

TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER k: NOTIFIABLE DISEASES AND CONDITIONS CONTROL AND IMMUNIZATIONS

PART 690 CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS CODE

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AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305] and the Department of Public Health Powers and Duties Law [20 ILCS 2310].

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008; amended at 37 Ill. Reg. 12063, effective July 15, 2013; recodified at 38 Ill. Reg. 5408; amended at 38 Ill. Reg. 5533, effective February 11, 2014; emergency amendment at 38 Ill. Reg. 21954, effective November 5, 2014, for a maximum of 150 days; amended at 39 Ill. Reg. 4116, effective March 9, 2015; amended at 39 Ill. Reg. 11063, effective July 24, 2015; amended at 39 Ill. Reg. 12586, effective August 26, 2015; amended at 40 Ill. Reg. 7146, effective April 21, 2016; amended at 43 Ill. Reg. 2386, effective February 8, 2019; emergency amendment at 44 Ill. Reg. 9282, effective May 15, 2020, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 44 Ill. Reg. 10000, effective May 20, 2020; emergency amendment at 44 Ill. Reg. 13473, effective August 3, 2020, for a maximum of 150 days; amended at 44 Ill. Reg. 20145, effective December 9, 2020; emergency amendment at 44 Ill. Reg. 13807, effective August 7, 2020, for a maximum of 150 days; emergency rule expired January 3, 2021; emergency amendment at 45

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Section 690.10 Definitions

"Authenticated Fecal Specimen" – A specimen for which a public health authority or a person authorized by a public health authority has observed either or both the patient producing the specimen or conditions under which no one other than the case, carrier or contact could be the source of the specimen.

"Business" – A person, partnership or corporation engaged in commerce, manufacturing or a service.

"Carrier" – A living or deceased person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for others.

"Confirmed Case" – A case that is classified as confirmed in accordance with federal or State case definitions.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease or notifiable condition and who does not yet meet the definition of a probable or confirmed case in accordance with federal or State case definitions.

"Certified Local Health Department" – A local health authority that is certified pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Adm. Code 600).

"Child Care Facility" – A center, private home, or drop-in facility open on a regular basis where children are enrolled for care or education.

"Clinical Materials" – A clinical isolate containing the infectious agent, or other material containing the infectious agent or evidence of the infectious agent.

situations, and includes, but is not limited to, limiting or discontinuing admissions, closing a specific area, discontinuing a medical procedure or use of a medical device, or ceasing food production or serving a particular implicated food product.

"Closure" – A selective restriction on, limitation to, or denial of entry to an area, building, or part of an area or building, or the stoppage or suspension of operations, services or activities within an area, building or business or part of an area, building or business where persons are exposed to, infected with, or reasonably suspected to be infected with, a notifiable disease, or to prevent transmission of a notifiable disease or condition among a vulnerable population.

"Communicable Disease" – An illness or condition caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector or the inanimate object or environment to a susceptible animal or human host.

"Closure, Modified" – A selective, partial restriction on, limitation to, or denial of entry to an area, building, or part of an area or building, or the stoppage or suspension of operations, services or activities within an area, building or business or part of an area, building or business where persons are exposed to, infected with, or reasonably suspected to be infected with, a notifiable disease or condition, or to prevent transmission of a notifiable disease or condition among a vulnerable population. Modified closure is designed to meet particular case or carrier of a communicable disease to have been the source of infection for that person or to have been sufficiently associated with the case or carrier of a communicable disease to have become infected by the case or carrier; and, based on the knowledge of disease transmission, there is a risk of the individual contracting the infectious disease. A contact can be a household or non-household contact.

"Contact Precautions" – Infection prevention and control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the suspected or known case or indirect contact with potentially infectious items or surfaces (see Section 690.20(a)(7)).

"Contagious Disease" – An infectious disease that can be transmitted from person to person by direct or indirect contact.

"Dangerously Contagious or Infectious Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.

"Decontamination" – A procedure that removes pathogenic microorganisms from objects so they are safe to handle, use or discard.

"Department" – The Illinois Department of Public Health or designated agent.

"Diarrhea" – The occurrence of three or more loose stools within a 24-hour period.

"Director" – The Director of the Department, or his or her duly designated officer or agent.

"Disinfection" – A process, generally less lethal than sterilization, that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores).

"Droplet Precautions" – Infection prevention and control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.20(a)(7)).

"Electronic Disease Surveillance System" or "EDSS" – A secure, web-based electronic disease surveillance system utilized by health care providers, laboratories and State and local health department staff to report notifiable diseases and conditions, and to collect and analyze additional demographic, epidemiological and medical information for surveillance purposes and outbreak detection and response.

"Electronic Laboratory Reporting (ELR)" – The electronic transmission from laboratories to public health of laboratory reports which identify notifiable diseases and conditions.

"Electronic Case Reporting (eCR)" – The automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies of notifiable diseases and conditions.

"Emergency" – An occurrence or imminent threat of an illness or health condition that:

is believed to be caused by any of the following:

bioterrorism;

the occurrence of a novel or previously controlled or eradicated infectious

the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

a natural disaster;
widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population;
a chemical attack or accidental release; or

a nuclear attack or incident; and
"Emergency Care" – The performance of rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.
poses a high probability of any of the following harms:
a large number of deaths in the affected population;

"Emergency Care Provider" – A person who provides rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Enhanced Barrier Precautions" – An infection prevention and control intervention designed to reduce transmission of antimicrobial resistant organisms that employs targeted gown, glove, and other personal protective equipment use during high contact resident care activities.

"Epidemic" – The occurrence in a community or region of cases of a communicable disease or condition (or an outbreak) clearly in excess of expectancy.

"Exclusion" – Removal of individuals from a setting in which the possibility of disease transmission exists. For a food handler, this means to prevent a person from working as an employee in a food establishment or entering a food establishment as an employee.

"Extensively Drug-Resistant Organisms" or "XDRO" – A pathogen that is difficult to treat because it is non-susceptible to all or nearly all antimicrobials.

"Fever" – The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

"First Responder" – Individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101), as well as emergency management, public health, clinical care, public works, behavioral health, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" – Any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment, clean utensils, oral medications, or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food drinks, or providing oral medications or oral care. Food handler does not include individuals in private homes preparing or serving food for individual family consumption.

"Health Care" – Care, services and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, and counseling, among other services. Health care also includes the sale and dispensing of prescription drugs or devices.

"Health Care Facility" – Any institution, building or agency, or portion of an institution, building or agency, whether public or private (for-profit or nonprofit), that is used, operated or designed to provide health services, medical treatment or nursing, rehabilitative or preventive care to any person or persons. This includes, but is not limited to, ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, school health offices, medical spas, and adult day care centers.

"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, certified midwives, long-term care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers.

integration, sharing and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HIE produces learning in a student or trainee role at a health care facility to provide direct personal services to others. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

"Immediate Care" – The delivery of ambulatory care in a facility dedicated to the delivery of medical care outside of a hospital emergency department, usually on an unscheduled, walk-in basis. Immediate care facilities are primarily used to treat patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department.

"Incubation Period" – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

"Infection Preventionist" – A person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the facility.

"Infectious Disease" – A disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, prion, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Infection preventionist" – A person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the facility.

"Institution" – An established organization or foundation, especially one dedicated to education, public service, or culture, or a place for the care of persons who are destitute, disabled, or mentally ill.

"Institutions of Higher Education" – Any place and/or building, or portion thereof, that offers or is intended to provide post-secondary education, including colleges and universities.

"Isolation" – The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

"Isolation, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons infected with, or reasonably suspected to be infected with, a contagious or infectious 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.

"Isolation Precautions" – Infection control measures for preventing the transmission of infectious agents, i.e., standard precautions, airborne precautions (also known as airborne infection isolation precautions), contact precautions, droplet precautions and transmission-based precautions (see Section 690.20(a)(7)).

"Law" – The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310].

"Least Restrictive" – The minimal limitation of the freedom of movement and communication of a person or group of persons while under an order of isolation or an order of quarantine, which also effectively protects unexposed and susceptible persons from disease transmission.

"Local Health Authority" – The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of those boards, or any person legally authorized to act for the local health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Medical laboratory" – A facility with a current Clinical Laboratory Improvement Amendments (CLIA) certificate that receives, forwards, or analyzes specimens of original material from the human body, or referred cultures of specimens obtained from the human body, and reports the results to a health care practitioner who uses the data for purposes of patient care or public health.

"Medical Record" – A written or electronic account including a patient's medical history, current illness, diagnosis, details of treatments, chronological progress notes, laboratory testing, medical imaging tests, and discharge recommendations.

"Monitoring" – The practice of watching, checking or documenting medical findings of

"Monitoring" – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. patient/resident encounter, including those obtained for active surveillance or clinical decision making. Monitoring may also include the institution of community-level physical distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Monitoring measures may include, but are not limited to, reporting of geographic location for a period of time, restricted use of public transportation, recommended or mandatory mask use, temperature and/or other symptoms screening prior to entering public buildings or attending public gatherings.

"Non-Duplicative Isolate" – The first isolate obtained from any source during each unique patient/resident encounter, including those obtained for active surveillance or clinical decision making.

"Novel Influenza" – An influenza A virus subtype that is different from the current circulating human influenza A subtypes such as H1 and H3.

"Notifiable disease or condition" – A disease or condition that, when diagnosed or suspected based on epidemiological data or test results, requires health providers and other mandated reporters (usually by law) to report to state or local public health officials. Notifiable antimicrobial agents and is usually resistant to all but one or two commercially available antimicrobial agents.

"Observation" – The practice of close medical or other supervision of contacts to promote prompt recognition of infection or illness.

"Observation and Monitoring" – Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

"Outbreak" – The occurrence in a community, facility, workplace or region of a case or cases of an illness in excess of the number usually expected. The number of cases indicating an outbreak or cluster will vary according to the agent, disease, or condition, the site conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.

"Outbreak Reporting System" or "ORS" – A secure, web-based electronic outbreak reporting system used by state and local health departments to document and report outbreaks of disease and health conditions, and to collect a final report summarizing outbreak outcomes and investigation. Outbreak information requested by the CDC is uploaded from ORS.

"Point Prevalence Screening" – A data collection activity tool used to identify the number of persons with a disease or condition at a specific point in time.

"Premises" – The physical portion of a building or other structure and its surrounding area designated by the Director of the Department, his or her authorized representative, or the local health authority.

"Public Health Order" – A written or verbal command, directive, instruction or proclamation issued or delivered by the Department or certified local health department.

"Public Transportation" – Any form of transportation that sets fares and is available for public use, such as taxis; multiple-occupancy car, van or shuttle services; airplanes; buses; trains; subways; ferries; and boats.

"Quarantine" – The physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms. "Quarantine" also includes the definition of "Quarantine, modified".

"Quarantine, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons who are or may have been exposed to a contagious disease or possibly contagious disease. Modified quarantine 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. Any travel within Illinois outside of the jurisdiction of the local health authority must be either approved by the Director or be under mutual agreement of the health authority of the jurisdiction and the public health official who will assume responsibility. Travel outside Illinois shall require written notice from the Illinois jurisdiction to the out-of-state jurisdiction that will assume responsibility.

"Recombinant Organism" – A microbe with nucleic acid molecules that have been synthesized, amplified or modified.

"REDCap" – Research electronic data capture (REDCap) is a mature, secure web application for building and managing online surveys and databases. It is used by state and local health authorities to collect data from persons associated with an outbreak and can be administered directly to exposed persons via a weblink for public health surveillance purposes.

"Registry" – A secure data collection and information system that is designed to support organized care and improve health outcomes.

organized care and improve health outcomes.
"Sensitive Occupation" – An occupation, excluding health care workers, involving the direct care of others, especially young children and the elderly, or any other occupation designated by the Department or the local health authority, including, but not limited to, child care facility personnel.
"Residential Facility" – A facility that provides or coordinates custodial care to persons who, because of physical, mental or emotional disorders, or incarceration, are not able to live independently.

"Sentinel Surveillance" – A means of monitoring the prevalence or incidence of infectious diseases or syndromes through reporting of cases, suspect cases, carriers, symptoms or submission of clinical materials by selected sites.
"Restrict from Work" – For food handlers, this means to limit the activity of a food handler so that there is no risk of transmitting a disease by making sure that the food handler does not work with food, cleaning equipment, clean utensils, clean dishes, clean linens or unwrapped single service or single use articles or in the preparation of food.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.
"School" – An institution for educating children from Pre-kindergarten to grade 12 supported either by the state, local government or a private organization or individual.
"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.20(a)(7)).

"Sterilization" – The use of a physical or chemical process to destroy all microbial life, including large numbers of highly resistant bacterial endospores.

"Susceptible (non-immune)" – A person who is not known to possess sufficient protection against a particular pathogenic agent to prevent developing infection or disease if or when exposed to the agent.

"Syndromic Surveillance" – Surveillance using health-related data that are collected in near real-time to detect early changes in illness or injury that may precede final diagnosis or confirmatory testing and signal a sufficient probability of a case, event or outbreak to warrant further public health response.

"Tests" – Include, but are not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the public's health, safety and welfare.

"Transmission" – Any mechanism by which an infectious agent is spread from a source or reservoir to a person, including direct, indirect and airborne transmission.

"Transmission-Based Precautions" – The second tier of basic infection prevention and control measures that are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

"Treatment" – The provision of health care by one or more health care providers. Treatment includes any therapeutic interventions, consultation, referral or other exchanges of information to manage a patient's care.

"Variant Influenza" – Influenza virus that usually circulates in swine but can cause an influenza infection in humans.

"Voluntary Compliance" – Deliberate consented compliance of a person or group of persons that occurs at the request of the Department or local health authority prior to instituting a mandatory order for isolation, quarantine, closure, physical examination, testing, collection of laboratory specimens, observation, monitoring or medical treatment pursuant to this Subpart.

"Zoonotic Disease" – Any disease that is transmitted between animals and people.

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

Section 690.20 Incorporated and Referenced Materials

- a) The following federal guidelines are incorporated in this Part:
 - 1) "Updated CDC Recommendations for the Management of Hepatitis B Virus – Infected Health-Care Providers and Students", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (Morbidity and Mortality Weekly Report (MMWR), July 6, 2012, Vol 61, No. RR03, pages 1-12).
 - 2) "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (Morbidity and Mortality Weekly Report (MMWR), September 30, 2005, Vol. 54, No. RR-9; pages 1-17).

- 3) Control Practices Advisory Committee (May 2022), available at: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>.
 - 6) "Prevention and Control of Meningococcal Disease", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (Morbidity and Mortality Weekly Report (MMWR), March 22, 2013, Vol. 62, No. RR-02, pages 1-22).
 - 4) "Investigation and Control of Vancomycin-Resistant Staphylococcus aureus (VRSA)", (MMWR), January 19, 2018, Vol. 67, No. RR-1, pages 1-31), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (April 2015).
 - 7) "Updated Norovirus Outbreak Management and Disease Prevention Guidelines", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (Morbidity and Mortality Weekly Report (MMWR), March 4, 2011, Vol. 60, No. RR-3, pages 1-20).
 - 5) "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings", Jane D. Siegel, MD; Emily Rhinehart, RN, MPH; CJC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee (HICPAC), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (May 4, 2011).
 - 8) "Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, May 2011", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333 (May 4, 2011).
 - 9) "General Best Practice Guidelines for Immunization: Best Practices Guidance", Advisory Committee on Immunization Practices (ACIP), Kroger A, Bahta L, Long S, Sanchez P., (February 10, 2023), available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>.
 - 10) "HL7 Version 2.5.1 (or higher) Implementation Guide: Electronic Laboratory Reporting to Public Health (US Realm) Release 1.5", Health Level Seven International, 3300 Washtenaw Avenue, Suite 227, Ann Arbor, MI 48104.
 - 11) Promoting Interoperability: Promoting Interoperability Programs, available at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>.
 - 12) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services; Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion (October 2019), available at: <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/infrastructure.html>.
- b) The following standards are incorporated in this Part:
- 1) "Red Book: 2021 Report of the Committee on Infectious Diseases, 32nd ed.", American Academy of Pediatrics, 345 Park Blvd., Itasca, IL 60143.
 - 2) "Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020", available at: <https://www.cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm>.
 - 3) "Updated Recommendations from the Advisory Committee on Immunization Practices (ACIP) for Use of Hepatitis A Vaccine in Close Contacts of Newly Arriving International Adoptees", September 18, 2009, MMWR 2009;58(36);1006-1007, available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a4.htm>.
- c) The following federal regulations are incorporated in this Part:
- 1) Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR 164.512(a) and (k)(6) (October 1, 2007), 45 CFR 164.506 (October 15, 2002) and 45 CFR 164.501 (October 15, 2002)).
 - 2) Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493 (October 1, 2007)).
- d) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments subsequent to the date specified.
- e) The following federal and State laws and rules are referenced in this Part:
- 1) Illinois Statutes

- G) Illinois Emergency Management Act [20 ILCS 3305]
- A) Communicable Disease Report Act [745 ILCS 45]
- H) Medical Studies Act [735 ILCS 5/8-2101]
- B) Department of Public Health Act [20 ILCS 2305]
- I) Illinois Health Statistics Act [410 ILCS 520]
- C) Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) [20 ILCS 2310]
- 2) Illinois Rules
 - D) Code of Civil Procedure [735 ILCS 5]
 - A) Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)
 - E) Animal Control Act [510 ILCS 5]
 - B) Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450)
 - F) Freedom of Information Act [5 ILCS 140]
 - C) Certified Local Health Department Code (77 Ill. Adm. Code 600)
 - D) Child and Student Health and Immunization Examination Code (77 Ill. Adm. Code 665)
 - E) College Immunization Code (77 Ill. Adm. Code 694)
 - F) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
 - G) HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)
 - H) Perinatal HIV Prevention Code (77 Ill. Adm. Code 699)
 - I) Health and Hazardous Substances Registry Code (77 Ill. Adm. Code 840)
 - J) Health Care Data Collection and Submission Code (77 Ill. Adm. Code 1010)
- 3) Federal Statutes
 - A) Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. 1320d-2)
 - B) Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 U.S.C. 263a)
 - C) Homeland Security Act of 2002 (6 U.S.C. 101)

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

Section 690.30 General Procedures for the Control of Notifiable Diseases and Conditions, Including Outbreaks

This Section establishes routine measures for the control of notifiable diseases, conditions and outbreaks by the Department or local health authorities and health care providers, and establishes progressive initiatives to ensure that appropriate measures are implemented to control the spread and occurrence of notifiable diseases, conditions and outbreaks. This Section does not apply to infectious or non-infectious diseases and conditions for which reporting requirements are specified elsewhere in the Illinois Administrative Code, such as sexually transmissible infections, which are regulated under the Control of Sexually Transmissible Infections Code, the HIV/AIDS Confidentiality and Testing Code, and the Perinatal HIV Prevention Code.

- a) Investigation
 - 1) *The Department of Public Health shall investigate the causes of contagious, or dangerously contagious, or infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become, epidemic in any locality and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the locality for which services are rendered.* (Section 2(a) of the Act)
 - 2) The Department shall *make investigations and inquiries with respect to the causes of disease, health conditions, and death; investigate the effect of environment, including conditions of employment and other conditions that may affect health; and to make other investigations that it may deem necessary for the preservation and*

- 3) ~~Each case or cluster of a notifiable disease or condition shall be investigated to determine the source, where feasible. Findings of the investigation shall be reported as specified under the Section of this Part applicable to each specific disease.~~ ~~When the Director determines that a certain disease or condition warrants investigation, the Director may declare the disease or condition to be the subject of a medical investigation and require hospitals, physicians, health care facilities, etc., to submit information, data and reports, and allow review and examination of medical records as necessary for the purpose of the investigation. No practitioner or person shall be liable in any action at law for permitting examination and review. The data obtained shall be held confidential in accordance with the Communicable Disease Report Act.~~
- 4) ~~The Department or local health authority may investigate the occurrence of cases, suspect cases, or carriers of diseases or conditions of unusual disease or condition occurrences in a public or private place for the purposes of verifying the existence of a disease or condition, ascertaining the source of the disease or condition causing agent, identifying unreported cases, locating and evaluating contacts of cases and~~
- 5) ~~improvement of health. (Section 510 of the Public Health Powers and Duties Law)~~ necessary control measures, including isolation and quarantine; and informing the public if necessary.
- 6) When two or more cases of a suspected or notifiable disease or condition, including, but not limited to confirmed health care associated infection or colonization, or single case with public health significance occur in any business, organization, institution, health care facility, school, child care center or provider, residential facility, or private home, the business owner, the person in charge of the establishment or the event, or the homeowner shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks. This includes, but is not limited to, release of utilization information about a product used to mitigate spread, including therapeutics; shopper card records; credit card receipts; food preparation methods; menus; environmental specimens; food specimens; clinical specimens, invoices, employee work schedules and work logs, including logs of employee illness or absences; lists of customers, attendees, residents or patients; travel/transportation logs; utilization information about a product used to mitigate spread, including therapeutics, vaccinations or prophylactics; and the name and other pertinent information about employees, guests, members or residents diagnosed with a communicable disease or condition, including infection or colonization as the information relates to the investigation. When outbreaks of infectious disease occur in any business, organization, institution, health care facility or private home, employees of the location under investigation may be considered to be contacts to cases and be required to submit release specimens by the local health authority.
- 7) When two or more cases of a notifiable communicable disease or condition occur in association with a common source, the investigation should include a search for additional cases.
- 8) All reports of an outbreak shall be entered in the Department's ORS by the local health jurisdiction within 24 hours of receipt of the report. Within 30 days of the end of the outbreak investigation, the final information shall be entered in the Department's ORS. Supplemental questionnaires may be used during the outbreak investigation, including, but not limited to use of REDCap or other online systems.
- 9) Under circumstances with highly infectious diseases or other disease or conditions causing extreme harm, including, but not limited to, high risk or high occurrence of death or complication, and when normal attempts to make contact have failed, the Department, local health authority, or law enforcement may obtain and review any cell phone, computer, mobile device or other communication device, from a case for the purpose of the investigation, including, but not limited to, the identification of possible contacts or possible exposures, for the purpose of preventing or controlling disease or the condition.
- 10) State and local law enforcement authority shall share information with the Department or local health department as requested by either the Department or the local health authority for the treatment, response to, control of, investigation of, or prevention of a notifiable disease, condition or outbreak.
- 11) The Department or local health authority may conduct sentinel surveillance for an infectious disease, condition or syndrome if the Department or local health authority determines that sentinel surveillance will provide adequate data for the purpose of preventing or controlling disease or the condition or achieving other significant public health purposes in a defined geographic area or the entire State. The Department or local health authority shall select, after consultation with the sites, sentinel surveillance sites that have epidemiological significance for the disease, condition or syndrome under investigation. A disease, condition or syndrome may be removed from sentinel surveillance if the Department or local health authority determines that the surveillance is no longer necessary. The Department or local health authority shall provide a description, in writing, to sentinel surveillance sites of a specific, planned mechanism for surveillance of the disease, condition or syndrome and appropriate submission of clinical materials from cases and suspect

- syndrome and, as necessary, submission of clinical materials from cases and suspect cases.
- 12) An individual or entity, including a health information exchange, may carry out activities such as sentinel surveillance under a grant, contract or cooperative agreement with the Department. The authorized individual or entity functions as a public health authority for the purposes of the activity.
 - 13) Investigations conducted by the Department or local health authority may include, but are not limited to:
 - B) Performing interviews with the case, or persons knowledgeable about the case, and collecting pertinent and relevant information about the causes of or risk factors for the notifiable disease or condition;
 - A) Review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; investigation of causes; identification of other cases related to the outbreak or the reported disease (including medical examination and testing of persons, with their explicit consent;
 - C) Medical examination and testing of persons, with their explicit consent;
 - D) Obtaining, from public or private businesses or institutions, the identities of and location and contact information about persons, travelers, passengers or transportation crews with a similar or common potential exposure to the infectious agent as a reported case; exposure may be current or have occurred in the past;
 - E) Interviewing or administering questionnaire surveys confidentially to any resident of any community, or any agent, owner, operator, employer, employee, or client of a public or private business or institution, who is epidemiologically associated either with the outbreak or with the reported disease or condition case or has had a similar exposure as a reported case;
 - F) Collecting environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or notifiable disease or condition;
 - G) Taking photographs related to the purpose of the investigation. If the photographs are taken in a business, the employer shall have the opportunity to review the photographs taken or obtained for the purpose of identifying those that contain or might reveal a trade secret; and
 - H) Entering a place of employment for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment that are relevant, pertinent, and necessary to the investigation of the outbreak or notifiable dangerously contagious or infectious disease. Investigations shall be conducted during regular business hours, if possible, and with as much notice as possible under the circumstances.

b) Control of Food Products

Whenever a case, a carrier, or a suspect case or carrier of the following diseases exists in a home or establishment where food is produced that is likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of the food items from the home or establishment may be prohibited by the Department or the local health authority as necessary to prevent the transmission of communicable diseases or conditions. These include, but are not limited to, the following diseases:

- 1) Campylobacteriosis
- 2) Cholera
- 3) Cryptosporidiosis
- 4) Diphtheria
- 5) E. coli infections (Shiga toxin-producing E. coli)
- 6) Foodborne or waterborne illness
- 7) Hepatitis A
- 8) Norovirus
- 9) Salmonellosis
- 10) Shigellosis

- 11) ~~Smallpox~~
- 12) ~~Persons suspected of being infected with a notifiable infectious disease for which isolation is required, or persons with diarrhea or vomiting believed to be infectious in nature, shall be refused admittance to the school or child care facility until fever-free and diarrhea and vomiting free for 24 hours without use of fever reducing, antidiarrheal, or antiemetic medications and other medications.~~
- 13) ~~Staphylococcal skin infections~~
- 14) ~~Streptococcal infections~~
- 14) ~~Typhoid fever~~
- 3) ~~School, child care facility, and college/university authorities shall handle contacts of infectious disease cases as prescribed in this Part, or as recommended by the local health authority.~~
- c) ~~Schools, Child Care Facilities, and Colleges/Universities~~
 - 1) ~~Except in an emergency, the occurrence of a case of a communicable disease in a school, child care facility or college/university should not be considered a reason for closing the school, facility or college/university.~~
 - 4) ~~When outbreaks of disease occur in any child care facility, staff and attendees of the facility may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.~~
 - 5) Identifiable information on a student or staff, such as name and contact information (including current address and phone), seating charts on busses and in the classroom, and rosters for extracurricular activities, shall be reported to the Department or local public health authority for any notifiable disease or condition within the timeframes specified in this Part.
- d) Release of Specimens
 - 1) Whenever this Part requires the submission of laboratory specimens for release from imposed restrictions, the results of the examinations will not be accepted unless the specimens have been examined in the Department's laboratory or an acceptable medical laboratory. The number of specimens needed for release, as detailed under specific diseases, is the minimum and may be increased by the Department as necessary. Improper storage or transportation of a specimen or inadequate growth of the culture suggestive of recent antibiotic usage can result in disapproval of the submitted specimen by the Department's laboratory or an acceptable medical laboratory and result in the need for an additional specimen to be collected.
 - 2) The local health authority may require testing of food handlers for specific pathogens, including, but not limited to, E. coli, Salmonella and Norovirus, as necessary in response to an outbreak.
 - 3) A local health authority may disclose and require to a food service business owner or the owner's designee that an employee with a disease that can be transmitted through food cannot return to work until the local health authority lets the business owner know that the employee can return to work.
- e) Persons with diarrhea or vomiting of infectious or unknown cause shall not work in sensitive occupations, as a health care worker, or as food handlers until 48 hours after diarrhea and vomiting have resolved without use of antidiarrheal or antiemetic medications and shall adhere to restrictions specified in this Part specific to each etiologic agent.
- f) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.
- g) Persons with jaundice and the onset of jaundice within seven calendar days shall not work as health care workers, food handlers or in sensitive occupations until seven days after the jaundice ceases, unless the employee provides written documentation from a health care provider that the jaundice is not caused by the hepatitis A virus or other fecal-orally transmitted infection. If the case is confirmed as hepatitis A and jaundice is not present, the health care worker, food handler or person in a sensitive occupation shall be restricted from work for two weeks from the start of the clinical symptoms.

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

SUBPART B: NOTIFIABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following notifiable diseases and conditions are declared to be infectious or communicable or of public health significance. Each suspected or diagnosed case shall be reported to the local health authority, which shall subsequently report each case to the Department. The method of reporting shall be as described in the individual Section for the disease or condition. Appropriate infection control standards shall be implemented for cases and contacts per existing infection prevention and control standard precautions and transmission based protocols.

	1) Any unusual case of a disease or condition not listed in this Part that is of urgent public health significance	690.295
a)	Class I(a) The following diseases or conditions shall be reported immediately (within three hours) by telephone, upon initial clinical suspicion of the disease or condition, to the local health authority, which shall then report to the Department immediately (within three hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that are required to report to the Department. The Section number associated with each of the listed diseases or conditions indicates the Section under which the diseases or conditions are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 24 hours to the Department laboratory.	690.320
	2) Anthrax*	690.327
	3) Botulism, foodborne	690.327
	4) Brucellosis* (if suspected to be a bioterrorist event or part of an outbreak)	690.330
	5) Coronavirus, Novel, including Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS)	690.361
	6) Diphtheria*	690.380
	7) Influenza A, Novel or Variant Virus*	690.469
	8) Measles, suspect, probable or confirmed*	690.520
	9) Plague*	690.570
	10) Poliomyelitis	890.580
	11) Q-fever* (if suspected to be a bioterrorist event or part of an outbreak)	690.595
	12) Smallpox	690.650
	13) Tularemia* (if suspected to be a bioterrorist event or part of an outbreak)	690.725
	14) Any suspected bioterrorist threat or event	690.800
b)	Class I(b) The following notifiable diseases or conditions shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within eight regularly scheduled business hours after identifying the case), to the local health authority, which shall then report to the Department as soon as possible, but within 24 hours. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that are required to report to the Department. The Section number associated with each of the listed diseases and conditions indicates the Section under which the diseases and conditions are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within three days after identification of the organism to the Department laboratory.	
	1) Acute Flaccid Myelitis (AFM)	690.290
	2) Botulism, intestinal, wound, and other	690.327
	3) Brucellosis* (if not suspected to be a bioterrorist event or part of an outbreak)	690.330
	4) Chickenpox (Varicella)	690.350
	5) Cholera*	690.360
	6) Cronobacter, including <i>C. sakazakii</i> and <i>C. malonaticus</i> , in infants younger than 12 months of age	690.362
	7) Escherichia coli infections* (<i>E. coli</i> O157:H7 and other Shiga toxin-producing <i>E. coli</i>)	690.400
	8) Haemophilus influenzae, invasive disease*	690.441
	9) Hantavirus pulmonary syndrome*	690.442
	10) Hemolytic uremic syndrome, post-diarrheal	690.444
	11) Hepatitis A	690.450
	12) Hepatitis B	690.500

16)	Melioidosis due to <i>Burkholderia pseudomallei</i>	690.730
17)	Mumps	690.530
13)	Q-fever due to <i>Coxiella burnetii</i> * (if not suspected to be a bioterrorist event or part of an outbreak)	690.535
14)	<i>Neisseria meningitidis</i> , invasive disease and purpura fulminans*	690.555
18)	Rabies, human	690.600
19)	Any Suspected or Confirmed Outbreak of a Disease of Rabies, potential human exposure and animal rabies	690.601
15)	Known or Unknown Etiology that may be a Danger to the Public Health, Whether the Disease, Infection, Microorganism, or Condition is specified in the Rule (including, but not limited to, foodborne, healthcare-associated, zoonotic disease, and waterborne outbreaks)	690.605
20)	Rubella	690.620
21)	SARS-CoV-2 Infection (COVID-19) (Laboratory Confirmed Testing via ELR only, Pediatric Deaths, and Intensive Care Unit Admissions)	690.635
22)	<i>Staphylococcus aureus</i> infections with intermediate or high level resistance to Vancomycin*	690.661
23)	Tularemia* (if not suspected to be a bioterrorist event or part of an outbreak)	690.725
24)	Typhoid fever* and Paratyphoid fever (including <i>S. Typhi</i> , <i>S. Paratyphi A</i> , <i>S. Paratyphi B</i> (tartrate negative) and <i>S. Paratyphi C</i> cases)	690.730
25)	Typhus	690.740

c) Class II

The following notifiable diseases and conditions shall be reported as soon as possible during normal business hours, but within three days, to the local health authority, which shall then report to the Department as soon as possible during normal business hours but within three additional days. The Section number associated with each of the listed diseases and conditions indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within three days after identification of the organism to the Department laboratory.

1)	Arboviral Infection*	690.322
2)	Campylobacteriosis	690.335
3)	Cryptosporidiosis	690.365
4)	Cyclosporiasis	690.368
5)	Hepatitis B	690.451
6)	Hepatitis C	690.452
7)	Histoplasmosis	690.460
8)	Influenza (Laboratory Confirmed Deaths in persons younger than 18 years of age)	690.465
9)	Influenza (Laboratory Confirmed Testing via ELR only and Intensive Care Unit Admissions)	690.468
10)	Legionellosis*	690.475
11)	Leptospirosis*	690.490
12)	Listeriosis*	690.495
13)	Malaria*	690.510
14)	Multi-drug resistant organisms considered to be of epidemiologic importance due to either severity of clinical disease, potential for transmission of genetic elements, or opportunities for effective control efforts	690.445
15)	Psittacosis due to <i>Chlamydia psittaci</i>	690.590

16)	Respiratory Syncytial Virus (RSV) Infection (Laboratory Confirmed Testing via ELR only, Pediatric Deaths, and Intensive Care Unit Admissions)	690.645
20)	Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections In Persons Admitted to the Hospital or Residing in a Residential Facility, including antibiotic susceptibility test results	690.670
17)	Salmonellosis*, including Paratyphi V, var. L(+) tartrate+, (other than S. Typhi, S. Paratyphi A., S. Paratyphi B (tartrate negative) and S. Paratyphi C cases)	690.630
21)	Toxic shock syndrome due to Staphylococcus aureus infection	690.695
18)	SARS-CoV-2 Infection (COVID-19) (Laboratory Confirmed Testing via ELR only, Pediatric Deaths, and Intensive Care Unit Admissions)	690.635
22)	Streptococcus pneumoniae, invasive disease in children younger than five years	690.678
23)	Tetanus	690.690
24)	Tickborne Infections, including African Tick Bite Virus, Anaplasmosis, Babesiosis, Bourbon Virus, Ehrlichiosis, Heartland Virus, Lyme disease, and Spotted Fever Rickettsiosis	690.698
25)	Trichinosis	690.710
26)	Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139)*	690.745

* Diseases or conditions for which laboratories are required to forward clinical materials to the Department's laboratory in accordance with Subpart D of this Part.

- d) When an epidemic of a disease or conditions dangerous to the public health occurs, and present rules are not adequate for its control or prevention, the Department shall issue more stringent requirements.

(Source: Amended at 48 Ill. Reg. 15900, effective October 23, 2024)

Section 690.110 Diseases and Conditions Previously Renumbered or Repealed from Sections of This Part and Which Diseases and Conditions Remain Reportable to the Department Under Other Parts and Sections

- a) The following diseases and conditions have been repealed from this Part and are no longer reportable.
- 1) Amebiasis
 - 2) Blastomycosis
 - 3) Creutzfeldt Jakob Disease (CJD)
 - 4) Diarrhea of the newborn
 - 5) Giardiasis
 - 6) Hepatitis, viral, other
 - 7) Leprosy (Hansen's Disease)
 - 8) Meningitis, aseptic
 - 9) Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, clusters of two or more laboratory confirmed cases occurring in community settings
 - 10) Staphylococcus aureus, Methicillin Resistant (MRSA), any occurrence in an infant younger than 61 days of age
 - 11) Streptococcal infections, group B, invasive disease, of the newborn
 - 12) Yersiniosis
- b) The following diseases have been previously renumbered or repealed from this Part, but are reportable under the Parts and Sections specified:

- 1) Acquired immunodeficiency syndrome (AIDS) 77 Ill. Adm. Code 693.20
- 2) Chancroid 77 Ill. Adm. Code 693.20

SUBPART C: REPORTING

Section 690.200) Reporting 77 Ill. Adm. Code 693.20

- a) Reporting 77 Ill. Adm. Code 690.361

- 5) Syphilis the following persons or any other person having knowledge of a known or suspect case or carrier of a disease or condition or death from a notifiable disease or condition shall report the case, suspect case, carrier or condition in the time frames set forth in Section 690.100:
- 6) Tuberculosis shall report the case, suspect case, carrier or condition in the time frames set forth in Section 690.100:

- A) Physicians
- B) Physician assistants
- C) Nurses and advanced practice nurses
- D) Nursing assistants
- E) Dentists
- F) Health care practitioners
- G) Emergency medical services personnel
- H) Infection Preventionists
- I) Laboratory personnel
- J) Long-term care personnel
- K) Any institution, school, college/university, child care facility or camp personnel
- L) Pharmacists and pharmacy technicians
- M) Poison control center personnel
- N) Blood bank and organ transplant personnel
- O) Coroners, funeral directors, morticians and embalmers
- P) Medical examiners
- Q) Veterinarians
- R) Correctional facility personnel
- S) Food service management personnel
- T) The master, pilot or any other person in charge of any bus, train, ship or boat, and the commander, pilot or any other person in charge of any aircraft within the jurisdiction of the State
- U) Researchers
- V) Animal control or animal shelter employees
- W) Any other person having knowledge of a known or suspected case or carrier of a notifiable disease or condition or disease or condition-related death.
- 2) An individual required to report notifiable diseases or conditions who is unsure whether the case meets the definition of a suspect case shall make a report if the suspect disease, infection or condition is one that is required to be reported immediately, is highly transmissible, or could result in health consequences to others.
- 3) A health care provider who attends to a case, carrier or suspect case shall inform the case, carrier or suspect case and the case's, carrier's or suspect case's contacts of the

- 5) applicable requirements of isolation, exclusion, quarantine, screening, treatment or prophylactic measures and other precautions through the Electronic Disease Surveillance System (EDSS) web-based system or by mail, telephone, facsimile, other secure electronic system integrated with EDSS, or other Department designated registry to the local health authority in whose jurisdiction the reporter is located.
- 4) Laboratories shall report positive test results and provide reportable materials as specified in Subpart D or if requested. Upon request of the local health authority, the method of reporting shall be as described in the individual Section for the notifiable disease or condition. If a medical laboratory forwards materials out of the State for testing, the originating medical laboratory shall comply with this requirement by either reporting the results and submitting data electronically through EDSS in accordance with HHS 7 Version 2.5.1 (or higher) Implementation Guide. Laboratories shall report negative results to the local health authority, Release 1 and with Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine (SNOMED) codes to specify testing information and results, respectively. Laboratories can request an exemption based on small case volumes, and the Department will evaluate the request against past testing volumes. Prior to establishing electronic reporting, laboratories shall report via browser-based data entry into EDSS.
 - C) Providers shall establish a data linkage and submit electronic case report data through the Association of Public Health Laboratories Informatics Messaging Service (AIMS) platform in accordance with CMS Promoting Interoperability standards.
 - D) The Department will electronically route these reports to the local health authority in whose jurisdiction the patient is located. If this information is not available, then the record will be routed to the jurisdiction of the ordering provider. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.
 - E) The reporter shall provide, when available, disease or condition, name, age, date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and name and telephone number of the attending medical provider. When requested, on paper forms provided by the Department or electronically through EDSS or AIMS, clinical and laboratory findings in support of the diagnosis, epidemiological facts relevant to the source of the infection or condition, and possible hazard of transmission of the infection or condition shall also be reported.
 - F) A laboratory or provider that is required to report data electronically shall have a State-approved continuity of operations plan for reporting continuity in emergency situations that disrupt electronic communications. At least two alternative methodologies shall be incorporated, such as facsimile, mail or courier services.
- 6) During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying location and contact information for those individuals believed to be associated with the outbreak.
- 7) Any party receiving the reports shall notify the local health authority where the patient resides immediately by phone (within three hours) for Class I(a) diseases and conditions, within 24 hours (during normal business hours) for Class I(b) diseases and conditions and within three days for Class II diseases or conditions. When a case of a notifiable disease or condition is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case shall be transferred electronically in EDSS with additional relevant information supplied to the other jurisdiction. If a known or suspect case or carrier of a notifiable disease or condition is hospitalized or examined in a hospital or long-term care facility, the administrator of the health care facility shall ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.
- 8) Veterinarians, animal control officials, animal holding facility personnel, retail stores selling animals and wildlife professionals shall report any zoonotic disease outbreak in persons including location and contact information for the owner of the animals suspected of causing the outbreak, as well as any new or emerging zoonotic disease illness in a single person or any human contacts to the infected animals.

- b) Upon receipt of this report, the local health authority shall report cases to the Department as specified in this Section. Local health authorities shall report cases to the Department using EDSS according to the time frames specified in Section 690.100. The processing of

- EDSS according to the time frames specified in Section 690.100. The processing of electronic laboratory reports in EDSS or via AIMS is equivalent to reporting a case to the Department. If EDSS becomes temporarily non-functional, the local health authority may report to the Department by secure email, mail, telephone or facsimile.
- d) Confidentiality
- 1) The Department will maintain the confidentiality of information that would identify individual patients, including, but not limited to, the identity or any group of facts that tends to lead to the identity of any facility or of any person whose condition or information: disease or condition, name, age, date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and elements, alone or in combination, may be considered confidential: name, sex, social telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the EDSS, clinical and laboratory number, facsimile number, dates (other than year) directly related to an individual, findings in support of the diagnosis, epidemiological facts relevant to the source of the infection, and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required. Data defined by geographic area that are smaller than zip code, such as census tract or census block groups, may be considered confidential.
- c) The report to the Department and local health authority shall provide the following information: disease or condition, name, age, date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and elements, alone or in combination, may be considered confidential: name, sex, social telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the EDSS, clinical and laboratory number, facsimile number, dates (other than year) directly related to an individual, findings in support of the diagnosis, epidemiological facts relevant to the source of the infection, and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required. Data defined by geographic area that are smaller than zip code, such as census tract or census block groups, may be considered confidential.
- 2) The Department and local health authority will maintain the confidentiality of recipes, and vendor and distributor information collected as part of an outbreak or illness investigation. The Department or local health authority will share such information with public health partners as necessary for the purposes of an outbreak or illness investigation.
- 3) Epidemiologic information (including, but not limited to epidemiologic line listings), documents and correspondence between the Department, local health authority, the CDC and other state and federal agencies is considered confidential. The Department will share such information with public health partners as necessary for the purposes of an outbreak or illness investigation.
- 4) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of notifiable diseases or conditions to any government agency or officer, the reports shall be confidential. Any medical practitioner or other person who provides a report of a disease or condition in good faith shall have immunity from suit for slander or libel for statements made in the report. The identity of any individual contained in a report of a notifiable disease or condition or an investigation conducted pursuant to a report of a disease or condition shall be confidential, and the individual's identity shall not be disclosed publicly in an action of any kind in any court or before any tribunal, board or agency. The individual, his/her legal guardian or his/her estate, with proper consent, may have his/her information released as requested.
- 5) As outlined in the Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health information may be disclosed to public health authorities when required by federal, tribal, state, or local laws. This includes the requirements set forth in this Part that provide for reporting a disease or condition or conducting public health surveillance, investigation, or intervention. For disclosures not required by law, a public health authority may collect or receive information for the purpose of preventing or controlling disease or a condition.
- 6) To prevent the spread of a disease or condition, the Department, local boards of health, and local health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with each other. In addition, the Department and local health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with health care facilities and health care providers, to the extent necessary for treatment, prevention or control of a disease or condition. The Department will share the information in a secure manner that protects the confidentiality of the protected health information.
- 7) Subsections (d)(1) through (5) shall not prevent the Director or authorized personnel of the Department from furnishing what the Department determines to be appropriate information to a physician or institution providing examination or treatment to a person suspected of or affected with a disease or condition, including carrier status, of public health interest, or to any person or institution when necessary for the protection of public health. Only the minimum information necessary for the intended purpose shall be disclosed. A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the information so as to disclose the identity of the person to whom the information or record relates, except as necessary for the treatment of a case or carrier or for the protection of the health of others.

- 8) result, except in the event of willful and wanton misconduct. The privileged quality of communication between any professional person or any facility shall not constitute grounds for failure to provide emergency access.
- 9) information or records or data upon the condition that the Department, local boards of health, and local health authorities protect the privacy and confidentiality of any zoonotic disease to another State or federal agency, including but not limited to the Centers for Disease Control and Prevention, Federal Drug Administration and U.S. Department of Public Health Act, in accordance with federal and State law. Any medical or health information or records or data shall be exempt from inspection and copying under the Freedom of Information Act. Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might information contained in EDSS and other Department registries shall be confidential and not subject to inspection by persons other than authorized personnel or agents of the Department, certified local health authorities, and other authorized persons or agencies authorized in this Part.
 - A) In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permitting a health care provider to disclose protected health information about an individual, without the individual's authorization, to another health care provider for that provider's health care treatment of the individual (see HIPAA 45 CFR 164.506 and the definition of "treatment" at HIPAA 45 CFR 164.501), the Department may disclose information contained in EDSS and other Department registries, and the Department may permit access to the information by a licensed health care worker or health care institution that is treating or testing the individual to whom the information relates for the protection of the individual's health or the public's health, including prevention purposes.
 - B) The Department may also disclose what it considers to be appropriate and necessary information from EDSS and other Department registries to a licensed health care provider or health care institution or congregate living facility when:
 - i) the licensed health care provider or health care institution or congregate living facility has received security approval from the Department to access EDSS or the other registries and provides identifying information satisfactory to the Department to determine that the person to whom the information relates is currently being treated by or under the care of the licensed health care provider or health care institution; and
 - ii) the disclosure of the EDSS or other registries' information is in the best interests of the person to whom treatment or care is being provided or will contribute to the protection of the public health.
 - C) Disclosure may take place using electronic means compliant with HIPAA security and privacy standards. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.
 - D) A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the records so as to disclose the identity of the person to whom the information or record relates, except as necessary for the treatment of a case or carrier or for the protection of the health of others.
- e) Section 8-2101 of the Code of Civil Procedure explains the confidential character of reports obtained for medical studies. The Department and other agencies specified in that Section may collect certain information and require reporting of certain diseases and conditions for medical studies. The law provides for confidentiality of these reports, prohibits disclosure of all data obtained except that which is necessary for the purpose of the specific study, provides that data shall not be admissible as evidence, and provides that the furnishing of information in the course of a medical study shall not subject any informant to any action for damages. *No patient, patient's relatives, or patient's friends named in any medical study shall be interviewed for the purpose of the study unless consent of the attending physician and surgeon is first obtained.* (Section 8-2104 of the Code of Civil Procedure)
- f) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made by telephone within three hours after the order is issued unless the Department directs otherwise.

- g) identifiable data may be released to the extent necessary for the treatment, control, investigation or prevention of diseases and conditions dangerous to the public health.
- i) The following apply to meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (*Yersinia pestis*), rabies, hemorrhagic fevers (e.g., Lassa, Marburg, monkeypox, and Ebola) or an environmental infectious disease risk, such as hantavirus or histoplasmosis, in the location where the patient was attended to:
 - 1) Health care providers and health care facilities shall, when reporting these diseases, determine and include as part of their report whether an emergency care provider was involved in pre-hospital care for the patient.
 - h) Procedures Involving Emergency Care Provider
Every person, employer or local government employing persons rendering emergency care shall designate a contact person or "designated officer" to receive reports from the local health authority. The employer shall assure that the designated officer has sufficient training to carry out the duties described in subsection (i), which shall include appropriate procedures for follow-up after occupational exposures to specific diseases specified in subsection (i), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.
 - 2) Health care providers and health care facilities shall report to the local health authority. The employer shall assure that the designated officer has sufficient training to carry out the duties described in subsection (i), which shall include appropriate procedures for follow-up after occupational exposures to specific diseases specified in subsection (i), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.
 - 3) Upon receiving a report of a notifiable disease or condition as defined in this subsection (i), the designated officer shall notify all out-of-hospital care providers, including, but not limited to: emergency medical personnel, firefighters, law enforcement officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease.
 - 4) The designated officer shall inform the personnel only of the reportable disease, the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the person having the reportable disease or otherwise refer specifically to the person.

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS

Section 690.290 Acute Flaccid Myelitis (AFM) (Reportable by telephone as soon as possible, within 24 hours)

- a) Control of Case
No general restrictions.
- b) Control of Contacts
No general restrictions.
- c) Laboratory and Other Reporting
Laboratories shall report to the local health authority patients who have a positive result on any laboratory or other diagnostic test indicative of and specific for detecting acute flaccid myelitis, including MRI test results.

(Source: Former Section 690.290 repealed at 12 Ill. Reg. 10045, effective May 27, 1988; new Section 690.290 added at 47 Ill. Reg. 18112, effective November 22, 2023)

Section 690.295 Any Unusual Case of a Disease or Condition Not Listed in this Part that is of Urgent Public Health Significance (Reportable by telephone immediately (within three hours))

- a) Control of Case
Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's current residence or alternative location. The isolation precautions followed shall be based on the most likely pathogen.
- b) Control of Contacts
Contacts shall be evaluated to determine the need for quarantine and/or for symptoms monitoring follow-up for a period of time following exposure.
- c) Persons who identify a single case of a rare or significant disease or condition shall report the case to the local health authority. This may include, but is not limited to, cowpox, Reye's syndrome, glanders, amoebic meningoencephalitis, orf, monkeypox, hemorrhagic fever viruses, infection from a laboratory-acquired recombinant organism, or any disease or condition non-indigenous to the United States.
- d) The local health authority shall implement appropriate control measures.

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.310) Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

public health significance that may indicate a public health hazard.

(Source: Repealed at 25 Ill. Reg. 3927, effective April 1, 2001)

Section 690.320 Anthrax (Reportable by telephone immediately, within three hours, upon initial clinical suspicion of the disease) (Repealed)

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

Section 690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

a) Control of Case

1) A search shall be made for history of exposure to infected animals or animal products and traced to the place of origin. The reporting of exposures other than from infected animals or animal products shall follow the reportable guidelines for suspect bioterrorist threat or event (see Section 690.800). The Department will refer information about exposures indicating a domestic animal source within the United States to the Illinois Department of Agriculture and the United States Department of Agriculture.

2) All anthrax cases shall be reviewed carefully for consideration of a bioterrorist event.

b) Control of Contacts
No restrictions.

c) Laboratory Reporting

1) Laboratories shall report to the local health authority patients who have a positive or suspect positive result on any laboratory test indicative of and specific for detecting *Bacillus anthracis* infection.

2) Laboratories shall forward clinical materials suspected to be positive for *Bacillus anthracis* to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any food, animal or environmental test results positive for *Bacillus anthracis* from a case or outbreak investigation.

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

Section 690.322 Arboviral Infections (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

a) Control of Case
No general restrictions.

b) Control of Contacts
Sexual contacts of Zika cases should be educated about the risk of sexual transmission of Zika virus.

c) General Measures
Local health authorities shall inquire of all persons for whom an arbovirus test result is positive about recent blood donation. If a donation took place within two days to four weeks prior to onset of symptoms of donors with any suspected or known arbovirus infection, and 30 days prior to the onset of symptoms of donors with suspected West Nile virus infection, the local health authority shall notify the director of the donation facility of the donor's name, date of birth, sex, zip code, state of residence, date of donation, date of illness onset, and arboviral test results. Patient information, including test results received by donation facilities, shall be confidential.

d) Laboratory Reporting

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute arboviral infection and any positive laboratory test indicative of and specific for detecting arboviral infection in a blood donor, and organ or tissue recipient.

2) Laboratories shall hold arboviral specimens with a positive or equivocal IgM antibody reactive with the suspected agent for a minimum of 30 days. Upon request by the Department or local health authority, laboratories forward to the Department's laboratory clinical materials from patients who are suspected of having an acute

- a) Control of Case

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

Section 690.325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

- (Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)
- 1) After consultation with and approval by the Department, serum, stool or gastric aspirates from suspect cases should be collected.
- 2) Requests for botulinum antitoxin for treatment of suspect wound or foodborne botulism shall be made through the Department. Botulism immune globulin for treatment of infants with botulism can be requested through the Department.

Section 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone, facsimile, or electronically for other types)

- 4) Suspect cases shall be investigated immediately, within three hours after initial clinical suspicion.
- 5) Any food, drug or other material suspected of having botulinum toxin should be confiscated and held until consultation with the Department can occur and testing needs determined.

- b) Control of Contacts

- 1) No restrictions.
- 2) For foodborne botulism, persons who may have eaten food suspected of containing botulinum toxin should seek medical consultation.

- c) Laboratory Reporting

- 1) Laboratories shall report to the local health authority all persons for whom botulism testing is requested and all food and environmental specimens that may be associated with an outbreak.
- 2) Laboratories shall report and submit to the Department's laboratory any food samples resulting from a botulism investigation.

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)

Section 690.330 Brucellosis (Reportable by telephone as soon as possible (within 24 hours), unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)

- a) Control of Case

- 1) All Brucella cases shall be investigated with information collected on travel to a country where Brucella is endemic, consumption of unpasteurized dairy products from outside the U.S. or possible exposures related to a bioterrorism event.
- 2) If a suspect domestic animal source within the United States is identified, the Department will provide this information to the Illinois Department of Agriculture and the United States Department of Agriculture. If a suspect wild animal source is identified the Department will provide this information to the Illinois Department of Natural Resources.

- b) Control of Contacts
- No restrictions.

- c) Laboratory Reporting and Laboratory Worker Exposures

- 1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Brucella species infection.
- 2) Laboratories shall forward clinical materials, including, but not limited to, cultures, isolates or serum, suspected to be positive for Brucella species to the Department's laboratory.
- 3) Laboratories shall report and submit to the Department's laboratory any food, animal or environmental test results positive for Brucella species from a case or outbreak investigation.
- 4) Laboratories shall cooperate with public health authorities to identify any exposed laboratory workers.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)
Person shall not return to child care facilities until fever, vomiting, and diarrhea has resolved for at least 24 hours without the use of fever-reducing or antidiarrheal medications.

Section 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile, or electronically, within three days)

- b) Control of Contacts
 - a) No specific restriction of contacts.
 - c) Sale of Food, Milk, Etc. (See Section 690.30(b).)
No specific restrictions.
 - d) Laboratory Reporting
- 1) Health Care Workers, Food Handlers or Persons in Sensitive Occupations shall not work until vomiting and diarrhea has resolved for at least 48 hours without the use of antidiarrheal medications.
 - 1) Laboratories shall report to the local health authority patients from whom Campylobacter has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Campylobacter infection.
 - 2) Laboratories shall report and submit to the Department's laboratory any food, animal or human clinical Campylobacter specimens or environmental samples resulting from an outbreak investigation.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.340 Chancroid (Repealed)

(Source: Repealed at 12 Ill. Reg. 10045, effective May 27, 1988)

Section 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile, or electronically within 24 hours)

- a) Control of Case
 - 1) Children shall be excluded from school or child care facilities for a minimum of five days after the appearance of eruption (with day zero being the first day of rash appearance) or until vesicles become dry, whichever is longer.
 - 2) Adults shall be excluded from school and the workplace for a minimum of five days after the appearance of eruption (with day zero being the first day of rash appearance) or until vesicles become dry/crusted, whichever is longer.
- b) Control of Contacts
Susceptible contacts in a health care setting shall be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immuno-compromised patients. Local health authorities, in consultation with the Department, may require additional exclusions if there is reason to believe these recommendations will prevent further spread of the disease. (See Section 2310-15 of the Department of Public Health Powers and Duties Law)
- c) Health Care Facility Guidance
 - 1) All exposed susceptible patients shall be discharged as soon as feasible. All exposed susceptible patients who cannot be discharged shall be placed in airborne infection isolation and contact precautions from days 8 to 21 following exposure to the index case. For patients who receive varicella-specific immune globulin, airborne infection isolation and contact precautions shall be followed until day 28.
 - 2) All exposed susceptible health care workers shall be restricted from patient contact from days 8 to 21 following exposure to an index case; this restriction shall be extended to 28 days for persons receiving varicella-specific immune globulin.
- d) Laboratory Reporting
Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting varicella infection.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.360 Cholera (Toxigenic Vibrio cholerae O1 or O139) (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- a) Control of Case
 - 1) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers. Cases with cholera shall not work as food handlers or in sensitive

- occupations until diarrhea has ceased for at least 48 hours and three consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted within one week after notification.
- 2) **Health Care Workers and Those Who Work in Occupations Requiring Standard Precautions.** Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
- 3) **Persons who are excluded from testing in child care (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster).** Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
- b) **Control Specimens** shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
- 1) **Contacts Who Have Not Had Diarrhea During the Previous Four Weeks**
- A) **Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers**
- i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of cholera infection during the previous four weeks.
- ii) Contacts to cases of cholera who are employed as food handlers or in sensitive occupations shall submit three consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until three consecutive negative specimens are obtained, or the individual shall be restricted from working.
- iii) If any of the three release specimens is positive for toxigenic *Vibrio cholerae* O1 or O139, contacts shall be considered cases and shall be required to comply with restrictions on returning to work in subsection (a)(2).
- B) **Health Care Workers**
- Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.
- 2) **Contacts Who Currently Have, or Have Had, Diarrhea During the Previous Four Weeks**
- A) **Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers**
- i) All contacts to cases of cholera employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four weeks, shall not work in their occupations until diarrhea has ceased for at least 48 hours and they have submitted three consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
- ii) If any of the three release specimens is positive for toxigenic *Vibrio cholerae*, contacts shall be considered cases and shall comply with subsection (a)(1).

- subsection (a)(1))
- care workers who feed patients or assist patients with eating or meals, provide denture or oral care, or dispense or administer oral medications shall be restricted from these duties until three negative stool specimens are obtained, or the public health authority determines that monitoring is no longer warranted.
- B) Health Care Workers
- c) Sale of Food, Milk, etc.-(See Section 690.30(b).) including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care. When specimen submission is required, health
- d) Laboratory Reporting
- 1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting *Vibrio cholerae* infection.
 - 2) Laboratories shall forward clinical materials suspected to be positive for *Vibrio cholerae* to the Department's laboratory in accordance with the Department's specimen submission criteria, which can be accessed at: <https://dph.illinois.gov/topics-services/lab-testing-services/general-requirements.html>.
 - 3) Laboratories shall report and submit to the Department's laboratory any food or environmental *Vibrio cholerae* isolates resulting from an outbreak investigation.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.361 Coronavirus, Novel, including Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

- a) Control of Case
 - 1) The Department will make recommendations as information becomes known about the transmissibility of the novel coronavirus.
 - 2) If present rules are not adequate, alternative recommendations may be issued. See Section 690.100(d).
 - 3) When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.20(a)(4).
- b) Control of Contacts
 - 1) The Department will make recommendations for control of contacts based on transmissibility and severity of the illness caused by the novel strain. Observation and monitoring procedures shall comply with Section 690.20(a)(4).
 - 2) Close contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart I and Section 690.20(a)(4).
- c) Laboratory Reporting
 - 1) Laboratories shall report all persons with novel coronavirus (suspected or confirmed) to the local health authority. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting novel coronavirus.
 - 2) If deemed necessary by the Department or local health authority, based on factors such as number or severity of cases, novelty of the virus, or need to test for treatment purposes, laboratories shall forward clinical specimens to the Department's laboratory for further testing.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.362 Cronobacter, including *C. sakazakii* and *C. malonaticus*, in infants younger than 12 months of age (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- a) Control of Case

No specific restrictions.
- b) Control of Contacts

(Source: Former Section 690.362 repealed at 43 Ill. Reg. 2386, effective February 8, 2019; new Section 690.362 added at 48 Ill. Reg. 4098, effective February 27, 2024)

c) Laboratory Reporting

Section 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- Laboratories shall report to the local health authority patients younger than 12 months of age from whom *Cronobacter* spp. has been isolated in a clinical specimen.
- a) Control of Case
- 2) Laboratories shall forward to the Department's laboratory isolates from infants younger than 12 months of age from whom *Cronobacter* spp. has been isolated in a clinical specimen.
 - 1) Cases with diarrhea shall avoid work as food handlers, health care workers, or in sensitive occupations until diarrhea has ceased for at least 48 hours. No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.
 - 3) Laboratories shall report and submit to the Department's laboratory any food or environmental samples resulting from a *Cronobacter* case investigation.
 - 2) Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for two weeks after cessation of diarrhea.
 - 3) Cases shall not work in jobs or do volunteer work where immersion in recreational water may occur while symptomatic and for two weeks after cessation of diarrhea.
 - 4) Cases shall be excluded from school or child care facilities until diarrhea has resolved for at least 24 hours without the use of antidiarrheal medications.
- b) Control of Contacts
- Contacts with diarrhea shall not work as food handlers, health care workers, or in sensitive occupations until absence of diarrhea for 48 hours.
- c) Sale of Food, Milk, etc. (See Section 690.30(b).)
- d) Laboratory Reporting
- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting *Cryptosporidium* species infection.
 - 2) Laboratories shall report and submit to the Department's laboratory any *Cryptosporidium* positive stool, animal, food or environmental samples resulting from an outbreak investigation or upon request.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile, or electronically, within three days)

- a) Control of Case
- No restrictions are required for food handlers, health care workers or those in sensitive occupations.
- b) Control of Contacts
- 1) No specific restrictions.
 - 2) Contacts who have had similar exposures as cases should see a health care provider if diarrhea develops.
- c) Laboratory Reporting
- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting *Cyclospora* infection.
 - 2) Laboratories shall report and submit to the Department's laboratory any *Cyclospora* positive stool, food or environmental samples resulting from an outbreak investigation or upon request.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order)

b) Control of Contacts
a) Control of Case

- 1) All close contacts (household members and other persons directly exposed to oral secretions of patients with pharyngeal presentation or with direct contact with (and skin lesions in cutaneous diphtheria) are negative for diphtheria bacilli or when secretions from lesions with cutaneous presentation) shall be cultured from the nose and from the throat, provided antibiotic prophylaxis, and placed under surveillance for seven to ten days. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy, and the second culture shall be taken not less than 24 hours after the first. If culturing is unavailable or impractical, isolation may be ended after 14 days of effective appropriate antimicrobial therapy.
- 2) Contacts who are food handlers, health care workers, or in sensitive occupations shall not work in these occupations until shown, by two successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy, and the second culture shall be taken not less than 24 hours after the first.
- 3) All previously immunized close contacts should receive a booster dose of diphtheria toxoid-containing vaccines if more than five years have elapsed since their last dose. If the close contact is a child and has not received the fourth primary dose or booster, a booster is recommended even if the time since the last dose was received within the past five years.
- 4) If close contacts have received fewer than three doses of diphtheria toxoid-containing vaccines, or vaccination history is unknown, an immediate dose of diphtheria toxoid-containing vaccine should be given and the primary series completed.
- 5) All contacts found to be carriers by positive culture at screening shall be handled in the same manner as cases according to subsection (a)(1) and managed as indicated in subsection (c).
- 6) In a susceptible individual who has been exposed, antitoxin should be considered. This should be followed immediately with active immunization.-

c) Control of Carriers

- 1) Carriers discovered as the result of epidemiological follow-up of a known case or in another way (screening, etc.) shall be handled in the same manner as cases. (See subsections (a)(1) and (2).)
- 2) All previously immunized carriers should receive a booster dose of diphtheria toxoid-containing vaccines if more than one year has elapsed since their last dose.
- 3) Cultures should be repeated a minimum of two weeks after completion of antimicrobials to assure eradication of the organism.
- 4) Carriers who have received fewer than three doses of diphtheria toxoid-containing vaccines, or whose vaccination history is unknown, should receive an immediate dose of diphtheria toxoid-containing vaccine and complete the primary series.

d) Sale of Food, Milk, etc. (See Section 690.30(b).)

e) Laboratory Reporting

- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting *Corynebacterium diphtheriae* infection.
- 2) Laboratories shall forward clinical materials positive for *Corynebacterium diphtheriae* to the Department's laboratory for toxicity testing.
- 3) Laboratories shall report any request for suspected diphtheria testing as soon as possible, within three hours.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Infections)

See Tickborne Infections (Section 690.698).
(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.400 Escherichia coli Infections (E. coli O157 and Other Shiga Toxin-Producing E. coli)
(Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)
Section 690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Infections)

a) Control of Case

See Tickborne Infections (Section 690.698).

1) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers
(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Cases with E. coli infections caused by E. coli O157 or other Shiga toxin-producing E. coli shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 48 hours and two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification.

Section 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

2) Health Care Workers

Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care. When specimen submission is required, health care workers who feed patients or assist patients with eating, provide or prepare meals for patients, provide denture or oral care or dispense or administer medications, shall be restricted from these duties until two negative stool specimens are obtained or the public health authority determines based on the number of cases, risk of further infections, or other factors that monitoring is no longer warranted.

3) Day Care Attendees

Cases of E. coli O157 or other Shiga toxin-producing E. coli shall be excluded from attending a child care facility, an adult day care facility or a facility for the developmentally disabled if below the age of five years or incontinent of stool until two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered.

4) Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for two weeks after the date diarrhea has ceased.

b) Control of Contacts

1) Contacts Who Have Not Had Diarrhea During the Previous Four Weeks

A) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli infections caused by E. coli O157 or other Shiga toxin-producing E. coli strains during the previous four weeks.

ii) Contacts to cases with E. coli infections caused by O157 or other Shiga toxin-producing E. coli strains who are employed as food handlers or in sensitive occupations shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from working.

- iii) If either of the two release specimens is positive for E. coli infection caused by O157 or other Shiga toxin-producing E. coli strains, contacts who have diarrhea during the previous four weeks shall be considered cases and shall comply with subsection (a)(1).

B) Health Care Workers
Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

- ii) If either of the two release specimens is positive for E. coli infection caused by O157 or other Shiga toxin-producing E. coli strains, contacts shall be considered cases and shall comply with subsection (a)(1).

B) Health Care Workers
Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care. When specimen submission is required, health care workers who feed patients or assist patients with eating, provide or prepare meals for patients, provide denture or oral care, or dispense or administer oral medications, shall be restricted from these duties until two negative stool specimens are obtained, or if the public health authority determines based on case numbers, risk of further infections or other factors that monitoring is no longer warranted.

C) Day Care Attendees
Contacts to cases of E. coli O157 or other Shiga toxin-producing E. coli strains who currently have or have had diarrhea during the previous four weeks who attend a child care facility, an adult day care facility or a facility for the developmentally disabled and are below the age of five years or incontinent of stool shall submit two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Release specimens shall be submitted within one week after notification, or the individual shall be restricted from attendance. If either of the two specimens is positive for E. coli infection caused by O157 or other Shiga toxin producing E. coli strains, contacts shall be considered cases and shall comply with subsection (a)(3).

c) **Shiga Toxin Producing E. coli Outbreaks at a Facility Where Food Handling Occurs**

When an outbreak occurs in a facility where food handling exists, food handlers at the facility shall be considered contacts to cases and shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health authorities, in consultation with the Department, may require two consecutive negative specimens from food handlers before food handlers return to work, if there is reason to believe these individuals may be the source of the illness or could transmit disease. In all other outbreaks where there is no reason to believe these individuals may be the source of the illness or could transmit disease, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from food handling until the public health authority determines that monitoring is no longer warranted.

d) Sale of Food, Milk, etc. (See Section 690.30(b).)
(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

e) Laboratory Reporting

Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)

Laboratories shall report to the local health authority all patients who have a positive result from a stool specimen or any laboratory test indicative of and specific for detecting *Escherichia coli* O157 or other *Shiga* toxin-producing *E. coli*.
(Source: Repealed at 38 Ill. Reg. 5533, effective February 11, 2014)

Section 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

Laboratories shall submit all, telephone, facsimile or electronically isolates, broth specimen submission criteria, which can be accessed at:
<https://dph.illinois.gov/topics-services/lab-testing-services/general-requirements.html>.
(Source: Repealed at 38 Ill. Reg. 5533, effective February 11, 2014)

Section 690.430 Gonorrhea (Repealed)

(Source: Repealed at 12 Ill. Reg. 10045, effective May 27, 1988)

Section 690.440 Granuloma Inguinale (Repealed)

(Source: Repealed at 12 Ill. Reg. 10045, effective May 27, 1988)

Section 690.441 Haemophilus Influenzae, Invasive Disease (Reportable by telephone, facsimile, or electronically, within 24 hours)

a) Control of Case
No specific restrictions.

b) Control of Contacts

1) No specific restrictions.

2) When a case of Haemophilus influenzae type b occurs, chemoprophylaxis shall be considered for all household contacts in households in which there is a child less than 12 months of age (other than the index case) who has not received the primary series of Hib conjugate vaccine; or for all household contacts in households with a child less than four years of age who is inadequately immunized against Haemophilus influenzae type b; or for all household contacts in households with an immunocompromised child regardless of immunization status.

3) When two or more cases of Haemophilus influenzae type b invasive disease occur in a child care facility within 60 days and unimmunized or incompletely immunized children attend the child care facility, administration of chemoprophylaxis to all attendees and staff having sufficient contact is indicated.

c) Laboratory Reporting

1) Laboratories shall report to the local health authority when Haemophilus influenzae (any type) has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Haemophilus influenzae (any type).

2) Laboratories shall forward clinical materials from a normally sterile site that are positive for Haemophilus influenzae (any type) to the Department's laboratory.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)

a) Control of Case

The local health authority shall investigate cases to determine locations of exposure to rodents, which can transmit hantavirus, in the two months before illness onset.

b) Control of Contacts

No specific restrictions.

c) Laboratory Reporting

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting hantavirus

- a) Control of Case. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).
- b) Control of Contacts. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).
 - 2) Laboratories shall forward clinical materials positive for hantavirus to the Department's laboratory.
 - 3) Upon request of the Department, veterinary diagnostic laboratories shall send animal specimens from suspected outbreak or emerging situation to the Department.

Section 690.450 Hepatitis A (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within 24 hours)

Section 690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- 1) Cases shall be excluded from work as food handlers, health care workers or in sensitive occupations nor attend or work in childcare facilities for seven days after onset of jaundice or two weeks after onset of initial symptoms, if jaundice is not present.
 - 2) Health care workers shall not have direct patient contact or contact with patient environment and food for seven days after onset of jaundice or two weeks after onset of initial symptoms if jaundice is not present.
- b) Control of Contacts
- 1) A susceptible contact to an infectious case of hepatitis A, who is also a food handler, shall be excluded from work as a food handler for 28 days from the last exposure to the infectious case unless the contact has received a hepatitis A prophylaxis for the current exposure within 14 days of exposure. Food handling employees who work with the case are also considered contacts.
 - 2) Local health authorities may require exclusions for susceptible contacts who work in sensitive occupations or as health care workers or susceptible contacts who attend or work in a child care facility for 28 days from last exposure to an infectious case unless the contact has received hepatitis A prophylaxis for the current exposure within 14 days of exposure, and if there is a reason to believe exclusions are necessary (e.g., the nature of the work, including, but not limited to, feeding or oral care, hygienic practices of the worker, or as part of the investigation of a cluster).
 - 3) Guidelines for hepatitis A vaccine or immune globulin (IG) administration for susceptible contacts are specified in Section 690.20(b)(1), (2) and (3).
 - 4) Administration of IG is not recommended for symptomatic contacts, but testing is recommended to verify the diagnosis.
- c) Sale of Food, Milk, etc. (See Section 690.30(b).)
- d) Laboratory Reporting
- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute hepatitis A infection, including IgM specific antibodies to the hepatitis A virus (total antibody is not reportable). Upon request, laboratories shall provide liver function test results for suspect cases of hepatitis A.
 - 2) Laboratories shall hold any serum specimens positive for hepatitis A IgM antibodies for up to 14 days after collection, and upon request, submit clinical specimens to the Department's laboratory for further testing.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.451 Hepatitis B (Reportable by mail, telephone, facsimile, or electronically, within three days)

- a) Control of Cases and Carriers
No specific restrictions.
- b) Control of Contacts
 - 1) Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.

- 2) regular series of the vaccine. If required (because of failure to develop immunity after the regular series), additional doses should be given in accordance with the current published Advisory Committee on Immunization Practices recommendations as referenced in Section 690.20(a)(11).
 - 4) Susceptible contacts who have been exposed in a manner that allows for transmission of hepatitis B should receive hepatitis B immune globulin (HBIG) as early as possible following exposure, preferably within 24 hours but not more than 14 days after exposure.
 - 5) Susceptible contacts should begin hepatitis B vaccination following completion of the hepatitis B vaccine series (3-4 doses). Testing should be completed no sooner than nine months of age and at least one to two months after the last dose of the vaccine.
- c) General Measures
- 1) All pregnant persons should be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available. Pregnant persons who are at high risk for hepatitis B infection (recent history of sexually transmitted infection, multiple sex partners, injection drug use, or other possible risks of hepatitis B infection) should be re-tested upon admission.
 - 2) Health care providers shall refer pregnant persons who are HBsAg positive within seven days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts.
 - 3) Persons previously known to test positive for HBsAg shall not donate blood.
 - 4) Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (see Section 690.20(a)(8)), Updated CDC Recommendations for the Management of Hepatitis B Virus – Infected Health-Care Providers and Students (see Section 690.20(a)(1)) and the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis (see Section 690.20(a)(2)) shall be followed.
- d) Laboratory Reporting
- Laboratories shall report to the local health authority patients who:
- 1) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).
 - 2) Have a positive IgM anti-HBc, HBsAg, HBeAg, or HBV nucleic acid test (including genotype), along with any positive reportable hepatitis B virus result, including viral hepatitis markers (positive or detected), and alanine aminotransferase (ALT) results.
 - 3) Have a negative or non-detected result for HBsAg or HBV DNA, or negative anti-HBc IgM results.
 - 4) Are children younger than 5 years old, with any HBsAg and HBsAb results (positive, negative, and indeterminate).

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.452 Hepatitis C, Acute Infection, Perinatal and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile, or electronically, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
Infants born to mothers who are hepatitis C positive shall be tested for the presence of hepatitis C by polymerase chain reaction (PCR) or any other supplemental or confirmatory test. Testing shall be done no sooner than two months of age. After 18 months of age, the infant shall be tested for the presence of hepatitis C by anti-HCV testing by immunoassay.
- c) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients who receive the following tests:
 - A) Anti-HCV testing (both positive and negative results) by immunoassay (e.g., enzyme immunoassay, chemiluminescence immunoassay), or

- 4) Laboratories shall report results of the total bilirubin testing that are closest in time to the date of the positive hepatitis C result. Results (PCR) be reported once and negative with the positive in the supply, PCR, or confirmatory test that may be used.
 - d) General Measures Hepatitis C by antigen test (both positive and negative) or any other supplement be tested for hepatitis C with reference testing (HCV AB-RNA-genotype) during first trimester or first prenatal visit, and when they present to a hospital or other facility for delivery if prenatal results are not available. All that persons that are highest in time to the date of the positive hepatitis C result shall infection, multiple sexual partners, injection drug use, or other possible risks of hepatitis C infection) should be tested prior to admission to the hospital prior to delivery.
- (Source: ³) Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.
- c) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients from whom Histoplasma capsulatum has been cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Histoplasma capsulatum infection.
 - 2) Laboratories shall report and submit to the Department's laboratory any environmental Histoplasma samples resulting from an outbreak investigation.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.465 Influenza, (Laboratory Confirmed Deaths in persons younger than 18 years of age) (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) The death of a child younger than 18 years of age with laboratory-confirmed influenza (including laboratory-based rapid tests) shall be reported (see Section 690.200 for mandated reporters and reporting procedures). There should have been no period of recovery between illness and death.
- b) Laboratory
Laboratories shall forward to the Department's laboratory clinical materials that are positive for influenza from influenza death cases younger than 18 years of age upon request.

(Source: Amended at 48 Ill. Reg. 15900, effective October 23, 2024)

Section 690.468 Influenza (Laboratory Confirmed Testing via ELR only and Intensive Care Unit Admissions) (Reportable by telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
The Department will recommend control of contacts based on transmissibility and severity of the illness caused by the influenza strain.
- c) Laboratory Reporting
 - 1) Laboratories shall report all positive laboratory results for influenza to the Department via the Department's electronic lab reporting (ELR) system in a manner and on a schedule prescribed by the Department. Laboratories unable to submit

- 1) ~~The Department will make recommendations for control of contacts based on transmissibility of the novel or variant influenza virus.~~
- 2) ~~Upon request, laboratories shall forward clinical materials to the Department's laboratory 690.100(d).~~

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.469 Influenza A, Novel or Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)

- a) Control of Case
 - 2) Health care workers caring for patients with a novel or variant strain of influenza A shall be monitored for illness by the health care facility, in collaboration with the local health authority.
 - 3) Emergency medical responders and persons on farms, zoos, county fairs, households or other locations where novel or variant influenza A viruses have been identified in animals, such as swine or poultry, will be monitored for illness during their exposure and for an appropriate time after exposure.
- c) Laboratory Testing and Reporting
 - 1) Virus isolation studies on respiratory specimens from individuals with suspect variant influenza infection should not be performed by clinical laboratories unless approved by the Department.
 - 2) Laboratories shall forward clinical materials to the Department's laboratory.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

(Source: Repealed at 25 Ill. Reg. 3937, effective April 1, 2001)

Section 690.475 Legionellosis (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.
- c) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients from whom Legionella species is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Legionella infection.
 - 2) Laboratories shall forward clinical materials positive for Legionella isolates to the Department's laboratory.
 - 3) Laboratories shall report and submit to the Department's laboratory any environmental Legionella isolates resulting from a cluster or health care-associated infection investigation, or upon request.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.480 Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days) (Repealed)

(Source: Repealed at 43 Ill. Reg. 2386, effective February 8, 2019)

Section 690.490 Leptospirosis (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case

- 1) No specific restrictions.
 - 2) Laboratories shall forward clinical materials positive for Leptospira to the Department's laboratory.
 - 2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common environmental source.
 - 3) Laboratories shall report and submit to the Department's laboratory any positive environmental or animal samples resulting from an outbreak investigation.
- b) Control of Contacts
No specific restrictions.
- (Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

c) Laboratory Reporting
Section 690.495 Listeriosis (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- 1) Laboratories shall report to the local health authority patients from whom Leptospira species has been cultured or patients who have a positive result on any laboratory test indicative of and specific for detecting Leptospira species infection.
- a) Control of Case
- 1) No specific restrictions.
 - 2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common source.
- b) Control of Contacts
No specific restrictions.
- c) Laboratory Reporting
- 1) Laboratories shall report to the local health authority patients from whom Listeria monocytogenes has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting Listeria monocytogenes.
 - 2) Laboratories shall forward to the Department's laboratory clinical materials that are positive for Listeria monocytogenes.
 - 3) Laboratories shall report and submit to the Department's laboratory any food or environmental Listeria isolates resulting from an outbreak investigation, or upon request.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.500 Lymphogranuloma Venereum (Lymphograuloma Inguinale; Lymphopathia Venereum) (Repealed)

(Source: Repealed at 12 Ill. Reg. 10045, effective May 27, 1988)

Section 690.505 Lyme Disease (See Tickborne Infections)

See Tickborne Infections (Section 690.698).

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.510 Malaria (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.
- c) Laboratory Reporting
- 1) Laboratories shall report to the local health authority, regardless of the patients' state or country of residence, patients who have a positive or presumptive positive result on any laboratory test indicative of and specific for detecting Plasmodium species infection.
 - 2) If laboratories are not able to speciate malaria specimens, laboratories shall forward clinical materials, including, but not limited to, whole blood, slides and images found to contain malaria parasites to the Department's laboratory for speciation. Whole blood samples are the preferred specimen type.

(Source: Amended at 48 Ill. Reg. 4098, effective February 2/6/2024)

Section 690.520 Measles, Suspect, Probable or Confirmed (Reportable by telephone immediately within three hours, upon initial clinical suspicion or laboratory test)

- a) Controls shall be given on or after the first birthday, and a third dose at least 28 days later but All cases, including suspect cases, with measles shall isolate themselves at home and shall be excluded from school, work, and child care facilities for at least four days after appearance of the rash. Susceptible contacts with high risk of severe illnesses or complications or with measles vaccine contraindications should be given immune globulin (IG) within six days of exposure. IG is not indicated for contacts who have received one dose of vaccine at 12 months of age or older unless they are immunocompromised. Live measles vaccine shall be given five to six months later to those IG recipients, provided that the vaccine is not contraindicated.
- b)
 - 3) Susceptible contacts who have not received vaccination within the appropriate time frame shall be excluded from school, workplace, child care facility, or other facilities until 21 days after last exposure to a measles case.
 - 4) Susceptible contacts receiving IG as post-exposure prophylaxis shall isolate themselves at home and shall be excluded from school, work, and child care facilities for at least 21 days after the last exposure to a measles case. Local health authorities may increase this period of exclusion to 28 days if investigation warrants additional measures to prevent further spread of the disease.
 - 5) Health care personnel with direct patient contact shall be required to provide proof of immunity to measles as described by the Advisory Committee on Immunization Practices (see Section 690.20(a)(7)).
 - 6) Susceptible health care workers exposed to measles shall receive a dose of measles-mumps-rubella (MMR) vaccine and shall be removed from all patient contact and excluded from the facility from the fifth to the 21st day after the exposure. Susceptible health care workers may return to work on the 22nd day after exposure. Regardless of vaccination history, personnel who become ill with prodromal symptoms or rash shall be removed from all patient contact and excluded immediately from the facility until four days after the onset of the rash.
 - 7) Local health authorities, in consultation with the Department, may require additional exclusions if there is reason to believe these recommendations will prevent further spread of the disease. (See Section 2310-15 of the Department of Public Health Powers and Duties Law)
- c) Laboratory Testing and Reporting
 - 1) Laboratories shall report to the local health authority any request for measles diagnostic testing, including molecular (PCR) testing and measles IgM, immediately, within three hours. Confirmatory (PCR) testing for measles shall be conducted at IDPH Public Health Laboratories.
 - 2) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting measles virus infection.
 - 3) Laboratories shall forward clinical materials that are PCR positive for measles to the Department's laboratory.
 - 4) Upon request, laboratories performing PCR testing shall forward specimens with Not Detected results for measles to the Department's laboratory.

(Source: Amended at 48 Ill. Reg. 15900, effective October 23, 2024)

Section 690.530 Melioidosis due to *Burkholderia pseudomallei* (Reportable by telephone or electronically as soon as possible, within 24 hours)

- a) Control of Case
 - 1) No specific restrictions.
 - 2) A search will be made for a source if international travel is not reported.
 - 3) All melioidosis cases shall be reviewed carefully for consideration of a bioterrorist

- event.
 - 3) Laboratories shall report and submit to the Department's laboratory any product, or environmental test results positive for *Burkholderia pseudomallei* from a case or outbreak investigation.
 - b) Control of Contacts
- No specific restrictions.

(Source: Former Section 690.530 repealed at 32 Ill. Reg. 3777, effective March 3, 2008; new Section 690.530 added at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.540 Multi-drug Resistant Organisms Considered to be of Epidemiologic Importance Due to Either Severity of Clinical Disease, Potential for Transmission of Genetic Elements, or Opportunities for Effective Control Efforts (Reportable by telephone, facsimile, or electronically as soon as possible, within three days)

- 1) Laboratories shall forward clinical materials suspected to be positive for *Burkholderia pseudomallei* to the Department's laboratory.
- a) Control of Case
 - 1) Patients in health care facilities, including, but not limited to, long-term acute care hospitals and skilled nursing facilities, should comply with the local health authority's recommendations for control measures as supported by the Department or the CDC procedures and best practices for control of transmission.
 - 2) The health care facility shall confirm notification to a receiving facility before admission or transfer and include in admission and transfer orders if the patient is positive for an MDRO, or if the patient was screened or tested for an MDRO and the results are pending and make notification of results once testing is completed.
- b) Control of Contacts

Health care facilities should comply with the local health authority's recommendations for prevention and control measures and outbreak response as supported by the Department or CDC procedures and best practices for control of transmission.
- c) Laboratory Testing
 - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting infection or colonization of MDROs deemed to be of public health importance.
 - 2) If deemed necessary by the local health authority or the Department, laboratories shall forward clinical or environmental specimens to the Department's laboratory for further testing.

(Source: Former Section 690.540 repealed at 18 Ill. Reg. 10158, effective July 15, 1994; new Section 690.540 added at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.550 Mumps (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- a) Control of Case

Suspect, probable, and confirmed cases as defined in Section 690.10 shall be excluded from school, child care facilities or the workplace until five days after onset of symptoms (parotitis).
- b) Control of Contacts
 - 1) Susceptible close contacts to confirmed and probable cases shall be excluded from school, child care facilities or the workplace from days 12 through 25 after exposure.
 - 2) Susceptible close contacts to suspect cases in health-care facilities, or other settings where residents are at high risk for transmission or severe disease, as determined by the local health authority, shall be excluded from the facility from day 12 through day 25 after exposure.
 - 3) In outbreak settings, exclusion shall be extended from day 12 of the first case through day 25 after the last case's parotitis onset.
 - 4) Local health authorities, in consultation with the Department, may require additional exclusions if there is reason to believe these recommendations will prevent further spread of disease. (See Section 2310-15 of the Department of Public Health Powers and Duties Law)
- c) Laboratory Reporting

Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting mumps virus infection.

any laboratory test indicative of and specific for detecting mumps virus infection.

2) Vaccination should be considered in selected outbreaks following guidelines in

Section 690.20(a)(3).

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

3) Vaccination recommendations for children, adolescents and young adults are
Section 690.555 *Neisseria meningitidis* (Meningococcal Disease and Purpura Fulminans) (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

4) Recommendations for chemoprophylaxis of close contacts are specified in Section
a) Control 690.20(a)(3).

No specific restrictions.

c) Laboratory Reporting

b) Control of Contacts

1) Laboratories shall report to the local health authority patients who have a positive

1) No specific restrictions.
resusceptibility laboratory test indicative of and specific for detecting *Neisseria meningitidis* from a normally sterile site.

2) Persons with purpura fulminans diagnosed by a physician shall also be reported to the local health authority.

3) Laboratories shall forward clinical materials from a normally sterile site that are positive for *Neisseria meningitidis* to the Department's laboratory.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.560 *Ophthalmia Neonatorum* (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

(Source: Repealed at 25 Ill. Reg. 3937, effective April 1, 2001)

Section 690.565 Any Suspected or Confirmed Outbreak of a Disease of Known or Unknown Etiology that may be a Danger to the Public Health, Whether the Disease, Infection, Microorganism, or Condition is specified in the Rule (Including, but Not Limited to, Foodborne, Healthcare-associated, Zoonotic Disease or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)

a) Investigation of Outbreaks

1) Any pattern of cases, or increased incidence of any illness beyond the expected number of cases in a given period, that may indicate an outbreak, including but not limited to suspected or confirmed outbreaks of foodborne or waterborne disease, or outbreaks transmitted by laboratory acquisition, animal contact, person-to-person contact, inhalation or other transmission method, or in healthcare settings due to breaches in infection control practices shall be reported to the local health authority within 24 hours. Outbreaks shall be reported if there is a public health significance to the event, including, but not limited to, evidence of severe illness (deaths or hospitalizations), institutional outbreaks, outbreaks involving a population at increased risk for severe complications, outbreaks of reportable diseases or conditions, outbreaks of unknown etiology, outbreaks with a controllable source, or outbreaks which are very large or rapidly progressing or if there is the possibility of transmission to humans from animals.

2) All suspected or confirmed foodborne outbreaks shall be investigated by the local health authority where the food was prepared, or by the Department or another relevant agency (e.g., Illinois Department of Agriculture, federal Food and Drug Administration) if the local authority does not have regulatory authority or is unable to perform the investigation. If multiple jurisdictions are involved, the jurisdiction where the food was prepared shall be in charge of the investigation unless determined otherwise. All suspected or confirmed outbreaks not caused by foodborne transmission shall be investigated by the local health authority where the exposure occurred.

3) If the investigation determines that an outbreak has occurred, the jurisdiction in charge of the investigation shall enter the outbreak within 24 hours from notification from outbreak facility or cluster detection by local health authority into the Department's ORS. Within 30 days of the end of the outbreak investigation, the final information shall be entered into ORS.

4) When outbreaks occur in any business, organization, institution, private home or health care facility, staff in the establishment where the outbreak occurred may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.

- 2) Reporting entities as defined in Section 690.200(a)(1) are required to report any known or suspected address in the outbreak and any intoxication caused by marine organisms, including paralytic shellfish poisoning, ciguatera and scombroid.
 - 3) If the etiologic agent responsible for a foodborne or waterborne outbreak is not addressed in this Part and identified for guidance in the control of viral cause is gastroenteritis and persons in sensitive occupations, including health care workers, who are ill shall not work until 48 hours after diarrhea or vomiting has resolved.
 - 4) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and precautions are followed based on the most likely pathogen.
 - 5) The Director shall request certain reports of clinical diagnosis of disease in animals, reports of laboratory tests on animals, and clinical materials from animals when investigation based upon veterinarian and veterinary medical laboratory reports will assist in the prevention and control of disease among humans.
- b) Control of Cases
- 1) Contacts shall be evaluated to determine the need for quarantine or for symptom monitoring/follow-up by the local public health authority for the appropriate time period.
 - 2) Contacts to persons who become ill due to an outbreak shall comply with restrictions specific to each etiologic agent.
- c) Control of Contacts
- 1) Contacts shall be evaluated to determine the need for quarantine or for symptom monitoring/follow-up by the local public health authority for the appropriate time period.
 - 2) Contacts to persons who become ill due to an outbreak shall comply with restrictions specific to each etiologic agent.
- d) The local health authority shall implement appropriate control measures.
- e) Sale of Food, Milk, etc. (See Section 690.30(b).)
- f) Laboratory Reporting
- 1) Laboratories shall report to the local health authority clinical, animal, environmental or food specimens that have a positive result on a laboratory test indicative of and specific for detecting any outbreak of public health significance.
 - 2) Laboratories shall submit to the Department's laboratory any positive clinical, food, environmental or animal samples resulting from an outbreak investigation.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.570 Plague (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)

- a) Control of Case
- 1) Cases, their clothing, their living quarters and any pets shall be treated to eliminate fleas.
 - 2) The Department will refer information about animal contacts to the Illinois Department of Agriculture or the Illinois Department of Natural Resources for follow-up.
- b) Control of Contacts
- 1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and monitored daily for seven days by the local health authority or other designated individual (e.g., congregate care staff or hospital personnel).
 - 2) Contacts to bubonic plague shall be monitored daily for seven days by the local health authority or other designated individual (e.g., congregate care staff or hospital personnel) for evidence of illness and may be offered chemoprophylaxis if likely to have been exposed to a primary source such as rodent fleas.
- c) Laboratory Reporting
- 1) Laboratories shall report to the local health authority patients from whom *Yersinia pestis* is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting *Yersinia pestis* infection.
 - 2) Laboratories shall forward clinical materials that are suspect or confirmed positive

Cases of suspected cases with the Department's laboratory hospital shall isolate themselves at home, and shall be excluded from school, work, or any child care facility until the Department determines the person is no longer infectious and isolation is no longer needed. environment during an individual case or outbreak investigation.

b) Control of Contacts

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

- 1) Vaccination should begin for all susceptible contacts who have previously not been adequately immunized even though these contacts may have already been infected.

Section 690.580 Polio (Reportable by telephone immediately (within three hours) upon initial clinical suspicion of the disease)

- 2) Susceptible contacts should be monitored for compatible symptoms for two weeks after date of last exposure.

a) Control of Case

c) Laboratory Reporting

- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting polio virus infection.
- 2) Laboratories shall forward clinical materials to the Department's laboratory for confirmation within 24 hours after preliminary findings.
- 3) Laboratories shall report to the local health authority any request for polio testing as soon as possible, within three hours.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
No specific restrictions.

- b) Control of Contacts
No specific restrictions.

- c) Control of Infected Birds and Premises
If information on the source of the birds suspected of exposing the person to psittacosis is available, the Department will provide this information to the Illinois Department of Agriculture for follow-up.

d) Laboratory Reporting

- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detection of acute Chlamydophila psittaci infection.
- 2) Laboratories shall report and submit any Chlamydophila psittaci positive results on serologic testing or culture from animals during an individual case or outbreak investigation.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.595 Q-fever Due to Coxiella burnetii (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)

a) Control of Case

- 1) The local health authority should investigate cases to determine history of contact with sheep, cattle or goats, parturient cats, consumption of raw milk, or contact with laboratory cultures of Coxiella burnetii.
- 2) If multiple human cases occur in a geographic area and a suspect animal source is identified, the Department will refer the information to the Illinois Department of Agriculture.

- b) Control of Contacts
No specific restrictions.

c) Laboratory Reporting

- 1) Cases of suspect human rabies should be admitted to a health care facility. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of or specific for detecting *Coxiella burnetii* infection.
- b) Control of Contacts
Contacts who have open wound or mucous membrane exposure to the case's saliva or central nervous system fluid or tissue should receive rabies post-exposure prophylaxis from a hospital emergency department or a health care provider.
- 2) Laboratories shall report and submit any *Coxiella burnetii* positive results on serologic testing or culture from animals during an outbreak investigation.
- c) Laboratory Reporting
(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.600 Rabies, Human (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- a) 1) Laboratories shall immediately report to the local health authority by telephone all patients for whom rabies testing has been requested.
- 2) The Department's laboratory shall be contacted for instructions prior to the shipment of specimens.
- 3) Laboratories shall report to the local health authority by telephone patients who have a positive result on any laboratory test indicative of or specific for detecting acute rabies infection.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone, facsimile, or electronically, within 24 hours)

- a) Reporting of Rabies, Potential Human Exposure
Definition of exposed person to be reported:
 - 1) Any contact (bite or non-bite) to a bat; or
 - 2) Any contact (bite or non-bite) from a rabies positive animal to a person; or
 - 3) Anyone who was started on rabies post-exposure prophylaxis; or
 - 4) Anyone with exposure to saliva from a bite, or contact of any abrasion or mucous membrane with brain tissue, saliva or cerebrospinal fluid from a suspect rabid person or animal. Exposure to healthy rabbits, small rodents, indoor-only domestic pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless:
 - A) the exposure complies with subsections (a)(1) through (a)(3); or
 - B) the animal displays signs consistent with rabies; or
 - C) the bite occurred overseas; or
 - D) there is reason to suspect that rabies post exposure prophylaxis might be or has been given; or
 - 5) Any bite from a wild mammal, not including small rodents or rabbits; or
 - 6) Anyone who was in the same room as a bat and who might be unaware that a bite or direct contact has occurred (e.g., a sleeping person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person) and rabies cannot be ruled out by testing the bat; or
 - 7) Anyone bitten by a non-human primate or zoo animal.
- b) Investigations
The local health authority shall promptly investigate all known instances of potential rabies exposure to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.
- c) Control of Biting Animals
See the Animal Control Act.
- d) Reporting Animal Rabies
Any positive animal rabies test results shall be reported to both the Department and the Department of Agriculture.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.605 Respiratory Syncytial Virus (RSV) Infection (Laboratory Confirmed Testing via ELR only, Pediatric Deaths and Intensive Care Unit Admissions (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within 3 days))

- 1) Laboratories shall report all positive laboratory results for RSV to the Department via the Department's electronic lab reporting (ELR) system in a manner and on a schedule prescribed by the Department. Laboratories unable to submit results to the Department via the Department's ELR shall contact the Department for instructions on how to submit results.
- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.
- 2) Laboratories shall forward to the Department's laboratory clinical materials that are positive for RSV from RSV death cases younger than 18 years of age.
- c) The death of a child younger than 18 years of age with laboratory-confirmed RSV shall be reported (see Section 690.200 for mandated reporters and reporting procedures). There should have been no period of recovery between illness and death.

(Source: Amended at 48 Ill. Reg. 15900, effective October 23, 2024)

Section 690.610 Rocky Mountain Spotted Fever (See Tickborne Infections)

See Tickborne Infections (Section 690.698).

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- a) Control of Case
 - 1) Rubella cases shall be isolated and avoid contact with pregnant persons. If a pregnant person is exposed, a blood specimen should be obtained and tested for rubella IgG specific and IgM specific antibodies.
 - 2) Cases shall isolate themselves and be excluded from school, child care facilities or the workplace for seven days after onset of the rash.
- b) Control of Contacts
 - 1) Susceptible contacts shall be excluded from school or the workplace from days seven through 23 following rash onset after last exposure.
 - 2) Susceptible health care workers exposed to rubella should receive a dose of MMR vaccine. Susceptible exposed health care workers who do not receive a dose of MMR and those that are vaccinated after exposure shall be excluded from direct patient care for 23 days after the last exposure to rubella, as no evidence exists that post-exposure vaccination is effective in preventing rubella infection in persons already infected at the time of vaccination.
- c) Laboratory Reporting
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting rubella virus infection.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.630 Salmonellosis, Including Paratyphi B var. L(+) tartrate+ (Other than S. Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative) and S. Paratyphi C cases) (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
 - 1) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers
Cases with salmonellosis (regardless of the specimen source) shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 48 hours and two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
 - 2) Health Care Workers
Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions (regardless of the specimen source) if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker.

- 3) Cases shall avoid swimming in public recreational water venues (e.g. swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for two weeks after cessation of diarrhea. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care. When specimen submission is required, health care workers who feed patients or assist patients with eating, provide or prepare meals for patients, provide denture or oral care, or dispense or administer oral medications, shall be restricted from these duties until two consecutive negative stool specimens are obtained, or the public health authority determines that monitoring is no longer warranted.
- b) Control of Contacts
 - 1) Contacts Who Have Not Had Diarrhea During the Previous Four Weeks
 - A) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers
 - i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Salmonella infection during the previous four weeks.
 - ii) Contacts to cases of salmonellosis who are employed as food handlers or in sensitive occupations shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until two consecutive negative specimens are obtained or the individuals shall be restricted from working as food handlers.
 - iii) If either of the two release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(1).
 - B) Health Care Workers. Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.
 - 2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous Four Weeks
 - A) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers
 - i) All contacts to cases of salmonellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four weeks, shall not work in their occupations until diarrhea has ceased for at least 48 hours and two consecutive negative stool specimens have been obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
 - ii) If either of the two release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(1).
 - B) Health Care Workers
 Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be

- be submitted within one week after notification, or the individual shall be restricted from patient care. When specimen submission is required, health care workers who feed patients or assist patients with eating, provide or prepare meals for patients, provide denture or oral care or dispense or administer oral medications, shall be restricted from these duties until two consecutive negative stool specimens are obtained, or the public health authority determines that monitoring is no longer warranted.
- c) Salmonella Outbreaks at a Facility Where Food Handling Takes Place
 - d) When an outbreak occurs in a facility where food handling occurs, food handlers at the facility shall be considered contacts to cases and shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health authorities, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility.
 - e) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients from whom Salmonella has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella infection.
 - 2) Laboratories shall forward clinical materials positive for Salmonella to the Department's laboratory in accordance with the Department's specimen submission criteria.
 - 3) Laboratories shall report and submit to the Department's laboratory any Salmonella positive food, environmental or animal samples resulting from an outbreak investigation or upon request.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.635 SARS-CoV-2 Infection (COVID-19) (Laboratory Confirmed Testing via ELR only, Pediatric Deaths, and Intensive Care Unit Admissions) (Reportable electronically within three days)

- a) Control of Cases
All cases shall isolate themselves at home per CDC recommendations or as directed by the local health authority.
- b) Control of Contacts
Contacts should monitor for illness, utilize source control when around others per CDC recommendations and test as indicated to confirm infection status.
- c) Laboratory Reporting
 - 1) Laboratories and other facilities performing lab services that provide tests for screening, diagnosis, or monitoring of COVID-19 disease shall report all positive laboratory results for SARS-CoV-2 infection, including, but not limited to, all molecular and antigen to the Department via the Department's electronic lab reporting (ELR) system in a manner and on a schedule prescribed by the Department (see Section 690.200 (a)(4) and (5)). Laboratories unable to submit results to the Department via the Department's ELR shall contact the Department for instructions on how to submit results.
 - 2) If deemed necessary by the Department or local health authority, laboratories shall forward clinical specimens to the Department's laboratory for further testing.

(Source: Former Section 690.635 repealed at 44 Ill. Reg. 20145, effective December 9, 2020; new Section 690.635 added at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.640 Shigellosis (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
 - 1) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers
Cases with shigellosis (regardless of the specimen source) shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 48 hours and two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
 - 2) Health Care Workers
Local health authorities may require specimens from health care workers or those

- 3) ~~Day Work Antecedents~~ Cases of Shigella shall be restricted from the nature of the work including feeding patients, assisting patients with eating, providing oral care, preparing meal for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care. When specimen submission is required, health care workers, who provide patient care, including assisting patients with eating, providing oral care, preparing meal for patients, denture or oral care, or dispensing or administering oral medications, shall be restricted from these duties until two negative stool specimens are obtained or the local health department determines that monitoring is no longer warranted.
- 4) ~~Control of Contacts~~

1) Contacts Who Have Not Had Diarrhea during the Previous Four Weeks

A) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers

- i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Shigella infection during the previous four weeks.
- ii) Contacts to cases of shigellosis who are employed as food handlers or in sensitive occupations shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until two consecutive negative specimens are obtained or the individual shall be restricted from working as food handlers.
- iii) If either of the two release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(1).

B) Health Care Workers

Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meal for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

2) Contacts Who Currently Have, or Have Had, Diarrhea during the Previous Four Weeks

A) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers

- i) All contacts to cases of shigellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four weeks, shall not work in their occupations until diarrhea has ceased for at least 48 hours and they have submitted two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.
- ii) If either of the two release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(1).

B) Health Care Workers

Local health authorities may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meal for patients, denture or oral care, or dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

- c) **Shigella Outbreaks at a Facility Where Food Handling Takes Place**
When an outbreak occurs in a facility where food handling occurs, food handlers at the facility shall be considered contacts to cases, and shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health authorities, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility before food handlers return to work if there is reason to believe these individuals may be the source of the illnesses or could transmit disease. In all other outbreaks where there is no reason to believe these individuals may be the source of the illness or could transmit disease, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from food handling.
- d) Sale of Food, Milk, etc. (See Section 690.30(b).)
- e) **Laboratory Reporting**
- 1) Laboratories shall report to the local health authority patients from whom Shigella has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Shigella infection and antibiotic susceptibility test results.
 - 2) Laboratories shall forward clinical materials positive for Shigella to the Department's laboratory in accordance with the Department's specimen submission criteria.
 - 3) Laboratories shall report and submit to the Department's laboratory any Shigella-positive food or environmental samples resulting from an outbreak investigation.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.650 Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)

- a) **Control of Case**
Cases shall be admitted to a health care setting.
- b) **Control of Contacts**

Post-exposure immunization, within three to four days after exposure, provides some protection against disease and significant protection against a fatal outcome. It is recommended that any person with significant exposure to a person with probable or confirmed smallpox during the infectious stage of illness be immunized as soon after exposure as possible, within the first four days after exposure.
- c) Sale of Food, Milk, etc. (See Section 690.30(b).)
- d) **Laboratory Reporting**
- 1) Laboratories shall immediately report to the local health authority all persons for whom smallpox testing has been requested.
 - 2) Laboratories shall immediately report to the local health authority accidental laboratory exposures, injuries or infections in a laboratory worker working with smallpox vaccine or specimens.
 - 3) Laboratories shall contact the Department for instructions prior to the shipment of specimens.
 - 4) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting smallpox infection.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.655 Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours) (See Smallpox)

See Smallpox (Section 690.650).

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)
(Source: Repealed at 43 Ill. Reg. 2386, effective February 8, 2019)

Section 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA), Infection; Clusters of Two or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)

- a) Control of Case
(Source: Repealed at 43 Ill. Reg. 2386, effective February 8, 2019)

Section 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than 61 Days of Age (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)

factors such as the setting in which the exposure occurred and the risk of other patients or residents developing severe disease.

- c) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients from whom VISA (MIC between 4 and 8) or VRSA (MIC greater than or equal to 16) has been isolated regardless of method.
 - 2) Laboratories shall forward clinical materials with a vancomycin minimum inhibitory concentration greater than or equal to 8 to the Department's laboratory.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) In Persons in Hospitals or Residing in a Residential Facility, including antibiotic susceptibility test results (Reportable by telephone, facsimile, or electronically within 24 hours)

- a) Control of Case
 - 1) No specific restrictions.
 - 2) Health care facilities shall comply with local health authority recommendations for control measures supported by the Department or CDC procedures and best practices recommended for various healthcare settings for control of transmission.
- b) Control of Contacts
 - 1) Health care facilities shall comply with local health authority recommendations for control measures and outbreak response as supported by the Department or CDC procedures and best practices recommended for various healthcare settings for control of transmission.
 - 2) Culture of symptomatic contacts and culturing asymptomatic contacts should be considered.
- c) Laboratory Reporting
Laboratories shall retain specimens for up to 30 days and forward clinical materials to the Department's laboratory upon request.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.678 Streptococcus pneumoniae, Invasive Disease in Children Younger than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile, or electronically, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.

- c) Laboratory Reporting
 - a) Control of Case
Labs shall report to the local health authority patients younger than 5 years of age from whom Streptococcus pneumoniae has been isolated from a normally sterile site. The antibiotic susceptibility test results shall also be reported.
 - b) Control of Contacts
No restrictions.
- (Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.680 Syphilis (Repealed)
 c) Laboratory Reporting
 Laboratories shall report to the local health authority patients who have positive results on any laboratory test indicative of and specific for detecting tetanus infection, including all isolates of Clostridium tetani.
 (Source: Repealed at 12 Ill. Reg. 10045, effective May 27, 1988)

Section 690.690 Tetanus (Reportable by mail, telephone, facsimile, or electronically, within three days)
 (Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.695 Toxic Shock syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.
- c) Laboratory Reporting
Laboratories shall forward clinical materials positive for Staphylococcus aureus to the Department's laboratory upon request.

(Source: Amended at 48 Ill. Reg. 15900, effective October 23, 2024)

Section 690.698 Tickborne Infections (Includes African Tick Bite Fever, Anaplasmosis, Babesiosis, Bourbon Virus, Ehrlichiosis, Heartland Virus, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile, or electronically, within three days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.
- c) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting any tickborne infection.
 - 2) Laboratories shall hold tickborne specimens with serologic evidence of elevated IgG or IgM antibody reactive with the suspected agent for a minimum of 30 days, and upon request by the Department or local health authority forward to the Department's laboratory clinical materials from patients who are suspected by the Department or the local health authority of having an acute tickborne infection.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.700 Trachoma (Repealed)

(Source: Repealed at 25 Ill. Reg. 3937, effective April 1, 2001)

Section 690.710 Trichinosis (Trichinellosis) due to Trichinella spiralis (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three days)

- a) Control of Case
 - 1) No specific restrictions.
 - 2) The local health authority shall investigate the case's food history, identify possible sources of Trichinella, and confiscate any remaining suspect food. (See Section 2310-510 of the Department of Public Health Powers and Duties Law) If information on the suspect food source for a human trichinosis case indicates that livestock in the United States may be infected, the Department will provide this information to the Illinois Department of Agriculture for follow-up. If the animals are located outside of Illinois, the Department will relay information to the United States

- 2) ~~located outside of Illinois, the Department will relay information to the United States Department of Agriculture~~
Laboratories shall report and submit to the Department's laboratory any Trichenella-positive food, environmental or animal samples resulting from an outbreak investigation.
- b) Control of Contacts
No specific restrictions.
(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

c) Laboratory Reporting
Section 690.720 Tuberculosis (Repealed)

- 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Trichinella spiralis infection.
(Source: Repealed at 23 Ill. Reg. 10849, effective August 20, 1999)

Section 690.725 Tularemia (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours))

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No specific restrictions.
- c) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients from whom Francisella tularensis has been cultured and patients who have a positive result on any other laboratory test indicative of and specific for detecting Francisella tularensis infection.
 - 2) Laboratories shall forward clinical materials positive for Francisella tularensis to the Department's laboratory.
 - 3) Laboratories shall report and submit to the Department's laboratory any Francisella tularensis environmental or animal samples from an outbreak investigation.
 - 4) Laboratories shall cooperate with local health authorities to identify any exposed laboratory worker.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.730 Typhoid Fever and Paratyphoid Fever (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- a) Control of Case
 - 1) Persons in Non-sensitive Occupations
Cases with typhoid fever in non-sensitive occupations shall not return to their occupation until the following are completed:
 - A) Termination of the acute illness (absence of fever); and
 - B) Receipt of education on transmission of the bacterium that causes typhoid fever from the local health authority.
 - 2) Food Handlers, Adult or Child Day Care Attendees or Staff, Health Care Workers, or Persons in Other Sensitive Occupations
Cases with typhoid fever who are food handlers, adult or child care attendees or staff, health care workers, or persons in other sensitive occupations shall not work or attend day care until:
 - A) Termination of the acute illness (absence of fever); and
 - B) Receipt from the local health authority of education, including educational materials, on transmission of the bacterium that causes typhoid fever; and
 - C) Submission of three consecutive stool specimens negative for Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative) or S. Paratyphi C, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified.
 - 3) If a case of typhoid fever is identified with no foreign travel to an endemic area within 60 days of onset of illness. the local health authority shall conduct an

- Investigation to determine the source of illness. The investigation may include testing of close contacts, food handlers, adult or child care attendees or staff, health care workers, or persons in other sensitive occupations, or other measures deemed appropriate by the local health authority in consultation with the Department to identify the source of illness.
- 5) A chronic carrier is defined as:
- 4) A) A person who excretes typhoid bacilli in feces or urine and has had no symptoms of typhoid disease during the past 12 months; or
- A) A case of acute typhoid fever with onset in the last 12 months, but no longer symptomatic; and
- B) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or
- C) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or
- D) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted three negative stool specimens as described in 690.730(a)(2)(C).
- 6) Convalescent and chronic carriers shall complete and sign a typhoid fever carrier agreement. (See Section 690.30(d)(3)) The local health authority shall keep on file all signed agreements for their jurisdiction.
- 7) Convalescent and chronic carriers of typhoid fever shall not work as food handlers, adult or child care staff with direct care of children or the elderly, health care workers, or in other sensitive occupations. (See Section 2310-510 of the Department of Public Health Power and Duties Law)
- b) Control of Contacts to a Case
- 1) All contacts to cases who are food handlers, adult or child care attendees or staff, health care workers, or persons in other sensitive occupations shall not work or return to day care until submission of two consecutive stool specimens negative for Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative) or S. Paratyphi C. Specimens shall be taken not less than 24 hours apart. If the contact is symptomatic, specimens shall be following clinical recovery of the patient and the first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy.
- 2) Contacts to cases may include travel companions and other members of a tour group that has recently traveled to a country or countries where typhoid fever is endemic. If any of these contacts have symptoms of typhoid fever within 60 days prior to or after the onset of the case's symptoms, they shall submit two consecutive stool specimens negative for Salmonella Typhi, S. Paratyphi A., S. Paratyphi B (tartrate negative), or S. Paratyphi C. Specimens shall be taken not less than 24 hours apart and shall be following clinical recovery of the patient. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy.
- 3) When a confirmed case of typhoid fever occurs in a food handler, the other food handlers at the facility shall be considered contacts to the case and submit two consecutive negative stool specimens obtained at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health authorities, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility before food handlers return to work if there is reason to believe that these individuals may be the source of the illness or could transmit disease. If this does not occur, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from working.
- c) Control of Convalescent and Chronic Carriers
- 1) Carriers shall notify any physician, hospital, or other institution providing medical care or day care (adult or child) program of their carrier condition to assure proper precautions are taken.
- 2) A chronic carrier shall submit specimens of his or her stool in outbreak instances or when posing a public health risk.

- 3) A chronic carrier shall report his or her address, occupation, and place of employment, in person or in writing to the local health authority, upon request of the Department, including in outbreak instances or when the local health authority determines the carrier poses a public health risk based on the person's employment or other activities that may expose others to infection.
2) Laboratories shall forward clinical materials positive for Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative), or S. Paratyphi C to the Department's laboratory in accordance with the Department's specimen submission criteria, which can be accessed at: <https://dph.illinois.gov/topics-services/lab-testing-services/general-requirements.html>.
- d) Sale of Food, Milk, etc. (See Section 690.30(b).)
3) Laboratories shall report and submit to the Department's laboratory any Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative), or S. Paratyphi C isolates from food resulting from an outbreak investigation, or upon request.
- e) Laboratory Reporting
1) Laboratories shall report to the local health authority patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative), or S. Paratyphi C infection.

Section 690.740 Typhus (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)

- a) Control of Case
Proper delousing for louse-borne typhus is required.
- b) Control of Contacts
 - 1) Louse-infected susceptible contacts exposed to typhus shall have their clothing and bedding deloused and should be quarantined for 15 days, if possible, after application of insecticide with residual effect.
 - 2) In cases of murine typhus, the premises around the patient shall be searched for rodents.
 - 3) The local health authority shall monitor all immediate contacts for clinical signs for two weeks.
- c) Laboratory Reporting
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting typhus infection.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.745 Vibriosis (Other than Toxigenic Vibrio cholerae O1 or O139) (Reportable by mail, telephone, facsimile, or electronically as soon as possible, within three Days)

- a) Control of Case
No specific restrictions.
- b) Control of Contacts
No restrictions.
- c) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting non-cholera Vibrio infections or any food or environmental samples during an outbreak investigation.
 - 2) Laboratories shall forward clinical materials positive for non-cholera Vibrio infections to the Department's laboratory in accordance with the Department's specimen submission criteria.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)

- a) Control of Case
 - 1) Cases shall be excluded from school, child care facilities, or the workplace until five days of appropriate antibiotic therapy has been completed.
 - 2) Cases who do not receive appropriate antibiotic therapy shall be isolated for 21 days after onset of paroxysmal cough.
- b) Control of Contacts

Laboratories shall report to the local health authority patients who have positive results on any laboratory test indicative of and specific for detecting pertussis infection, including all isolates of *Bordetella pertussis*, and positive polymerase chain reaction tests for *Bordetella pertussis*. Serology and direct fluorescent antibody tests are not generally effective in diagnosing new cases.

- 2) Close contacts who are incompletely immunized should continue or initiate the primary series.
- (Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.752) Versymosis (Reportable by mail, telephone, facsimile or electronically, within seven days) (Repealed) Symptoms (Reportable by mail, telephone, facsimile or electronically, within seven days) (Repealed) workplace until five days of appropriate antibiotic therapy has been completed.

(Source: Laboratory Reporting Reg. 2386, effective February 8, 2019)

Section 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

- a) Control of Case. Cases shall be evaluated to determine need for isolation. Until etiology is determined and disease-specific recommendations are issued, initial control measures include:
 - 1) Dermatologic symptoms, non-vesicular lesions: Contact Precautions shall be followed.
 - 2) Dermatologic symptoms, vesicular lesions: Airborne Infection Isolation Precautions and Contact Precautions shall be followed.
 - 3) Gastrointestinal symptoms: Standard Precautions (use Contact Precautions for diapered or incontinent persons) shall be followed.
 - 4) Neurologic symptoms: Droplet Precautions shall be followed.
 - 5) Respiratory symptoms: Droplet Precautions (Airborne Infection Isolation preferred) shall be followed.
- b) Control of Contacts. Contacts shall be evaluated to determine need for quarantine.
- c) Reporting of Threat or Event. The local health authority shall submit a report to the Department on all bioterrorist threats or events.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

SUBPART E: DEFINITIONS

Section 690.900 Definition of Terms (Renumbered)

(Source: Renumbered to Section 690.10 at 38 Ill. Reg 5533, effective February 11, 2014)

SUBPART F: GENERAL PROCEDURES

Section 690.1000 General Procedures for the Control of Communicable Diseases (Renumbered)

(Source: Renumbered to Section 690.30 at 38 Ill. Reg. 5533, effective February 11, 2014)

Section 690.1010 Incorporated and Referenced Materials (Renumbered)

(Source: Renumbered to Section 690.20 at 38 Ill. Reg. 5533, effective February 11, 2014)

SUBPART G: SEXUALLY TRANSMITTED DISEASES

Section 690.1100 The Control of Sexually Transmitted Diseases (Repealed)

(Source: Amended at 12 Ill. Reg. 10045, effective May 27, 1988)

SUBPART H: PROCEDURES FOR WHEN DEATH OCCURS FROM INFECTIOUS DISEASES

b) *Responsibility for such labeling shall lie with the attending physician, advanced practice registered nurse, or physician assistant who certifies death, or if the death occurs in a health care facility, with such staff member as may be designated by the administrator of the facility.* [201 ILCS 250/97] **Section 690.1200. Death of a Person Who Had a Known or Suspected Communicable Disease**
 Upon the death of a person who is suspected of having an infectious or communicable disease or who was known to be a carrier or known to be subclinically infected with a disease that could be transmitted through contact with the person's body or bodily fluids, the body shall be labeled "Infection Hazard", or with an equivalent term to inform persons having subsequent contact with the body, including any funeral director and HIV and Recommendations for Postexposure Prophylaxis." (See Section 690.20(a)(2))

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)
 The label shall be prominently displayed on and affixed to the outer wrapping or covering of the body if the body is wrapped or covered in any manner.

Section 690.1210 Funerals (Repealed)

(Source: Repealed at 18 Ill. Reg. 10158, effective July 15, 1994)

SUBPART I: ISOLATION, QUARANTINE, AND CLOSURE

Section 690.1300 General Purpose

The purpose of this Subpart is to implement the powers of the Department of Public Health in matters of quarantine and isolation, as authorized in Section 2 of the Department of Public Health Act. This Subpart establishes provisions for Department orders for isolation; quarantine; facility closure; physical examinations and tests; administration of vaccines, medications, and treatments; and observation and monitoring. This Subpart applies to Tuberculosis infection and disease, which is also regulated under the Control of Tuberculosis Code (77 Ill. Adm. Code 696).

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1305 Department of Public Health Authority

- a) The Department *has supreme authority in matters of quarantine and isolation, and may declare and enforce quarantine and isolation when none exists, and may modify or relax quarantine and isolation when it has been established.* (Section 2(a) of the Act) *The Department may order a person or a group of persons to be quarantined or isolated or may order a place to be closed and made off limits to the public on an immediate basis without prior consent or court order if, in the reasonable judgment of the Department, immediate action is required to protect the public from a dangerously contagious or infectious disease.* (Section 2(c) of the Act)
- b) The Department *may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(d) of the Act)
- c) The Department *may order the administration of vaccines, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(e) of the Act)
- d) The Department *may order observation and monitoring of persons to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(f) of the Act)
- e) In addition to the public health measures in this Subpart, the Department may take actions that it considers necessary to prevent the spread of any dangerously contagious or infectious disease, based on the Department's evaluation of the actions taken by the certified local health department and whether the disease has spread since the certified local health department's actions were initiated.
- f) The Department has primary jurisdiction to isolate or quarantine persons or groups of persons if a dangerously contagious or infectious outbreak has affected more than one county or has multi-county, statewide or interstate public health implications. If isolation is imposed by the Department, the certified local health department may not alter, amend, modify, or rescind any Department order without the express permission of the Department. The Department may rescind any order issued by a certified local health department if the need arises and shall notify the local authority of that action.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1310 Local Health Authority

- a) *All local boards of health, health authorities and officers, police officers, sheriffs and all*

~~other officers and employees of the State or any locality shall enforce the rules in this Subpart and orders issued by the Department pursuant to Section 2 of the Act. (Section 2(a) of the Act)~~ collection of specimens, administration of vaccines, medications and treatments, and observation and monitoring and to issue and enforce orders to certified local health departments within the State of Illinois.

- b) This Subpart applies to all local health departments certified pursuant to the Certified Local Health Department Code (77 Ill. Adm. Code 600).
(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1315 Responsibilities and Duties of the Certified Local Health Department

- c) In accordance with Section 2310-15 of the Department of Public Health Powers and Duties Law, the Department has the general authority to delegate to a certified local health department, for the purpose of local administration and enforcement, the duties that the Department is authorized to enforce. Due to the need for immediate action to respond to a threat of a dangerously contagious or infectious disease, the Department delegates its powers to issue orders for isolation, quarantine or closure; physical examinations and tests;
- a) The certified local health department shall, in coordination with the Department, administer and enforce the standards set forth in this Subpart.
- b) The certified local health department shall have the authority to:
- 1) Investigate any case or suspected case of a notifiable communicable disease or condition; and
 - 2) Institute disease control and contamination control measures, including physical examination, testing, counseling, treatment, vaccination, decontamination of persons, isolation, quarantine, inspection and closure of buildings and facilities, or other measures considered necessary. (See Section 2310-15 of the Department of Public Health Powers and Duties Law)
- c) The certified local health authority shall be responsible for the surveillance and investigation of any dangerously contagious or infectious disease that occurs in its jurisdiction and shall report all surveillance and investigations to the Department. (See Section 690.200.) In cooperation with the Department, the certified local health authority is responsible for instituting measures for disease control, which may include implementing the isolation, quarantine and closure orders of the Department.
- d) For each reported case or suspected case of a reportable condition, the certified local health authority shall assess the situation and, in consultation with the Department, identify the least restrictive means of controlling the transmission of the disease.
- e) The certified local health authority shall notify the Department upon issuing or discontinuing any order for isolation, quarantine or closure. The notification shall be made telephonically within 3 hours after issuance or discontinuation of the order unless otherwise directed by the Department.
- f) In consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, animal control, schools, the local judicial system, and any other entity that the certified local health authority considers necessary, the certified local health authority shall establish plans, policies, and procedures for instituting and maintaining emergency measures necessary to prevent the spread of a dangerously contagious or infectious disease or contamination.
- g) The certified local health authority shall notify health care providers who are within the certified local health authority's jurisdiction regarding the requirements of this Subpart.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.1320 Responsibilities and Duties of Health Care Providers

- a) Every health care provider shall provide adequate, understandable instruction to the following persons in control measures designed to prevent the spread of disease:
- 1) Each patient with a dangerously contagious or infectious disease who is under his or her care; and
 - 2) Other persons as appropriate to prevent the spread of disease.
- b) Every health care provider shall cooperate with the Department and the certified local health department during the investigation of:
- 1) A case or suspected case of a dangerously contagious or infectious disease; and
 - 2) An outbreak or suspected outbreak of a dangerously contagious or infectious disease.
- c) If any health care provider having under observation or care any person with a dangerously contagious disease is of the opinion that the person is uncooperative or unwilling to adhere to prescribed treatment or medical instruction, the health care provider shall report the facts to the Department or certified local health department, which shall investigate or have

advise. Upon receipt of notification from a health care facility about a potential patient elopement from the facility, the certified local health department shall investigate or have investigated the circumstances alleged and may issue a verbal order for isolation or quarantine.

- d) If a person subject to isolation or quarantine is already in a health care facility, the Department or the certified local health department may direct the facility to hold the person. If a health care facility has grounds to believe that a patient may leave the health care facility without authorization, the health care facility shall contact the Department or certified local health department immediately and be prepared to provide the Department or certified local health department with all records and information related to the treatment and management of the person. The facility shall take all reasonable measures to encourage the person to remain in the facility through means such as education and counseling, and, when necessary, by utilizing appropriate restrictions to prevent the person from leaving the facility.
- e) If proper isolation or quarantine of a person cannot be accomplished in a home setting, hospitalization may be required by the Department or certified local health department. Neither public health agency shall bear the cost of such hospitalization.

(Source: the Adelsanto 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1325 Conditions and Principles for Isolation and Quarantine

- a) The Department and the certified local health department shall adhere to the following conditions and principles when ordering the isolation or quarantine of a person or group of persons:
 - 1) Isolation or quarantine shall be by the least restrictive means necessary to prevent the spread of a dangerously contagious or infectious disease to others consistent with the rules of the Department or in guidelines issued by the Centers for Disease Control and Prevention, and may include, but is not limited to, confinement to private homes or other public or private premises;
 - 2) Isolated individuals shall be confined separately from quarantined individuals;
 - 3) The health status of isolated or quarantined individuals shall be monitored regularly to determine whether they require continued isolation or quarantine;
 - 4) A quarantined individual shall promptly be placed in isolation if the individual subsequently becomes infected or is reasonably believed to have become infected with a dangerously contagious or infectious disease that the Department or certified local health department believes poses a significant threat to the health and safety of other quarantined individuals;
 - 5) Isolated or quarantined individuals shall be released when the Department or certified local health department determines that the individuals pose no substantial risk of transmitting a dangerously contagious or infectious disease that would constitute a serious or imminent threat to the health and safety of others;
 - 6) To the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals and in establishing and maintaining isolation or quarantine premises;
 - 7) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means (e.g., through prayer) to treat a dangerously contagious or infectious disease in accordance with religious tenets and practices, nor shall anything in this Subpart be deemed to prohibit a person so relying who is infected with a dangerously contagious or infectious disease from being isolated or quarantined in a private place of his or her own choice, provided that the location is approved by the Department or certified local health department. The Department or certified local health department may isolate infected individuals who decline treatment for the period of time they are believed to be infectious and may quarantine individuals for the period during which they may become infectious. The department or
- b) An individual who is subject to an order of isolation or quarantine may supply the addresses and/or telephone numbers of friends and/or relatives to receive notification of the person's detention and the Department or the certified local health department shall, upon request, provide notice to at least one such contact person and, where reasonably practicable under the totality of the circumstances, may provide notice to a reasonably number of persons that the individual is being detained.
- c) An individual who is detained in a medical facility, premises or other isolation or quarantine facility shall not conduct himself or herself in a disorderly manner, and shall not leave or attempt to leave such facility or premises until he or she is discharged pursuant to this Subpart.
- d) Management of a dangerously contagious or infectious disease for an affected area may require the coordinated use of local, regional, State, and national resources to specify one or more affected areas to be placed under isolation or quarantine or to be closed, so as to protect as many people as possible in the least restrictive means. If defining the precise boundaries and time frame of the exposure is not possible, or changes as additional

information becomes available, the Department or certified local health department shall

- a) ~~The Department or certified local health department may order the latest available information to persons in the affected area:~~ *a place to be closed and made off limits to the public on an immediate basis without prior consent or court order if, in the reasonable*
- e) ~~The Department encourages certified local health departments to collaborate with State, federal and local entities public in forming the needs of isolated or quarantined persons in a systematic and consistent fashion, including, but not limited to, the need for adequate food, clothing, shelter, communication with persons outside these settings, medication, and medical care.~~

- 1) The Department or the certified local health department has reason to believe that a person ~~is or may be~~ *is* infected with, exposed to, or contaminated with a dangerously contagious or infectious disease that could spread

Section 690.1330 Order and Procedure for Isolation, Quarantine and Closure

- 2) The Department or the certified local health department has reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for isolation; and
- 3) The Department or the certified local health department has first made efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, and inspection and closure of facilities, or has determined that seeking voluntary compliance would create a risk of serious harm.
- b) *All police officers, sheriffs and all other officers and employees of the State or any locality shall enforce the rules and regulations so adopted and orders issued by the Department or the certified local health department. (Section 2(a) of the Act) The Department or certified local health department may request the assistance of police officers, sheriffs, and all other officers and employees of any political subdivision within the jurisdiction of the Department or certified local health department to immediately enforce an order given to effectuate the purposes of this Subpart.*
- c) If the Department or certified local health department orders the immediate isolation or quarantine of a person or group of persons:
- 1) The immediate isolation or quarantine order shall be for a period not to exceed the period of incubation and communicability, as determined by the Department or certified local health department, for the dangerously contagious or infectious disease.
- 2) The Department or certified local health department shall issue a written isolation or quarantine order within 24 hours after the commencement of isolation or quarantine pursuant to a verbal order, which shall specify the following:
- A) The identity of all persons or groups subject to quarantine or isolation, if known;
- B) The premises subject to quarantine, isolation or closure;
- C) *Notice of the right to counsel;*
- D) *Notice that if the person or owner is indigent, the court will appoint counsel for that person or owner;*
- E) *Notice of the reason for the order for isolation, quarantine or closure, including the suspected dangerously contagious or infectious disease, if known;*
- F) *Notice of whether the order is an immediate order, and if so, the time frame for the Department or certified local health department to seek consent or to file a petition requesting a court order;*
- G) *Notice of the anticipated duration of the isolation, quarantine, or closure, including the dates and times at which isolation, quarantine, or closure commences and ends (Section 2(c) of the Act);*
- H) A statement of the measures taken by the Department or the certified local health department to seek voluntary compliance or the basis on which the Department or the certified local health department determined that seeking voluntary compliance would create a risk of serious harm;

- 1) A statement regarding the medical basis on which isolation, quarantine, or closure is justified, e.g., clinical manifestations; physical examination; laboratory tests, diagnostic tests or other medical tests; epidemiologic information; or other evidence of exposure or infection available to the Department or certified local health department at the time.
- d) Verbal Orders.
 - 1) The Department or certified local health department may issue a verbal order of isolation, quarantine, or closure without prior notice to the person or group of persons if the delay in imposing a written order of isolation, quarantine, or closure would jeopardize the Department's or certified local health department's ability to prevent or limit:
 - A) The transmission of a dangerously contagious or infectious disease that poses a threat to the public; or
 - B) The transmission of an infectious agent or possibly infectious agent that poses a threat to the public health;
 - 2) A verbal order of isolation, quarantine, or closure issued under this Subpart:
 - A) Is valid for 24 hours and shall be followed up with a written order;
 - B) May be verbally communicated by a first responder to the person or group of persons subject to isolation, quarantine, or closure; and
 - C) May be enforced by the first responder until a written order is issued.
- e) *In the event of an immediate order issued without prior consent or court order, the Department or certified local health department shall, as soon as practical, within 48 hours after issuing the order, obtain the consent of the person or owner or file a petition requesting a court order authorizing the isolation, quarantine or closure. When exigent circumstances exist that cause the court system to be unavailable or that make it impossible to obtain consent or file a petition within 48 hours after issuance of an immediate order, the Department or certified local health department must obtain consent or file a petition requesting a court order as soon as reasonably possible. (Section 2(c) of the Act)*
 - 1) The petition for a court order authorizing involuntary isolation or quarantine of a person or group of persons or the closure of premises shall specify the following:
 - A) The identity of all persons or groups subject to isolation or quarantine, if known;
 - B) The premises subject to isolation, quarantine or closure;
 - C) The reason for the order for isolation, quarantine or closure, including the suspected dangerously contagious or infectious disease if known;
 - D) The date and time at which isolation, quarantine or closure will commence;
 - E) The anticipated duration of isolation, quarantine, or closure based on the suspected dangerously contagious or infectious disease, if known;
 - F) The measures taken by the Department or the certified local health department to seek voluntary compliance or the basis on which the Department or the certified local health department determined that seeking voluntary compliance would create a risk of serious harm;
 - G) The medical basis on which isolation, quarantine or closure is justified, e.g., clinical manifestations; physical examination; laboratory tests, diagnostic tests or other medical tests; epidemiologic information; or other evidence of exposure or infection available to the Department or certified local health department at the time.
 - 2) The petition shall be accompanied by the declaration of the Department or the certified local health department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- f) Upon filing a petition requesting a court order authorizing the isolation, quarantine or closure, or a petition requesting continued isolation, quarantine, or closure, the Department or certified local health department shall serve a notice of the hearing upon the person or persons who are being quarantined or isolated or upon the owner of the property that is being closed at least 24 hours before the hearing. If it is impractical to provide individual notice to large groups who are isolated or quarantined, a copy of the notice shall be posted in a designated location. The notice shall contain the following information:

- g) ~~a designated location. The notice shall contain the following information:~~
~~To obtain a court order, the Department or certified local health department, by clear and convincing evidence, must prove that the public's health and welfare are significantly endangered by a person or group of persons that has, that is suspected of having, that has been exposed to, or that is reasonably believed to have been exposed to a dangerously contagious or infectious disease, including non-compliant tuberculosis patients or that the public's health and welfare have been significantly endangered by a place where there is a significant amount of activity likely to spread a dangerously contagious or infectious disease. The person's right to appear at the hearing; and~~
~~The grounds and underlying facts upon which continued isolation, quarantine or closure is sought;~~
~~The person's right to counsel, including the right, if the person is indigent, to be represented by counsel designated by the court.~~
~~For purposes of this subsection, in determining whether no less restrictive alternative exists, the court shall consider evidence showing that, under the circumstances presented by the case in which an order is sought, quarantine or isolation is the measure provided for in a rule of the Department or in guidelines issued by the Centers for Disease Control and Prevention or the World Health Organization. (Section 2(c) of the Act)~~
- 1) Isolation, quarantine, or closure authorized as a result of a court order shall be for a period not to exceed 30 days from the date of issuance of the court order.
 - 2) The Department or certified local health department may petition the court to continue the isolation, quarantine, or closure beyond the initial 30 days.
 - 3) The Department or the certified local health department may petition the court to provide interpreters.
 - 4) Prior to the expiration of a court order for continued isolation, quarantine, or closure, the Department or certified local health department may petition the court to continue isolation, quarantine, or closure, provided that:
 - A) The Department or certified local health department provides the court with a reasonable basis to require continued isolation, quarantine, or closure to prevent a serious and imminent threat to the health and safety of others.
 - B) The request for a continued order shall be for a period not to exceed 30 days.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1335 Isolation or Quarantine Premises

- a) Entry into isolation and quarantine premises shall be restricted under the following conditions:
 - 1) The Department or certified local health department shall authorize health care providers or others to have access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined persons;
 - 2) No person, other than the persons authorized by the Department or certified local health department, shall enter the isolation or quarantine premises;
 - 3) Any person entering isolation or quarantine premises shall be provided by the Department or the certified local health department with infection control information and may be required to wear personal protective equipment or to receive medication or vaccination as appropriate;
 - 4) Any person entering isolation or quarantine premises with or without authorization by the Department or certified local health department may be isolated or quarantined; and
 - 5) The Department or certified local health department shall permit a reasonable number of individuals to enter the isolation or quarantine area if the individual signs a consent form stating that he or she has been informed of the potential health risks, isolation and quarantine guidelines of the Department or the certified local health department, and the consequences of entering the area. The individual may not hold the Department, the certified local health department, the unit of local government, or the State or any employees or agents thereof, responsible for any consequences of entering the isolation or quarantine area. If an individual poses a danger to public health by entering an isolation or quarantine area, the individual shall be subject to isolation or quarantine according to this Section.
- b) Persons who are subject to isolation and quarantine and persons who enter isolation and quarantine premises shall obey the isolation or quarantine orders of the Department or the certified local health department. Failure to do so shall constitute a Class A misdemeanor

- a) Pursuant to 20 ILCS 2305/2(k) and 20 ILCS 2305/8.1, an order issued by the Department, a certified local health department or the circuit court in accordance with this Subpart shall be enforced by all local and statewide law enforcement, and all other law enforcement agencies shall be prominently placed with jurisdiction of the certified local health department.
 - c) Signs of isolation, quarantine, or closure shall be prominently placed with jurisdiction of the certified local health department and posted on all sides of the building wherever access is possible.
 - b) The Department or certified local health department may request the assistance of police officers, used for isolation or quarantine shall be maintained to minimize the likelihood of the jurisdiction of the Department or certified local health department.
 - d) Persons, used for isolation or quarantine shall be maintained to minimize the likelihood of the jurisdiction of the Department or certified local health department.
- (Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1340 Enforcement

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1345 Relief from Isolation, Quarantine, or Closure

- a) Any person or group of persons who are isolated or quarantined or who are owners of places subject to closure may seek relief from the local circuit court. Any person or persons who are isolated or quarantined or who are owners of places subject to closure by order of the Department or certified local health department may apply to the court for an order to show cause why the individual or group should be released or the place should be opened.
- b) A request for a hearing under this Section shall not stay or enjoin an isolation, quarantine or closure order. To obtain release from a public health order, the person or persons, by clear and convincing evidence, must prove that the public's health and welfare are not significantly endangered by the person, persons or place subject to the order.
- c) In any proceedings brought for relief under this Section, in extraordinary circumstances and for good cause shown, the Department or certified local health department may move the court to extend the time for a hearing. The court, in its discretion, may grant the extension, giving due regard to the rights of the affected persons, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.
- d) Any hearing for relief under this Section involving a petitioner or petitioners considered to be contagious for a dangerously contagious or infectious disease shall be conducted in a manner that uses appropriate infection control precautions and minimizes the risk of disease transmission.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1350 Consolidation

In any proceeding brought pursuant to this Subpart, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected persons, the severity of the threat to the public's health, and the availability of necessary witnesses and evidence, the Department or the certified local health department may petition the court to order the consolidation of individual claims into group claims when:

- a) The number of individuals involved or to be affected is so large as to render individual participation impractical;
- b) There are questions of law or fact common to the individual claims or rights to be determined;
- c) The group claims or rights to be determined are typical of the affected persons' claims or rights; and
- d) The entire group will be adequately represented in the consolidation.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1355 Access to Medical or Health Information

- a) *To prevent the spread of a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the condition that the Department, local boards of health, and local public health authorities shall protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to this Section in accordance with federal and State law. (Section 2(h) of the Act)*
- b) *Any medical or health information or records or data provided to the Department or certified local health department shall be exempt from inspection and conveying under the*

~~2) The records requested under this Section shall be provided as soon as possible after the request is submitted to the health care provider or as soon as possible after the information, records, reports, statements, notes, memoranda, or other data in the possession of the health care provider receives the results of any relevant diagnostic testing of the individual, local boards of health, or local public health authorities shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency, or person. (Section 2(h) of the Act)~~

- 3) The production of records under this Section is for the benefit of the public health and safety of the citizens of the State. A health care provider is encouraged to provide copies of the medical records or other records necessary to carry out the purpose of this Subpart free of charge.
- c) Copies of Medical Records and Diagnostic Tests
 - 1) Health care providers and governmental entities shall, when requested, provide a copy of the medical records and diagnostic test results that are relevant to a public health order to the Department or certified local health department and to the individual who is subject to the public health order.
 - 4) A health care provider that is a State governmental entity shall provide medical records or other records necessary to carry out the purposes of this Subpart free of charge.
- d) *The privileged quality of communication between a professional person or any facility shall not constitute grounds for failure to provide emergency access to the Department or certified local health department. (Section 2(h) of the Act)*
- e) Medical records held by a court related to orders of isolation, quarantine or closure shall be sealed by the circuit court.
- f) *Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might otherwise result by reason of these actions except in the event of willful and wanton misconduct. (Section 2(h) of the Act)*

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1360 Right to Counsel

- a) *Persons who are or are about to be ordered to be isolated or quarantined and owners of places that are or are about to be closed and made off limits to the public shall have the right to counsel. (Section 2(c) of the Act)*
- b) *If a person or owner is indigent, the court shall appoint counsel for that person or owner. (Section 2(c) of the Act)*
- c) The Department or certified local health department may petition the court to allow alternate communication between the affected groups or persons and their representative for the court hearing and occasions outside the court hearing, depending on the mode of transmission of the disease.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1365 Service of Isolation, Quarantine, or Closure Order

- a) Orders for isolation, quarantine or closure shall be delivered in a manner reasonably calculated to give the person actual notice of the terms of the order. The Department or certified local health department shall serve notice of the isolation, quarantine or closure order as follows:
 - 1) By personal service to the person, except in cases where personal delivery would represent a spread of or exposure to a dangerously contagious or infectious disease; or
 - 2) By certified mail, postage prepaid, return receipt requested to the person's last known address; or
 - 3) By electronic transmission via e-mail or telefacsimile, provided that any available means of determining and recording receipt of such notice will be made and further provided that notice by certified mail shall accompany electronic transmission.
- b) The individual making personal service pursuant to this Section shall provide a written declaration under penalty of perjury identifying the person served and the time, date, and manner of service as proof of service.
- c) If the order for isolation, quarantine or closure applies to a group of persons and it is impractical under the circumstances to provide individual notice, the Department or certified local health department may post or publish the order in a conspicuous location as an acceptable alternative to personal service. If the notice is posted or published, the Department or certified local health department shall omit the names and identities of persons and shall take other measures respecting the privacy of the persons

persons and shall take other measures respecting the privacy of the persons.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

d) If the Department or certified local health department determines that serving or posting the order according to subsections (a) and (c) of this Section is impractical because of the number of persons to be isolated or quarantined or the geographical area affected, the Department or certified local health department shall use the best means available, such as through the media or automated emergency telephone systems, to fully inform the affected persons of the order. Each record shall, when applicable, consist of the isolation, quarantine, or closure order; any medical, laboratory, epidemiologic, or other information in support of the order; evidence submitted by the person under isolation, quarantine, or closure; written findings and recommendations of the Department or any certified local health department; and any summary notes of the hearing.

e) Where there is no personal service of an order, the order shall be deemed an advisory directive and shall not trigger any rights of judicial review or be enforceable by law enforcement.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1375 Voluntary Isolation, Quarantine, or Closure

- a) Prior to instituting mandatory isolation, quarantine, or closure pursuant to this Subpart, the Department or certified local health department may request that a person or group of persons voluntarily confine themselves to a private home or other facility.
- b) When isolation is initiated by a hospital or physician, such isolation is voluntary and not at a public health order. When a patient with a dangerously contagious or infectious disease no longer consents to or has left isolation against a physician's orders, the hospital or physician shall immediately inform the certified local health department.
- c) If the Department or certified local health department obtains voluntary consent, the consent shall be in writing and shall inform the person or group of persons of the following:
 - 1) The terms and duration of the isolation, quarantine, or closure;
 - 2) The importance of complying with the order of isolation, quarantine, or closure to protect the public's health;
 - 3) That each person has the right to agree or refuse to agree to the order of isolation, quarantine, or closure and to seek a judicial review of the order;
 - 4) That for any person who consents to the order of isolation, quarantine, or closure:
 - A) The order of isolation, quarantine, or closure will not be reviewed by the court unless the person withdraws consent to the order for isolation, quarantine, or closure; and
 - B) The person shall notify the certified local health department verbally, confirmed in writing immediately, but not later than 24 hours, if the person intends to withdraw consent to the order for isolation, quarantine, or closure; and
 - 5) A breach of a consent agreement or revocation of a consent agreement prior to the end of the order of isolation, quarantine, or closure shall subject the person to an involuntary order of isolation, quarantine, or closure.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens

- a) *The Department or certified local health department may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(d) of the Act)
- b) Persons who are subject to physical examination, tests and collection of laboratory specimens shall report for physical examinations, tests, and collection of laboratory specimens and comply with other conditions of examinations, tests, and collection as the Department or certified local health department orders.
- c) *An individual may refuse to consent to a physical examination, test, or collection of laboratory specimens, but shall remain subject to isolation or quarantine, provided that, if those persons are isolated or quarantined, they may request a hearing in accordance with this Subpart.* (Section 2(d) of the Act)
- d) *An individual shall be given a written notice that shall include notice of the following:*

- 4) ~~That if the individual refuses to consent to physical examination, tests, or collection of laboratory specimens~~; and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart. (Section 2(f) of the Act)
- 2) ~~That if the individual consents to physical examination, tests, or collection of laboratory specimens, the results of that examination, test, or collection of laboratory specimens shall be subject to the provisions of this Subpart;~~
- e) All specimens collected may be subject to isolation or quarantine pursuant to the provisions of this Subpart;
- f) Specimen collection, handling, storage, and transport to the testing site shall be performed in a manner that will reasonably preclude specimen contamination and provide for the safe laboratory storage, handling, and results of the specimen.
- g) Any person who otherwise poses a danger to the public shall be subject to the procedures to ensure proper record keeping, handling, labeling, and identification of specimens to be tested. This requirement applies to all specimens, including specimens collected using on-site testing kits.
- h) Nothing in this Section shall be construed to limit the Department or certified local health department's ability to conduct physical examinations and tests or to collect laboratory specimens on a voluntary basis or from engaging in other methods of voluntary disease surveillance.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1385 Vaccinations, Medications, or Other Treatments

- a) *The Department or certified local health department may order the administration of vaccinations, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(e) of the Act)
- b) Persons who are required to receive treatment, including, but not limited to, vaccination and medication, shall comply with other conditions of vaccination, medication, or other treatment as the Department or certified local health department orders.
- c) *An individual may refuse to receive vaccinations, medications, or other treatments, but shall remain subject to isolation or quarantine, provided that, if the individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart.* (Section 2(e) of the Act)
- d) *An individual shall be given a written notice that shall include notice of the following:*
 - 1) *That the individual may refuse to consent to vaccinations, medications, or other treatments;*
 - 2) *That if the individual refuses to receive vaccinations, medications, or other treatments, the individual may be subject to isolation or quarantine pursuant to the provisions of this Subpart; and*
 - 3) *That if the individual refuses to receive vaccinations, medications, or other treatments and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart.* (Section 2(f) of the Act)
- e) Nothing in this Section shall be construed to limit the Department's or certified local health department's ability to administer vaccinations, medications, or other treatments on a voluntary basis or to prohibit the Department or certified local health department from engaging in other methods of voluntary disease surveillance.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1390 Observation and Monitoring

- a) *The Department or certified local health department may order observation and monitoring of persons to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(f) of the Act)
- b) Persons who are subject to observation and monitoring shall comply with other conditions of observation and monitoring as the Department or certified local health department orders.
- c) *An individual may refuse to undergo observation or monitoring, but shall remain subject to isolation or quarantine, provided that, if an individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart.* (Section 2(f) of the Act)

- may request a hearing in accordance with this Subpart. (Section 2(f) of the Act)
- danger to the public's health, the individual may be subject to isolation or quarantine pursuant to the provisions of this Subpart; and*
- d) *An individual shall be given a written notice that shall include notice of the following:*
- 1) *That, if the individual refuses to undergo observation or monitoring and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart. (Section 2(f) of the Act)*
 - 2) *That, if the individual consents to observation and monitoring, the results of that observation and monitoring may subject the individual to isolation or quarantine pursuant to the provisions of this Subpart.*
- e) Nothing in this Section shall be construed to limit the Department's or certified local health department's ability to conduct observation and monitoring on a voluntary basis or to prohibit the Department or certified local health department from engaging in other methods of voluntary disease surveillance.
- That if the individual refuses to undergo observation or monitoring and that refusal results in uncertainty regarding whether the individual has been exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a*
- (Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1400 Transportation of Persons Subject to Public Health or Court Order

The Department or certified local health department shall work with local law enforcement, local emergency medical services and health providers in their jurisdiction to identify appropriate methods of transporting persons to court or to a place for examination, quarantine, isolation, or treatment of the person or group of persons who are subject to a public health order or court order under this Subpart.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1405 Information Sharing

- a) Whenever a certified local health department learns of a case of a reportable illness or health condition, an unusual cluster, or a suspicious event that may be the cause of a public health emergency as that term is defined in Section 4 of the Illinois Emergency Management Agency Act, it shall immediately notify the Department, the Illinois Emergency Management Agency, and the appropriate State and local law enforcement authorities.
- b) Sharing of medical information on persons with reportable illnesses or health conditions, unusual disease or symptom clusters, or suspicious events between the Department, certified local health departments and law enforcement authorities shall be restricted to information necessary for the treatment, control of, investigation of, containment of, and prevention of a public health emergency, as that term is defined in Section 4 of the Illinois Emergency Management Act, or for criminal investigation or criminal prosecution of or arising out of that matter.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1410 Amendment and Termination of Orders

- a) The Department or certified local health department that issued the order of isolation, quarantine, or closure shall periodically reexamine the reasons upon which the order of isolation, quarantine, or closure was based. This reexamination shall occur upon any significant change in circumstances or scientific recommendations, but in any event must be done at least every 30 days.
- b) If, at any time, the Department or certified local health department determines that the conditions justifying the order of isolation, quarantine, or closure no longer exist, the Department or certified local health department shall:
 - 1) Immediately discharge the person or group of persons or the owner whose place was subject to closure from the order of isolation, quarantine, or closure if the order was issued by the Department or certified local health department; or
 - 2) File a petition with the local circuit court requesting that the person or group of persons be discharged and the court order for isolation, quarantine or closure be terminated.
- c) If the Department or certified local health department determines that the conditions justifying the order of isolation, quarantine, or closure continue to exist, the Department or certified local health department shall send to the person or group of persons a written notice of:
 - 1) The Department's or certified local health department's findings, the expected duration of the order of isolation, quarantine or closure, and the reason for the decision; and
 - 2) The individual's right to a judicial review of the order of isolation, quarantine, or

- a) ~~Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with a Department of certified judicial health department of certified local health and department shall file a petition with the local circuit court within 48 hours after the individual's request (Section 2(k) of the Act)~~
- d) ~~Upon an individual's request for judicial health department of certified local health and department shall file a petition with the local circuit court within 48 hours after the individual's request (Section 2(k) of the Act)~~
- b) ~~The Department of certified local health department shall give the affected person an official written order to be enforced during and during the termination of the provisions of the Department directing or closure.~~

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1415 Penalties

SUBPART J: REGISTRIES

Section 690.1500 Extensively Drug-Resistant Organism Registry

- a) This Section establishes an Extensively Drug-Resistant Organism (XDRO) Registry to collect data on persons entering health care facilities who have been diagnosed with an XDRO infection. Options for treating patients with XDRO infections are often limited, and XDRO infections are associated with increased lengths of stay, costs and mortality. The Registry is established to protect patients and to stop the spread of communicable disease in health care facilities.
- b) XDROs to be included in the registry include non-duplicative XDROs considered to be of epidemiologic importance due to either severity of clinical disease, potential for transmission of genetic elements, or opportunities for effective control efforts.

(Source: Amended at 38 Ill. Reg. 5533, effective February 11, 2014)

Section 690.1510 Entities Required to Submit and Query Information

- a) The Department requires the following health care facilities to report patient incident information regarding extensively drug-resistant organisms (XDROs):
 - 1) Hospitals;
 - 2) Hospital-affiliated clinical laboratories;
 - 3) Independent or free-standing laboratories;
 - 4) Long-term care facilities;
 - 5) Long-term acute care hospitals (LTACHs);
 - 6) Dialysis centers;
 - 7) Specialized mental health rehabilitation facilities; and
 - 8) Other high-risk health care facilities serving high-risk patients.
- b) The Department requires the following health care facilities to query or implement alert notification with the XDRO Registry in order to identify new admissions with XDROs:
 - 1) Hospitals;
 - 2) Long-term acute care hospitals;
 - 3) Skilled nursing and intermediate care facilities; and
 - 4) Dialysis centers.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.1520 Information Required to be Reported

- a) A facility required to submit XDRO information shall report each Non-Duplicative XDRO Isolate, as specified in this Section, to the Department.
- b) The information to be reported shall be provided in a format designated by the Department and may be submitted either by direct electronic transmission or entry into a website. The

and may be submitted either by direct electronic transmission or entry into a website. The information to be reported is divided into four subject areas, each containing a particular set of information. The four subject areas of the incidence report shall include the following:

- 1) Facility Data – facility identification number provided by the Department, the medical record number, and the date of admission.
 - 2) Patient Data and Address – patient's full name (including maiden name, when applicable and available), last four digits of the Social Security number (if available), telephone number and residential address, including street address, city, county, state and postal code.
 - 3) Personal Data – patient's birth date, sex, race and ethnicity (if available); pertinent records related to the XDRO diagnosis, treatment, and follow-up for the purposes of infection control and quality improvement.
 - 4) Culture Data – specimen collection date, specimen source, isolate genus, isolate species, specific carbapenemase name (if known), antibiotic resistance criteria for entry into the Registry; and
- c) Reporting facilities shall report laboratory confirmed XDROs, including, but not limited to, *Candida auris* and Carbapenem-resistant Organisms.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Section 690.1530 Methods of Reporting XDRO Registry Information

- a) All patients identified at a reporting facility with a non-duplicative XDRO are reportable to the Registry within seven calendar days after the test result is finalized.
- b) A reporting facility may report XDRO infections by one of the following methods:
 - 1) Option #1. Electronic Reporting: Health care facilities that have the capacity to submit laboratory data electronically may use this option.
 - 2) Option #2. Manual Entry into a Website: Facilities that do not have the capacity to submit laboratory data electronically shall submit the data through a Department-approved website.
- c) All reporting facilities are responsible for complete case finding, which means identifying all non-duplicative XDRO isolates.

(Source: Added at 37 Ill. Reg. 12063, effective July 15, 2013)

Section 690.1540 Availability of Information

- a) The Department will use information in the XDRO Registry for the following purposes:
 - 1) To provide appropriate information to a physician or institution providing care or treatment to a person;
 - 2) To alert health care facilities of the admission of a patient with an XDRO infection;
 - 3) To assess the burden of XDROs in health care facilities located in Illinois; and
 - 4) To identify clusters or outbreaks requiring response efforts for containment of further transmission, including, but not limited to, cohorting, isolation, point prevalence surveys, and other infection control activities recommended by the CDC based on the clinical conditions of patients or residents, XDRO prevalence, and other factors.
- b) The Department will maintain the confidentiality of information in the XDRO Registry that would identify individual patients. The Department will handle confidentiality of XDRO Registry information as set forth in Section 690.200(d).
- c) The Department may release summary statistics from the XDRO Registry to highlight or prevent a population based public health problem or to highlight the State or regional burden of XDROs. Any summary statistics released by the Department will not reveal the identity