptions, and addresses to enable the health department staff to inform the contacts. All contacts of HIV infection shall be afforded the opportunity for~~

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~~appropriate counseling, testing, and individual face to face disclosure of their test results. In no case shall names of informants or infected persons be revealed to contacts by the health department. All information obtained shall be kept strictly confidential.~~

~~The local health director or his designee shall review reports of diseases received from his jurisdiction and follow up such reports, when indicated, with an appropriate investigation in order to evaluate the severity of the problem. He shall determine, in consultation with the Director of the Office of Epidemiology and the commissioner, if further investigation is required and if complete or modified quarantine will be necessary.~~

~~Modified quarantine shall apply to situations in which the local health director on the scene would be best able to judge the potential threat of disease transmission. Such situations shall include, but are not limited to, the temporary exclusion of a child with a communicable disease from school and the temporary prohibition or restriction of any individual(s), exposed to or suffering from a communicable disease, from engaging in an occupation such as foodhandling that may pose a threat to the public. Modified quarantine shall also include the exclusion, under § 32.1-47 of the *Code of Virginia*, of any unimmunized child from a school in which an outbreak, potential epidemic, or epidemic of a vaccine preventable disease has been identified. In these situations, the local health director may be authorized as the commissioner's designee to order the least restrictive means of modified quarantine.~~

~~Where modified quarantine is deemed to be insufficient and complete quarantine or isolation is necessary to protect the public health, the local health director, in consultation with the Director of the Office of Epidemiology, shall recommend to the commissioner that a quarantine order or isolation order be issued.~~

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F. Person in charge of hospitals, nursing facilities or nursing homes, assisted living facilities, and correctional facilities.

In accordance with § 32.1-37.1 of the *Code of Virginia*, any person in charge of a hospital, nursing facility or nursing home, adult care residence or correctional facility shall, at the time of transferring custody of any dead body to any person practicing funeral services, notify the person practicing funeral services or his agent if the dead person was known to have had, immediately prior to death, an infectious disease which may be transmitted through exposure to any bodily fluids. These include any of the following infectious diseases:

Creutzfeldt-Jakob disease

Human immunodeficiency virus infection

Hepatitis B

Hepatitis C

Monkeypox

Rabies

Smallpox

Syphilis, infectious

Tuberculosis, active disease

Vaccinia, disease or adverse event

Viral hemorrhagic fever

G. Employees, applicants, and persons in charge of food establishments.

12 VAC 5-421-80 of the Food Regulations requires a food employee or applicant to notify the person in charge of the food establishment when diagnosed with certain diseases that are

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transmissible through food. 12 VAC 5-421-120 requires the person in charge of the food establishment to notify the health department. Refer to the appropriate sections of the *Virginia Administrative Code* for further guidance and clarification regarding these reporting requirements.

**PART IV.****CONTROL OF DISEASE****12 VAC 5-90-100. Methods.**

~~The "Methods of Control" sections of the 17th Edition of the *Control of Communicable Diseases Manual* (2000) published by the American Public Health Association shall be complied with by~~  
The board and commissioner shall use appropriate disease control measures to manage in  
controlling the diseases listed in 12 VAC 5-90-80 A, including, but not limited to those described  
in the "Methods of Control" sections of the 18<sup>th</sup> Edition of the *Control of Communicable*  
*Diseases Manual* (2004) published by the American Public Health Association~~except to the~~  
~~extent that the requirements and recommendations therein are outdated, inappropriate,~~  
~~inadequate, or otherwise inapplicable.~~ The board and commissioner reserve the right to use any legal means to control any disease which is a threat to the public health.

When notified about a disease specified in 12 VAC 5-90-80, the local health director or his  
designee shall have the authority and responsibility to perform contact tracing for HIV infection,  
infectious syphilis, and active tuberculosis disease and may perform contact tracing for the other  
diseases if deemed necessary to protect the public health. All contacts of HIV infection shall be  
afforded the opportunity for appropriate counseling, testing, and individual face-to-face  
disclosure of their test results. In no case shall names of informants or infected individuals be

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revealed to contacts by the health department. All information obtained shall be kept strictly confidential.

The local health director or his designee shall review reports of diseases received from his jurisdiction and follow up such reports, when indicated, with an appropriate investigation in order to evaluate the severity of the problem. The local health director or his designee may recommend to any individual or group of individuals appropriate public health control measures, including but not limited to quarantine, isolation, immunization, decontamination or treatment.. He shall determine, in consultation with the Office of Epidemiology and the commissioner, if further investigation is required and if one or more forms of quarantine and/or isolation will be necessary.

Complete isolation shall apply to situations where an individual is infected with a communicable disease of public health significance (including, but not limited to, active tuberculosis disease or HIV infection) and is engaging in behavior which places others at risk for infection with the communicable disease of public health significance, in accordance with the provisions of Article 3.01 (§ 32.1-48.01 et seq.) of the *Code of Virginia*.

Modified isolation shall apply to situations in which the local health director would be best able to judge the potential threat of disease transmission. Such situations shall include, but are not limited to, the temporary exclusion of a child with a communicable disease from school, or the temporary prohibition or restriction of any individual(s) with a communicable disease from engaging in activities that may pose a risk to the health of others, such as using public transportation or performing an occupation such as foodhandling or providing healthcare.

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Protective isolation shall apply to situations such as the exclusion, under § 32.1-47 of the Code of Virginia, of any unimmunized child from a school in which an outbreak, potential epidemic, or epidemic of a vaccine preventable disease has been identified. To the extent permitted by the Code of Virginia, the local health director may be authorized as the commissioner's designee to implement the forms of isolation described in this section

When these forms of isolation are deemed to be insufficient, the local health director may use the provisions of Article 3.01 for the control of communicable diseases of public health significance or, in consultation with the Office of Epidemiology, shall provide sufficient information to enable the commissioner to prepare an order or orders of isolation and/or quarantine under Article 3.02 of the Code of Virginia for the control of communicable diseases of public health threat.

**12 VAC 5-90-105. Isolation for Communicable Disease of Public Health Threat.**A. Application

The commissioner, in his sole discretion, may invoke the provisions of Article 3.02 (§ 32.1-48.05 et seq.) of the Code of Virginia and may declare the isolation of any individual or individuals upon a determination that:

1. Such individual or individuals are known to have been infected with or are reasonably suspected to have been infected with a communicable disease of public health threat, and
2. Exceptional circumstances render the procedures of Article 3.01 (§ 32.1-48.01 et seq.) of the Code of Virginia to be insufficient, or the individual or individuals have failed or



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refused to comply voluntarily with the control measures directed by the commissioner in response to a communicable disease of public health threat, and

3. Isolation is the necessary means to contain a communicable disease of public health threat, to ensure that such isolated individual or individuals receive appropriate medical treatment subject to the provisions of § 32.1-44 of the *Code of Virginia*, or to protect health care providers and others who may come into contact with such infected individual or individuals.

The commissioner, in his sole discretion, may also order the isolation of an affected area if, in addition to the above, the Governor has declared a state of emergency for such affected area of the Commonwealth.

#### B. Documentation

For isolation for a communicable disease of public health threat, information about the infection or suspected infection, the individual(s) and/or affected area, and the nature or suspected nature of the exposure shall be duly recorded by the local health department, in consultation with the Office of Epidemiology. This information shall be sufficient to enable documenting a record of findings and to enable the commissioner to prepare the order of isolation, including the information required in § 32.1-48.12 of the *Code of Virginia*. In addition, sufficient information on individuals shall be maintained by the local health department to enable appropriate follow-up of individuals for health status evaluation and treatment as well as compliance with the order of isolation.

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The commissioner shall ensure that the protected health information of any individual or individuals subject to the order of isolation is disclosed only in compliance with state and federal law.

C. Means of Isolation

The local health department shall assess the situation, and in consultation with the Office of Epidemiology, identify the least restrictive means of isolation that effectively protects unexposed and susceptible individuals. The place of isolation selected shall allow the most freedom of movement and communication with family members and other contacts without allowing disease transmission to others and shall allow the appropriate level of medical care needed by isolated individuals to the extent practicable. The commissioner, in his sole discretion, may order the isolated individual or individuals to remain in their residences when possible, to remain in another place where they are present, or to report to a place or places designated by the commissioner for the duration of their isolation.

The commissioner's order of isolation shall be for a duration consistent with the known period of communicability of the communicable disease of public health threat or, if the course of the disease is unknown or uncertain, for a period anticipated as being consistent with the period of communicability of other similar infectious agents. In the situation where an area is under isolation, the duration of isolation shall take into account the transmission characteristics and known or suspected period of communicability.

D. Delivery

The local health department shall deliver the order of isolation, or ensure its delivery by an appropriate party, to the individual(s) affected in person to the extent practicable. If, in the

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opinion of the commissioner, the scope of the notification would exceed the capacity of the local health department to ensure individual notification in a timely manner, then print, radio, television, internet, and/or other available means would be used to inform those affected.

E. Enforcement

Upon finding that there is probable cause to believe that any individual or individuals who are subject to an order of isolation may fail or refuse to comply with such order, the commissioner in his sole discretion may issue an emergency detention order requiring such individual or individuals to be taken immediately into custody by law-enforcement agencies and detained for the duration of the order of isolation or until the commissioner determines that the risk of noncompliance is no longer present. For any individual or individuals identified as, or for whom probable cause exists that he may be, in violation of any order of isolation, the enforcement authority directed by the commissioner to law-enforcement agencies shall include, but need not be limited to, the power to detain or arrest.

Any individual or individuals so detained shall be held in the least restrictive environment that can provide any required health care or other services for such individual. The commissioner shall ensure that law-enforcement personnel responsible for enforcing an order or orders of isolation are informed of appropriate measures to take to protect themselves from contracting the disease of public health threat.

F. Health Status Monitoring

The local health department shall monitor the health of those under isolation either by regular telephone calls, visits, self-reports, or by report of caregivers or healthcare providers or by other means.

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G. Essential Needs

Upon issuance of an order of isolation to an individual or individuals by the commissioner, the local health department shall manage the isolation, in conjunction with local emergency management resources, such that individual essential needs can be met to the extent practicable.

Upon issuance of an order of isolation by the commissioner to an affected area, existing emergency protocols pursuant to § 44-146.13 et seq. of the *Code of Virginia* shall be utilized for mobilizing appropriate resources to ensure essential needs are met.

H. Release from Isolation

Once the commissioner determines that an individual or individuals no longer pose a threat to the public health, the order of isolation has expired, or the order of isolation has been vacated by the court, the individual or individuals under the order of isolation shall be released immediately.

I. Affected Area

If the criteria in subsection A of this section are met and an area is known or suspected to have been affected, then the commissioner shall notify the Governor of the situation and the need to order isolation for the affected area. In order for an affected area to be isolated, the Governor must declare a state of emergency for the affected area.

If an order of isolation is issued for an affected area, the commissioner shall cause the order of isolation to be communicated to the individuals residing or located in the affected area. The use of multiple forms of communication, including but not limited to, radio, television, internet, and/or other available means may be required in order to reach the individuals who were in the affected area during the known or suspected time of exposure.

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The provisions for documentation, means of isolation, enforcement, health status monitoring, essential needs, and release from isolation/quarantine described above will apply to the isolation of affected areas. Appropriate management of a disease of public health threat for an affected area may require the coordinated use of local, regional, state and national resources. In specifying one or more affected areas to be placed under isolation, the objective will be to protect as many people as possible using the least restrictive means. As a result, defining the precise boundaries and time frame of the exposure may not be possible, or may change as additional information becomes available. When this occurs, the commissioner shall ensure that the latest information is communicated to those in the affected area.

**12 VAC 5-90-110. Quarantine.**A. Application

The commissioner, in his sole discretion, may invoke the provisions of Article 3.02 (§ 32.1-48.05 et seq.) of the *Code of Virginia* and may order a complete or modified quarantine of any individual or individuals upon a determination that:

1. Such individual or individuals are known to have been exposed to or are reasonably suspected to have been exposed to a communicable disease of public health threat, and
2. Exceptional circumstances render the procedures of Article 3.01 (§ 32.1-48.01 et seq.) of the *Code of Virginia* to be insufficient, or the individual or individuals have failed or refused to comply voluntarily with the control measures directed by the commissioner in response to a communicable disease of public health threat, and

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3. Quarantine is the necessary means to contain a communicable disease of public health threat to which an individual or individuals have been or may have been exposed and thus may become infected.

The commissioner, in his sole discretion, may also order the quarantine of an affected area if, in addition to the above, the Governor has declared a state of emergency for such affected area of the Commonwealth.

B. Documentation

For quarantine for a communicable disease of public health threat, information about the infection or suspected infection, the individual(s) and/or affected area, and the nature or suspected nature of the exposure shall be duly recorded by the local health department, in consultation with the Office of Epidemiology. This information shall be sufficient to enable documenting a record of findings and enable the commissioner to prepare a written order of quarantine, including the information required in § 32.1-48.09 of the *Code of Virginia*. In addition, sufficient information on individuals shall be maintained by the local health department to enable appropriate follow-up of individuals for health status evaluation and treatment as well as compliance with the order of quarantine.

The commissioner shall ensure that the protected health information of any individual or individuals subject to the order of quarantine is disclosed only in compliance with state and federal law.

C. Means of Quarantine

The local health department shall assess the situation, and in consultation with the Office of Epidemiology, shall recommend to the commissioner the least restrictive means of quarantine

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that effectively protects unexposed and susceptible individuals. The place of quarantine selected shall allow the most freedom of movement and communication with family members and other contacts without allowing disease transmission to others.

The commissioner, in his sole discretion, may order the quarantined individual or individuals to remain in another place where they are present or to report to a place or places designated by the commissioner for the duration of their quarantine.

The commissioner's order of quarantine shall be for a duration consistent with the known incubation period of the communicable disease of public health threat or, if the incubation period is unknown or uncertain, for a period anticipated as being consistent with the incubation period for other similar infectious agents. In the situation where an area is under quarantine the duration of quarantine shall take into account the transmission characteristics and known or suspected incubation period.

D. Delivery

The local health department shall deliver the order of quarantine, or ensure its delivery by an appropriate party, to the individual(s) affected in person to the extent practicable. If, in the opinion of the commissioner, the scope of the notification would exceed the capacity of the local health department to ensure notification in a timely manner, then print, radio, television, internet, and/or other available means would be used to inform those affected.

E. Enforcement

Upon finding that there is probable cause to believe that any individual or individuals who are subject to an order of quarantine may fail or refuse to comply with such order, the commissioner in his sole discretion may issue an emergency detention order requiring such individual or

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individuals to be taken immediately into custody by law-enforcement agencies and detained for the duration of the order of quarantine or until the commissioner determines that the risk of noncompliance is no longer present. For any individual or individuals identified as, or for whom probable cause exists that he may be, in violation of any order of quarantine, the enforcement authority directed by the commissioner to law-enforcement agencies shall include, but need not be limited to, the power to detain or arrest.

Any individual or individuals so detained shall be held in the least restrictive environment that can provide any required health care or other services for such individual. The commissioner shall ensure that law-enforcement personnel responsible for enforcing an order or orders of quarantine are informed of appropriate measures to take to protect themselves from contracting the disease of public health threat.

F. Health Status Monitoring

The local health department shall monitor the health of those under quarantine either by regular telephone calls, visits, self-reports, or by report of caregivers or healthcare providers or by other means. If an individual or individuals develop symptoms compatible with the communicable disease of public health threat then 12-VAC-90-105 (Isolation for Communicable Disease of Public Health Threat) would apply to the individual or individuals.

G. Essential Needs

Upon issuance of an order of quarantine to an individual or individuals by the commissioner, the local health department shall manage the quarantine, in conjunction with local emergency management resources, such that individual essential needs can be met to the extent practicable. Upon issuance of an order of quarantine by the commissioner to an affected area, existing



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emergency protocols pursuant to § 44-146.13 et seq. of the Code of Virginia shall be utilized for mobilizing appropriate resources to ensure essential needs are met.

H. Release from Quarantine

Once the commissioner determines that an individual or individuals are determined to no longer be at risk of becoming infected and pose no risk of transmitting the communicable disease of public health threat to other individuals, the order of quarantine has expired, or the order of quarantine has been vacated by the court, the individuals under the order of quarantine shall be released immediately.

I. Affected Area

If the criteria in subsection A of this section are met and an area is known or suspected to have been affected, then the commissioner shall notify the Governor of the situation and the need to order quarantine for the affected area. In order for an affected area to be quarantined, the Governor must declare a state of emergency for the affected area.

If an order of quarantine is issued for an affected area, the commissioner shall cause the order of quarantine to be communicated to the individuals residing or located in the affected area. The use of multiple forms of communication, including but not limited to, radio, television, internet, and/or other available means may be required in order to reach the individuals who were in the affected area during the known or suspected time of exposure.

The provisions for documentation, means of isolation, enforcement, health status monitoring, essential needs, and release from quarantine described above will apply to the quarantine of affected areas. Appropriate management of a disease of public health threat for an affected area may require the coordinated use of local, regional, state and national resources. In specifying

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one or more affected areas to be placed under quarantine, the objective will be to protect as many people as possible using the least restrictive means. As a result, defining the precise boundaries and time frame of the exposure may not be possible, or may change as additional information becomes available. When this occurs, the commissioner shall ensure that the latest information is communicated to those in the affected area.

**PART V.****IMMUNIZATION OF CHILDREN****12 VAC 5-90-110120. Dosage and Age Requirements for Immunizations; Obtaining Immunizations.**

A. Every child in Virginia shall be immunized against the following diseases by receiving the specified number of doses of vaccine by the specified ages, unless replaced by a revised schedule of the U.S. Public Health Service:

1. Diphtheria, Tetanus, and Pertussis (Whooping cough) Vaccine – three doses by one year of age of toxoids of diphtheria and tetanus, combined with pertussis vaccine with the remaining two doses administered in accordance with the most recent schedule of the American Academy of Pediatrics or the U.S. Public Health Service.
2. Poliomyelitis Vaccine, trivalent type - three doses of inactivated poliomyelitis vaccine, preferably by one year of age and no later than 18 months of age. Attenuated (live virus) oral polio virus vaccine may be used if the attending physician feels it is clinically appropriate for a given patient.
3. Measles (Rubeola) Vaccine - one dose of further attenuated (live) measles vaccine between 12-15 months of age and no later than two years of age. A second dose shall

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also be required at the time of initial entry to school. For those children who did not receive a second dose at initial school entry, a second dose shall be required at the time of entry to grade six.

4. Rubella (German measles) Vaccine – one dose of attenuated (live) rubella virus vaccine between 12-15 months of age and no later than two years of age.
5. Mumps Vaccine - one dose of mumps virus vaccine (live) between 12-15 months of age and no later than two years of age.
6. *Haemophilus influenzae* type b (Hib) Vaccine - a maximum of four doses of Hib vaccine for children up to 30 months of age as appropriate for the child's age and in accordance with current recommendations of either the American Academy of Pediatrics or the U.S. Public Health Service.
7. Hepatitis B Vaccine – three doses by 12 months of age and no later than 18 months of age. For children not receiving three doses between 12-18 months of age, three doses will be required at initial school entry and at entry into the sixth grade.
8. Varicella (Chickenpox) Vaccine - one dose of varicella vaccine between 12-18 months of age. For those children who did not receive a dose of vaccine between 12-18 months of age, a dose will be required at initial school entry.

B. The required immunizations may be obtained from a physician licensed to practice medicine or from the local health department.