DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

SUBPART C: REPORTING

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

	California Encephalitis, St. Louis Encephalitis, Dengue Fever and West Nile Virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.325	Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)
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 or facsimile for other types)
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)
690.335	Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.340	Chancroid (Repealed)
690.350	Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically , within 24 hours)
690.360	Cholera (Toxigenic Vibrio cholerae O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.362	Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases) (Reportable by mail, telephone, facsimile or electronically within Seven days after confirmation of the disease) (Repealed)
690.365	Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.368	Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.370	Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)
690.380	Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order)
690.385	Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)
690.386	Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)
690.390	Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.400	Escherichia coli Infections (E. coli O157:H7 and Other Shiga Toxin Producing E. coli~~, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli~~) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.410	Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)

690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.430 Gonorrhea (Repealed)
690.440 Granuloma Inguinale (Repealed)
690.441 Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)
690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)
690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.452 Hepatitis C, Acute Infection and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.468 Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
690.469 Influenza A, Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)
690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.475 Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
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)
690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.495 Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia

	Venereum) (Repealed)
690.505	Lyme Disease (See Tickborne Disease)
690.510	Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.520	Measles (Reportable by telephone as soon as possible, within 24 hours)
690.530	Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.540	Meningococcemia (Reportable by telephone as soon as possible) (Repealed)
690.550	Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
690.555	Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.560	Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.565	Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)
690.570	Plague (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
690.580	Poliomyelitis (Reportable by telephone immediately, within three hours) upon initial clinical suspicion of the disease)
690.590	Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
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)
690.600	Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.601	Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)
690.610	Rocky Mountain Spotted Fever (See Tickborne Disease)
690.620	Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
690.630	Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.635	Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
690.640	Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

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

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

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)

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

690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)

690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) (Reportable by telephone or facsimile, within 24 hours)

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)

690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

690.680 Syphilis (Repealed)

690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.695 Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.698 Tickborne Disease (Includes Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile or electronically, within seven days)

690.700 Trachoma (Repealed)

690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.720 Tuberculosis (Repealed)

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))

690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within

SUBPART J: REGISTRIES

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

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 42 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 690.10 Definitions

"Acceptable Laboratory" − A laboratory that is certified under the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493), which implements the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263).

"Act" – The Department of Public Health Act of the Civil Administrative Code of Illinois [20 ILCS 2305].

"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 µm or smaller in size)) (see Section 690.20(a)(7)).

"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.

"Bioterrorist Threat or Event" – The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any microorganism, virus, infectious substance, or biological product, to cause death, disease or other biological malfunction in a human, an animal, a plant or another living organism.

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

"Carbapenem Antibiotics" – A class of broad-spectrum beta-lactam antibiotics.

"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.

"Case" − Any living or deceased person having a recent illness due to a communicable disease.

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

"Probable Case" − A case that is classified as probable 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 and who does not yet meet the definition of a probable or confirmed case.

"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).

"Chain of Custody" − The methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results.

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

"Cleaning" − The removal of visible soil (organic and inorganic material) from objects and surfaces, normally accomplished by manual or mechanical means using water with detergents or enzymatic products.

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

"Cluster" – Two or more persons with a similar illness, usually associated by place or time, unless defined otherwise in Subpart D.

"Communicable 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 source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment.

"Contact" − Any person known to have been sufficiently associated with a 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, in the opinion of the Department, there is a risk of the individual contracting the contagious disease. A contact can be a household or non-household contact.

"Contact Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the patient 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 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)).

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

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

a large number of serious or long-term disabilities in the affected population; or

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.

"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.

"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.

"Epidemic" − The occurrence in a community or region of cases of a communicable disease (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 antibiotics.

"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 USC 101), as well as emergency management, public health, clinical care, public works, 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 or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food. Any person who dispenses medications by hand, assists in feeding, or provides mouth care shall be considered a food handler for the purpose of this Part. In health care facilities, this includes persons who set up meals for patients to eat, feed or assist patients in eating, give oral medications, or give mouth/denture care. In day care facilities, schools and community residential programs, this includes persons who prepare food, feed or assist attendees in eating, or give oral medications to attendees.

"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, 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, 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.

"Health Care Worker" − Any person who is employed by (or volunteers his or her services to) 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.

"Health Information Exchange" – The mobilization of healthcare information electronically across organizations within a region, community or hospital system; or, for purposes of this Part, an electronic network whose purpose is to accomplish the exchange, or an organization that oversees and governs the network.

"Health Level Seven" – Health Level Seven International or "HL7" is a not-for-profit, American National Standards Institute (ANSI)-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7 produces standards for message formats, such as HL7 2.5.1, that are adopted for use in public health data exchange between health care providers and public health.

"Illinois' National Electronic Disease Surveillance System" or "I-NEDSS" − A secure, web-based electronic disease surveillance application utilized by health care providers, laboratories and State and local health department staff to report infectious diseases and conditions, and to collect and analyze additional demographic, epidemiological and medical information for surveillance purposes and outbreak detection.

"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.

"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.

"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.

"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, and droplet precautions (see Section 690.20(a)(7)).

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

"Monitoring" – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. Monitoring may also include the institution of community-level social distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Community-level social

distancing 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 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.

"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 of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations. The number of cases indicating presence of an outbreak is disease specific.

"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.

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

"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, utensils, dishes, linens or unwrapped single service or single use articles or in the preparation of food.

"Sensitive Occupation" − An occupation 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, health care workers and child care facility personnel.

"Sentinel Surveillance" – A means of monitoring the prevalence or incidence of infectious disease or syndromes through reporting of cases, suspect cases, or carriers or submission of clinical materials by selected sites.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.

"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 resistance against a particular pathogenic agent to prevent developing infection or disease if or when exposed to the agent.

"Suspect Case" − A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Syndromic Surveillance" − Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case, event or ~~an~~ 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.

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

"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 from animals to people.

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 690.30 General Procedures for the Control of Communicable Diseases

This Section establishes routine measures for the control of communicable diseases by the Department or local health authorities and health care providers, and establishes progressive initiatives to ensure that disease-appropriate measures are implemented to control the spread of communicable diseases. These procedures are intended for use in homes and similar situations. This Section does not apply to sexually transmissible infections, which are regulated under the Control of Sexually Transmissible Infections 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) Each case or cluster of a reportable communicable disease 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.

3) The Department or local health authority may investigate the occurrence of cases, suspect cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purposes of verifying the existence of disease; ascertaining the source of the disease-causing agent; identifying unreported cases; locating and evaluating contacts of cases and suspect cases; identifying those at risk of disease;

determining necessary control measures, including isolation and quarantine; and informing the public if necessary.

4) When the Director determines that a certain disease or condition that is known or suspected to be communicable or infectious warrants study, 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 specific study. 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.

5) When two or more cases of a suspected or reportable infectious disease occur in any business, organization, institution, health care facility or private home, the business owner, the person in charge of the establishment, 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 food preparation methods; menus; lists of customers, attendees, residents or patients; environmental specimens; food specimens; clinical specimens; and the name and other pertinent information about employees, guests, members or residents diagnosed with a communicable disease as the information relates to an infectious disease 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.

6) When two or more cases of a reportable communicable disease occur in association with a common source, the investigation should include a search for additional cases.

7) The Department may conduct sentinel surveillance for an infectious disease or syndrome, other than those diseases or syndromes for which general reporting is required under this Part, if the Department determines that sentinel surveillance will provide adequate data for the purpose of preventing or controlling disease or achieving other significant public health purposes in a defined geographic area or the entire State. The

Department shall select, after consultation with the sites, sentinel surveillance sites that have epidemiological significance for the disease or syndrome under investigation. A disease or syndrome may be removed from sentinel surveillance if the Department determines that the surveillance is no longer necessary. The Department shall provide a description, in writing, to sentinel surveillance sites of a specific, planned mechanism for surveillance of the disease or syndrome and, as necessary, submission of clinical materials from cases and suspect cases.

8) 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.

9) Investigations of outbreaks shall be summarized in a final report and submitted to the Department. The most current summary form shall be used, and a narrative report may also be requested.

10) Syndromic Data Collection

A) *The Department, in order to prevent and control disease, injury or disability among citizens of the State, may develop and implement, in consultation with local public health authorities, a statewide system for syndromic data collection through access to interoperable networks,* health *information exchanges and databases. The Department may also develop a system for the reporting of comprehensive, integrated data to identify and address unusual occurrences of disease symptoms and other medical complexes affecting the public's health.*

B) *The Department may enter into contracts or agreements with individuals, corporations, hospitals, universities, not-for-profit corporations, governmental entities,* health information exchanges, *or other organizations,* under which *those individuals or entities agree to provide assistance in the compilation of the syndromic data collection and reporting system.*

C) *The Department shall not release any syndromic data or information obtained pursuant to this subsection* (a)(10) *to any*

individuals or entities for purposes other than the protection of the public health. All access to data by the Department, reports made to the Department, the identity of, or facts that would tend to lead to the identity of the individual who is the subject of the report, and the identity of, or facts that would tend to lead to the identity of, the author of the report shall be strictly confidential, are not subject to inspection or dissemination, and shall be used only for public health purposes by the Department, governmental entities, *local public health authorities, or the Centers for Disease Control and Prevention. Entities or individuals submitting reports or providing access to the Department shall not be held liable for the release of information or confidential data to the Department in accordance with this subsection* (a)(10). (Section 2(i)(A) through (C) of the Act)

11) Investigations conducted by the Department or local health authority may include, but are not limited to:

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 dangerously contagious or infectious disease in a region, community, or workplace; to conduct epidemiologic studies; to determine whether a patient with a reportable dangerously contagious or infectious disease has received adequate treatment to render the patient non-infectious or whether a person exposed to a case has received prophylaxis, if appropriate. Review of records may occur without patient consent and shall be conducted at times and with such notice as is possible under the circumstances;

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 reportable condition;

C) Medical examination and testing of persons, with their explicit consent;

D) Obtaining, from public or private businesses or institutions, the identities of and locating 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 dangerously contagious or infectious disease 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 reportable dangerously contagious or infectious disease;

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 reportable 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.

1) Campylobacteriosis

2) Cholera

3) Cryptosporidiosis

4) Diphtheria

5) E. coli infections (Shiga toxin-producing E. coli~~, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli~~)

6) Foodborne or waterborne illness

7) Hepatitis A

8) Norovirus

9) Salmonellosis

10) Shigellosis

11) Smallpox

12) Staphylococcal skin infections

13) Streptococcal infections

14) Typhoid fever

~~15)~~ ~~Yersiniosis~~

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.

2) Persons suspected of being infected with a reportable 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 while acute symptoms are present.

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.

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.

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 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 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, Norovirus, as necessary in response to an outbreak.

e) Persons with diarrhea or vomiting of infectious or unknown cause shall not work in sensitive occupations or as food handlers until 48 hours after diarrhea and vomiting have resolved 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.

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following diseases and conditions are declared to be contagious, infectious or communicable

and may be dangerous to the public health. 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 reportable disease.

a) Class I(a)
The following diseases shall be reported immediately (within three hours) by telephone, upon initial clinical suspicion of the disease, 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 indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 24 hours to the Department laboratory.

1)	Any unusual case of a disease or condition caused by an infectious agent not listed in this Part that is of urgent public health significance	690.295
2)	Anthrax*	690.320
3)	Botulism, foodborne	690.327
4)	Brucellosis* (if suspected to be a bioterrorist event or part of an outbreak)	690.330
5)	Diphtheria	690.380
6)	Influenza A, Novel Virus	690.469
7)	Plague*	690.570
8)	Poliomyelitis	890.580
9)	Q-fever* (if suspected to be a bioterrorist event or part of an outbreak)	690.595
10)	Severe Acute Respiratory Syndrome	690.635

11)	Smallpox	690.650
12)	Tularemia* (if suspected to be a bioterrorist event or part of an outbreak)	690.725
13)	Any suspected bioterrorist threat or event	690.800

b) Class I(b)

The following diseases 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 indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within 7 days after identification of the organism to the Department laboratory.

1)	Botulism, intestinal, wound, and other	690.327
2)	Brucellosis* (if not suspected to be a bioterrorist event or part of an outbreak)	690.330
3)	Chickenpox (Varicella)	690.350
4)	Cholera*	690.360
5)	Escherichia coli infections* (E. coli O157:H7 and other Shiga toxin-producing E. coli~~, enterotoxigenic E. coli, enteropathogenic E. coli and enteroinvasive E. coli~~)	690.400
6)	Haemophilus influenzae, meningitis and other invasive disease*	690.441
7)	Hantavirus pulmonary syndrome*	690.442
8)	Hemolytic uremic syndrome, post-diarrheal	690.444

9)	Hepatitis A	690.450
10)	Influenza admissions into intensive care unit	690.468
11)	Measles	690.520
12)	Mumps	690.520
13)	Neisseria meningitidis, meningitis and invasive disease*	690.555
14)	Outbreaks of public health significance (including, but not limited to, foodborne and waterborne outbreaks)	690.565
15)	Pertussis* (whooping cough)	690.750
16)	Q-fever due to Coxiella burnetii* (if not suspected to be a bioterrorist event or part of an outbreak)	690.595
17)	Rabies, human	690.600
18)	Rabies, potential human exposure and animal rabies	690.601
19)	Rubella	690.620
20)	Smallpox vaccination, complications of	690.655
~~21)~~	~~Staphylococcus aureus, Methicillin resistant (MRSA) clusters of two or more cases in a community setting~~	~~690.658~~
~~22)~~	~~Staphylococcus aureus, Methicillin resistant (MRSA), any occurrence in an infant under 61 days of age~~	~~690.660~~
21~~23~~)	Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin*	690.661
22~~24~~)	Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections	690.670
23~~25~~)	Tularemia* (if not suspected to be a bioterrorist event or part of an outbreak)	690.725

	2426)	Typhoid fever*	690.730
	2527)	Typhus	690.740

c) Class II

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

1)	Arboviral Infection* (including, but not limited to, Chikungunya fever, California encephalitis, Dengue fever, St. Louis encephalitis and West Nile virus)	690.322
2)	Campylobacteriosis	690.335
~~3)~~	~~Creutzfeldt-Jakob Disease~~	~~690.362~~
34)	Cryptosporidiosis	690.365
45)	Cyclosporiasis	690.368
56)	Hepatitis B and Hepatitis D	690.451
67)	Hepatitis C	690.452
78)	Histoplasmosis	690.460
89)	Influenza, deaths in persons less than 18 years of age	690.465
910)	Legionellosis*	690.475
~~11)~~	~~Leprosy~~	~~690.480~~

1012)	Leptospirosis*	690.490
1113)	Listeriosis*	690.495
1214)	Malaria*	690.510
1315)	Psittacosis due to Chalmydia psittaci	690.590
1416)	Salmonellosis* (other than typhoid fever)	690.630
1517)	Shigellosis*	690.640
1618)	Toxic shock syndrome due to Staphylococcus aureus infection	690.695
~~19)~~	~~Streptococcus pneumoniae, invasive disease in children less than five years~~	~~690.678~~
1720)	Tetanus	690.690
1821)	Tickborne Disease, including Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme disease, and Spotted Fever Rickettsiosis	690.698
1922)	Trichinosis	690.710
2023)	Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139)	690.745
~~24)~~	~~Yersiniosis~~	~~690.752~~

* Diseases for which laboratories are required to forward clinical materials to the Department's laboratory.

d) When an epidemic of a disease 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 42 Ill. Reg. _____, effective _____)

Section 690.110 Diseases Repealed from This Part

a) The following diseases have been repealed from this Part and are no longer reportable.

1) Amebiasis

2) Blastomycosis

3) Creutzfeldt Jakob Disease (CJD)

43) Diarrhea of the newborn

54) Giardiasis

65) Hepatitis, viral, other

7) Leprosy (Hansen's Disease)

86) 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 less than 61 days of age

117) Streptococcal infections, group B, invasive disease, of the newborn

12) Streptococcus pneumonia, invasive disease in children less than 5 years

13) Yersiniosis

b) The following diseases have been repealed from this Part, but are reportable under the Section specified:

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

3)	Gonorrhea	77 Ill. Adm. Code 693.20
4)	Ophthalmia neonatorum	77 Ill. Adm. Code 693.20
5)	Syphilis	77 Ill. Adm. Code 693.20
6)	Tuberculosis	77 Ill. Adm. Code 696.170

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART C: REPORTING

Section 690.200 Reporting

a) Reporting Entities and Manner of Reporting

1) Each of the following persons or any other person having knowledge of a known or suspect case or carrier of a reportable communicable disease or communicable disease death shall report the case, suspect case, carrier or death in humans within the time frames set forth in Section 690.100:

A) Physicians

B) Physician assistants

C) Nurses

D) Nursing assistants

E) Dentists

F) Health care practitioners

G) Emergency medical services personnel

H) Laboratory personnel

I) Long-term care personnel

J) Any institution, school, college/university, child care facility or camp personnel

K) Pharmacists

L) Poison control center personnel

M) Blood bank and organ transplant personnel

N) Coroners, funeral directors, morticians and embalmers

O) Medical examiners

P) Veterinarians

Q) Correctional facility personnel

R) Food service management personnel

S) Any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death

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

2) An individual required to report reportable diseases 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 results in health consequences.

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 applicable requirements of isolation, exclusion, quarantine, screening, treatment or prophylactic measures and other precautions necessary to prevent the spread of disease. Health care providers and facilities shall relay the diagnosis of diseases directly to the

emergency care provider. The identity or addresses of the person having the disease shall not be disclosed.

4) Laboratories shall report certain positive test results and provide clinical materials as specified in Subpart D or if requested. Upon request of the local health department, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory shall comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department.

5) The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone, facsimile, other secure electronic system integrated with I-NEDSS, or other Department designated registry to the local health authority in whose jurisdiction the reporter is located.

A) The method of reporting shall be as described in the individual Section for the reportable disease.

B) Laboratories shall submit data electronically through I-NEDSS by January 1, 2016, via Health Level 7 (HL7) 2.3.1 format or higher 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 I-NEDSS.

C) 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.

D) The reporter shall provide, when available, the case name, contact

information and physician of the case.

E) A laboratory 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 locating 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, within 24 hours (during normal business hours) for Class I(b) diseases and within seven days for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case shall be transferred electronically in I-NEDSS with additional relevant information supplied to the other jurisdiction. If a known or suspect case or carrier of a reportable communicable disease 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.

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 the I-NEDSS web-based system according to the time frames specified in Section 690.100. If I-NEDSS becomes temporarily non-functional, the local health authority may report to the Department by mail, telephone or facsimile. Prior to an I-NEDSS disease-specific module becoming operational statewide, the local health authority shall submit demographic and morbidity information electronically through I-NEDSS and additional case report information by mail or facsimile to the Department according to the time frames specified in Section 690.100.

c) The report to the Department shall provide the following information: name, age,

date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the I-NEDSS web-based system, clinical and laboratory 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.

d) Confidentiality

1) The Department will maintain the confidentiality of information that would identify individual patients.

2) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of communicable disease to any government agency or officer, the communicable disease reports shall be confidential. Any medical practitioner or other person who provides a report of communicable disease 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 communicable disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease or foodborne illness 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.

3) 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 disease 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.

4) To prevent the spread of a contagious or infectious disease, the Department, local boards of health, and local public 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 public 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 ~~and~~ control of a contagious disease or a dangerously contagious or infectious disease. The Department will share the information in a manner that protects the confidentiality of the protected health information.

5) Subsections (d)(1) through (3) ~~of this Section~~ 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.

6) To prevent the spread of a contagious disease, or 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 protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to Section 2 of the 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 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.

7) The Department will provide information pertaining to human or animal cases of zoonotic disease to another State or federal agency only if the disease is reportable to the agency or if another agency is assisting with control of an outbreak.

8) Information contained in I-NEDSS 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 I-NEDSS 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 I-NEDSS and other Department registries to a licensed health care provider or health care institution when:

i) the licensed health care provider or health care institution has received security approval from the Department to access I-NEDSS 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 I-NEDSS 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 and prevention of diseases and conditions dangerous to the public health. Identifiable data can be shared for conditions of public health significance, e.g., as permitted by HIPAA regulations, the Medical Studies Act,

and the Health Statistics Act. As described in the Health Statistics Act, a Department-approved Institutional Review Board, or its equivalent on the protection of human subjects in research, will review and approve requests from researchers for individually identifiable data.

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).

i) The following apply to: meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (Yersinia pestis), rabies, hemorrhagic fevers (e.g., Lassa, Marburg and Ebola):

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.

2) Health care providers and health care facilities shall report to the local health authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified in subsection (i)(3), 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 reportable disease 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.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.362 Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases) (Reportable by mail, telephone, facsimile or electronically within seven days after confirmation of the disease) (Repealed)

~~a) Control of Case~~

~~1) Standard precautions shall be followed.~~

~~2) Material contaminated or infected with prions requires laboratory Biosafety Level 2 containment.~~

~~3) Prions are highly resistant to standard disinfection and sterilization procedures. See disinfection procedures in Section 690.20(b).~~

~~4) Direct contact with all potentially contaminated organ or tissue samples, especially cerebrospinal fluid, and waste should be avoided. It is recommended not to reuse potentially contaminated instruments, including, but not limited to, surgical equipment, specimen containers, knives, blades, cutting boards, and centrifuge tubes.~~

~~5) An autopsy or biopsy of the brain should be performed to confirm suspected cases.~~

~~b) Control of Contacts~~
~~No restrictions.~~

~~c) 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 CJD.~~

~~2) Laboratories shall forward clinical materials from patients suspected of having CJD to the National Prion Disease Pathology Surveillance Center.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)

Section 690.400 Escherichia coli Infections (E. coli O157:H7 and Other Shiga Toxin Producing E. coli~~, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli~~) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Case

~~1)~~ ~~Standard precautions shall be followed.~~
~~Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea is absent for 24 hours.~~

1~~2~~) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers
Cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing E. coli shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, no sooner than 48~~24~~ hours after diarrhea has ceased, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification. If noncompliant with stool testing, the food handler is eligible to return to work 30 days after the date diarrhea has ceased.

2~~3~~) Health Care Workers
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 or oral care, hygienic practices of the worker, 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. If noncompliant with stool testing, the health care worker is eligible to return to work 30 days after the date diarrhea has ceased.

~~4)~~ ~~Cases of enterotoxigenic E. coli, enteropathogenic E. coli, or enteroinvasive E. coli shall not work as food handlers or in sensitive~~

~~occupations, including health care, until diarrhea has ceased for at least 48 hours. Release specimens are not required for persons with these types of E. coli infections.~~

35) Day Care Attendees
Cases of E. coli O157:H7 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. If noncompliant with stool testing, the day care attendee is eligible to return to day care 30 days after the date diarrhea has ceased.

46) Day Care Staff
Cases of E. coli O157:H7 or other Shiga toxin producing E. coli who work in a child care facility, an adult day care facility, or a facility for the developmentally disabled, and who directly care for attendees or handle food, shall not return to work 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. Specimens shall be submitted beginning within one week after notification. If noncompliant with stool testing, the day care staff member is eligible to return to work 30 days after the date diarrhea has ceased.

5) 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 O157:H7 or other Shiga toxin-producing strains during the previous four weeks.

ii) Contacts to cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing 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. If noncompliant with stool testing, the contact is eligible to return to day care 30 days after the date diarrhea has ceased.

iii) If either of the two release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(2) ~~of this Section~~.

B) Health Care Workers
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 or oral care, hygienic practices of the worker 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. If noncompliant with stool testing, the contact is eligible to return to work 30 days after the date diarrhea has ceased.

~~C)~~ ~~Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers~~

~~or in sensitive occupations, including health care workers, and have not had diarrhea within the previous four weeks are not required to submit release specimens.~~

2) Contacts Who Currently Have Diarrhea 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 E. coli infections caused by O157:H7 or other Shiga toxin-producing strains 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~~24~~ 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. If noncompliant with stool testing, the contact is eligible to return to work 30 days after the date diarrhea has ceased.

ii) If either of the two release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(1~~3~~).

B) Health Care Workers
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 or oral care, hygienic practices of the worker, 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. If noncompliant with stool testing, the health care worker is eligible to return to work 30 days after the date diarrhea has ceased.

~~C)~~ ~~Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers or in sensitive occupations, including health care workers, and have had diarrhea within the previous four weeks and the diarrhea has resolved are not required to submit release specimens.~~

~~D)~~ ~~Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers or in sensitive occupations, including health care workers, and currently have diarrhea shall not work until diarrhea has ceased for at least 48 hours. Release specimens are not required for persons with these types of E. coli infections.~~

CE) Day Care Attendees
Contacts to cases of E. coli O157:H7 or other Shiga toxin producing E. coli 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:H7 or other Shiga toxin producing strains, contacts shall be considered cases and shall comply with subsection (a)(3). If noncompliant with stool testing, the day care attendee is eligible to return to day care 30 days after the date diarrhea has ceased.

DF) Day Care Staff
Contacts to cases of E. coli O157:H7 or other Shiga toxin producing E. Coli who currently have or have had diarrhea during the previous four weeks who work in a child care facility or an

adult day care facility and directly care for attendees or handle food 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. Specimens shall be submitted beginning within one week after notification, or the individual shall be restricted from working. If either of the two specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin producing strains, contacts shall be considered cases and shall comply with subsection (a)(43). If noncompliant with stool testing, the day care staff is eligible to return to work 30 days after the date diarrhea has ceased.

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

1) 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. If specimens are not submitted within one week after notification and at least once per week until two consecutive negative specimens are obtained, food handlers shall be restricted from food handling. A food handler who is symptomatic and noncompliant with providing stool specimens shall be restricted from food handling for 30 days after diarrhea ceases. A food handler who is asymptomatic and noncompliant with providing stool specimens shall be restricted from food handling for 30 days after the last outbreak case's onset date.

2) If there is a reason to believe food handlers may be the source of an outbreak or could transmit the disease, local health departments, in consultation with the Department, may require two consecutive negative stool specimens from food handlers at the facility before food handlers return to food handling.

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

ed) Laboratory Reporting

1) 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, other Shiga toxin producing E. coli~~, enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli infection~~.

2) Laboratories shall submit E. coli O157 or other Shiga toxin producing isolates, broth or specimens to the Department's laboratory.

(Source: Amended at 42 Ill. Reg. _____, effective _____)

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)

~~a)~~ ~~Control of Case~~

~~1)~~ ~~Standard precautions shall be followed.~~

~~2)~~ ~~There are no restrictions in employment or attendance at school or child care facilities.~~

~~b)~~ ~~Control of Contacts~~
~~No restrictions. However, household contacts should be examined to identify secondary cases. Initial examination should be made at the time a case is discovered and examinations at yearly intervals for five years after the last contact with an infectious case.~~

~~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 Mycobacterium leprae.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)

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 Clusters~~

~~1) For the purposes of this Section, a MRSA cluster is defined as two or more laboratory confirmed cases of MRSA infection occurring in a community setting during a 14-day period for whom an epidemiological link is readily apparent to the reporter. Reporting is required if information is provided to the reporter that the cases are epidemiologically linked to a community setting, including, but not limited to, school, correctional facility, day care or sports team. To determine whether a cluster is occurring, the local health authority may request information on individual cases. MRSA clusters in health care settings, including long-term care facilities, are reportable only as defined in Section 690.660.~~

~~2) The local health authority shall be consulted regarding any identified cluster of two or more cases for recommendations specific to the setting where the cluster is identified.~~

~~b) Laboratory Reporting~~

~~1) Laboratories shall report to the local health authority all MRSA cultures that are known or suspected to be part of a cluster or as requested by the local health authority or the Department.~~

~~2) Upon request, laboratories shall forward MRSA isolates to the Department's laboratory.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)

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)

~~a) Control of Case~~

~~1) Contact precautions shall be followed.~~

~~2) Investigation of Clusters~~

~~A) For the purpose of this Section, an MRSA cluster is defined as two or more patients associated with a neonatal intensive care unit~~

~~(NICU) or newborn nursery with a clinical culture positive for MRSA during a 14-day period for whom an epidemiologic link is feasible and a pulse field gel electrophoresis (PFGE) or other typing method result is identical or a PFGE or other typing method result is not yet performed.~~

~~B)~~ ~~If a cluster of MRSA is identified in a NICU or newborn nursery, NICU or newborn nursery personnel who provided care for affected infants should be evaluated for the presence of any acute or chronic skin lesions. Other personnel who provided care for affected infants may be evaluated for skin lesions based on the determination of the chairperson of the infection control committee. Laboratory screening of personnel for MRSA in response to a cluster of neonatal MRSA should be performed to corroborate data indicating that one or more individuals are linked to transmission.~~

~~b)~~ ~~Control of Contacts~~
~~Hospital personnel with minor skin lesions, such as pustules, boils, abscesses, conjunctivitis, severe acne, otitis externa, or infected lacerations, shall not work in a newborn nursery while lesions are present.~~

~~c)~~ ~~Laboratory Reporting~~
~~Laboratories shall report to the local health authority any infant less than 61 days of age who has a positive result on any laboratory test indicative of and specific for detecting MRSA.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)

Section 690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

~~a)~~ ~~Control of Case. Standard Precautions shall be followed.~~

~~b)~~ ~~Control of Contacts. No restrictions.~~

~~c)~~ ~~Laboratory Reporting. Laboratories shall report to the local health authority patients less than 5 years of age from whom Streptococcus pneumoniae has been isolated from a normally sterile site or patients less than 5 years of age with a~~

~~positive result on any other laboratory test indicative of and specific for detecting Streptococcus pneumoniae infection from a normally sterile site. The antibiotic susceptibility test results shall also be reported.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)

Section 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within seven days) (Repealed)

~~a) Control of Case~~

~~1) Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea is absent for 24 hours.~~

~~2) Cases who are employed as food handlers or in sensitive occupations shall be excluded from work until diarrhea is absent for at least 48 hours.~~

~~b) Control of Contacts~~
~~No restrictions.~~

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

~~d) Laboratory Reporting~~

~~1) Laboratories shall report to the local health authority patients from whom Yersinia enterocolitica or Yersinia pseudotuberculosis has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Yersinia infection.~~

~~2) Laboratories shall report and submit to the Department's laboratory any food, environmental, or animal Yersinia isolates resulting from an outbreak investigation.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)