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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Control of Communicable Diseases Code
- 2) Code Citation: 77 Ill. Adm. Code 690
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
690.900	Amend
690.1500	New
690.1510	New
690.1520	New
690.1530	New
690.1540	New
- 4) Statutory Authority: Communicable Disease Report Act [745 ILCS 45] and the Department of Public Health Act [20 ILCS 2305]
- 5) A Complete Description of the Subjects and Issues Involved: The amendments establish new provisions for the Department's Multi-Drug Resistant Organism (MDRO) Registry. The Registry will allow the Department to collect data on persons entering health care facilities who have been diagnosed with an MDRO infection. The amendments include definitions; the entities that are required to submit information; the information required to be reported; reporting methods; and availability of Registry information.

The economic effect on this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.
- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No

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- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 W. Jefferson St., 5<sup>th</sup> floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: hospitals, hospitals-affiliated clinical laboratories, independent or free-standing laboratories, long-term care facilities, long-term acute care hospitals
- B) Reporting, bookkeeping or other procedures required for compliance: Reporting requirements are set forth in the rules.
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized:

This rule was not included on either of the two most recent Regulatory Agendas because the need for the rulemaking was not apparent when the Regulatory Agendas were prepared.

The full text of the Proposed Amendments begins on the next page:

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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: REPORTABLE DISEASES AND CONDITIONS

Section	
690.100	Diseases and Conditions
690.110	Diseases Repealed from This Part

SUBPART B: REPORTING

Section	
690.200	Reporting

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF  
COMMUNICABLE DISEASES

Section	
690.290	Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295	Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever (Reportable by telephone immediately (within 3 hours))
690.300	Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310	Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320	Anthrax (Reportable by telephone immediately, within 3 hours, upon initial clinical suspicion of the disease)
690.322	Arboviral Infections (including, but not limited to, California encephalitis, St. Louis encephalitis and West Nile virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.325	Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.327	Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other

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- (Reportable by telephone immediately, within 3 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 mail, telephone, facsimile or electronically as soon as possible (within 7 days), unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)
- 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.340 Chancroid (Repealed)
- 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically, within 24 hours)
- 690.360 Cholera (*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 and probable cases) (Reportable by mail, telephone, facsimile or electronically within 7 days after confirmation of the disease)
- 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)
- 690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)
- 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)
- 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.430 Gonorrhea (Repealed)
- 690.440 Granuloma Inguinale (Repealed)
- 690.441 *Haemophilus influenzae*, Meningitis and Other Invasive Disease (Reportable by

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- 690.442 telephone or facsimile, within 24 hours)
- 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone or facsimile, 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 7 days)
- 690.452 Hepatitis C, Acute Infection and Non-Acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within 7 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 7 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)
- 690.469 Influenza A, Novel Virus (Reportable by telephone immediately, within 3 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 7 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 7 days)
- 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 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 7 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 7 days)
- 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)
- 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail,

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- telephone, facsimile or electronically as soon as possible, within 7 days)  
(Repealed)
- 690.540 Meningococemia (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)
- 690.570 Plague (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)
- 690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)
- 690.590 Psittacosis (Ornithosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.595 Q-fever (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 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 (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 7 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 7 days)
- 690.650 Smallpox (Reportable by telephone immediately, within 3 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 2 or More Laboratory Confirmed Cases Occurring in Community Settings (including, but not limited to, schools, correctional facilities, day care settings, and sports teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

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- 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Occurring In Infants Under 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
- 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) and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis) (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)
- 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 Ehrlichiosis, Anaplasmosis, Lyme disease and Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.700 Trachoma (Repealed)
- 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.720 Tuberculosis (Repealed)
- 690.725 Tularemia (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)
- 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.745 Vibriosis (Non-cholera Vibrio Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within

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- 24 hours)  
690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)  
690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART D: DEFINITIONS

- Section  
690.900 Definition of Terms

SUBPART E: GENERAL PROCEDURES

- Section  
690.1000 General Procedures for the Control of Communicable Diseases  
690.1010 Incorporated and Referenced Materials

SUBPART F: SEXUALLY TRANSMITTED DISEASES (Repealed)

- Section  
690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART G: PROCEDURES FOR WHEN DEATH OCCURS FROM  
COMMUNICABLE DISEASES

- Section  
690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease  
690.1210 Funerals (Repealed)

SUBPART H: ISOLATION, QUARANTINE, AND CLOSURE

- Section  
690.1300 General Purpose  
690.1305 Department of Public Health Authority  
690.1310 Local Health Authority  
690.1315 Responsibilities and Duties of the Certified Local Health Department  
690.1320 Responsibilities and Duties of Health Care Providers  
690.1325 Conditions and Principles for Isolation and Quarantine

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690.1330	Order and Procedure for Isolation, Quarantine and Closure
690.1335	Isolation or Quarantine Premises
690.1340	Enforcement
690.1345	Relief from Isolation, Quarantine, or Closure
690.1350	Consolidation
690.1355	Access to Medical or Health Information
690.1360	Right to Counsel
690.1365	Service of Isolation, Quarantine, or Closure Order
690.1370	Documentation
690.1375	Voluntary Isolation, Quarantine, or Closure
690.1380	Physical Examination, Testing and Collection of Laboratory Specimens
690.1385	Vaccinations, Medications, or Other Treatments
690.1390	Observation and Monitoring
690.1400	Transportation of Persons Subject to Public Health or Court Order
690.1405	Information Sharing
690.1410	Amendment and Termination of Orders
690.1415	Penalties

SUBPART I: REGISTRIES

Section

<u>690.1500</u>	<u>Multi-Drug Resistant Organism Registry</u>
<u>690.1510</u>	<u>Entities Required to Submit information</u>
<u>690.1520</u>	<u>Information Required to be Reported</u>
<u>690.1530</u>	<u>Methods of Reporting MDRO Registry Information</u>
<u>690.1540</u>	<u>Availability of Registry Information</u>

690.EXHIBIT A Typhoid Fever Agreement (Repealed)

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,

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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. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART D: DEFINITIONS

**Section 690.900 Definition of Terms**

For the purpose of this Part, the following shall be the accepted definitions of terms.

"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 690.1010(a)(7)).

"Authenticated Fecal Specimen" – A specimen is considered to be authenticated when a public health authority or a person authorized by a public health authority has observed one or more of the following:

The patient produce the specimen.

Conditions such that no one other than the case, carrier or contact could be

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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 such 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.

"Carbapenam antibiotics" – a class of broad-spectrum Beta-lactam antibiotics.

"Carrier" – A person 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 person or deceased person having a recent illness due to a communicable disease.

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

"Probable Case" – A case that is classified as probable per federal or State case definitions.

"Suspect Case" – A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease and does not yet meet the case 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.

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"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; it normally is 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 C of this Part.

"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, vector or the inanimate environment.

"Contact" – Any person known to have been associated sufficiently with a case or carrier of a communicable disease to have been the source of infection for that person or to have been associated sufficiently with the case or carrier of a communicable disease to have become infected by the case or carrier.

"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 690.1010(a)(7)).

"Contagious Disease" – An infectious disease that can be transmitted from person to person.

"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, vector or the inanimate environment, and may pose an imminent and

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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" – Illinois Department of Public Health.

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

"Diarrhea" – The presence of 3 or more loose stools within a 24-hour period.

"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 690.1010(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

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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.

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

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

Extensively Drug-Resistant Organisms – Organisms designated by the Department to be of public health importance for which two or fewer conventional antimicrobials are effective for treatment.

"First Responder" – Those 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" – A person who produces, prepares, packages or dispenses food or drink.

"Health Care Facility" – Any institution, building, or agency or portion thereof, 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

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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, registered and other 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.

"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.

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"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 690.1010(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 such boards, or any person legally authorized to act for such 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.

"Multi-Drug Resistant Organism" or "MDRO" -- a microorganism that is extensively resistant to two or more classes of antimicrobial agents.

" Multi-Drug Resistant Organism (MDRO) Isolate" -- a specimen obtained for clinical decision making that tests positive for an MDRO specified for monitoring. Active surveillance testing specimens are excluded.

"Non-Duplicative MDRO Isolate" -- any specimen source or unique blood source MDRO isolate.

"Non-Susceptible to Any Carbapenem Antibiotic" -- the finding of any of the following:

A requirement for at least 2 micrograms per milliliter of a carbapenem antibiotic to inhibit growth of the bacterium (i.e., a minimum inhibitory concentration of  $2 \frac{1}{4}$ /ml;

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Laboratory classification of the bacterium as “intermediate” or “resistant” to any carbapenem antibiotic;

Gene sequence specific for carbapenemase; or

Carbapenemase produced by the bacterium, as demonstrated by any phenotypic test.

"Observation" – The practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or illness, but without restricting their movements.

"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 so designated by the Director of the Department, his 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.

"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.

Registry – Collections of secondary data related to patients with a specific diagnosis, condition, or procedure.

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"Sensitive Occupation" – An occupation involving the direct care of others, especially young children and the elderly, or any other occupation so 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 and/or incidence of infectious disease or syndromes through reporting of cases, suspected 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 690.1010(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.

"Syndromic Surveillance" – Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case 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.

"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

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examination, testing, collection of laboratory specimens, observation, monitoring, or medical treatment pursuant to this Subpart.

(Source: Amended at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART I: REGISTRIES

**Section 690.1500 Multi-Drug Resistant Organism Registry**

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

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 690.1510 Entities Required to Submit Information**

The Department requires the following health care facilities to report patient MDRO incident information:

- a) Hospitals;
- b) Hospital-affiliated clinical laboratories;
- c) Independent or free-standing laboratories;
- d) Long-term care facilities; and
- e) Long-term acute care hospitals (LTACHs)

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 690.1520**      **Information Required to be Reported**

- a) A facility required to submit MDRO information shall report each MDRO incidence, as specified in this Section, to the Department.
- b) The information to be reported shall be provided in a format designated by the Department and may be submitted either by direct electronic transmission or entry into a website. The information to be reported is divided into four subject areas, each containing a particular set of information. The four subject areas of the incidence report shall include the following:
  - 1) Patient Data and Address - patient's full name (including maiden name, when applicable and available), last four digits of the Social Security number, telephone number, and residential address, including street address, city, county, state, and postal code;
  - 2) Personal Data – patient's birthdate, age, sex, race, and ethnicity;
  - 3) Culture Data – culture acquisition date, antibiotic susceptibility profile, microbial genus and species when available, and specimen source (e.g., blood, urine); and
  - 4) Facility Data – facility identification number provided by the Department, the medical record number, and the date of admission.
- c) Each MDRO report shall be submitted within one month after the culture acquisition date.
- d) Each reporting facility shall provide the Department or the Department's designee access to information from all medical, pathological, and other pertinent records and logs related to the MDRO diagnosis, treatment and follow-up for the purposes of quality control, rapid case ascertainment and patient follow-up.
- e) Every reporting entity shall provide access to information from all medical, pathological, and other pertinent records and logs related to MDRO diagnosis and treatment for the purposes of patient record review specified for research studies or for rapid case ascertainment related to MDRO prevention and control conducted by the Department and that have been approved after appropriate review by the Department for assisting protection of human subjects.

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- f) Beginning September 1, 2013, reporting facilities shall report all MDROs related to the Enterobacteriaceae family, particularly those organisms that are non-susceptible to any Carbapenem Antibiotic. Other reportable MDROs will be phased in as necessary to protect the public health.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 690.1530**      **Methods of Reporting MDRO Registry Information**

- a) All patients identified at a reporting facility with a non-duplicative MDRO recovered from any specimen source are reportable to the Registry within one month after the culture acquisition date.
- b) A reporting facility may report MDRO infections by one of the following methods:
- 1) Option #1. Electronic Reporting: Health care facilities that have the capacity to submit laboratory data electronically shall use this option.
  - 2) Option #2. Manual Entry into a Website: Facilities that do not have the capacity to submit laboratory data electronically shall submit the data through a Department- approved website.
- c) All reporting facilities are responsible for complete case finding, which means identifying all non-duplicate MDRO isolates.

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 690.1540**      **Availability of Registry Information**

- a) The Department will use information in the MDRO Registry for the following purposes:
- 1) To provide appropriate information to a physician or institution providing care or treatment to a person;

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- 2) To alert health care facilities of the admission of a patient with an MDRO infection; and
- 3) To assess the burden of MDROs in health care facilities located in Illinois.
- b) The Department will maintain the confidentiality of information in the MDRO Registry that would identify individual patients. The Department will handle confidentiality of MDRO Registry information as set forth in Section 690.200(d) of this Part.
- c) The Department may release summary statistics from the MDRO Registry to highlight or prevent a population based public health problem or to highlight the state or regional burden of MDROs. Any summary statistics released by the Department will not reveal the identity of the reporting a health care facility or a patient.
- d) The availability of MDRO Registry information will be in accordance with the Health and Hazardous Substances Registry Code (77 Ill. Adm. Code 840.30(a), (b), (c), (d), (e), (f), (g) (j), and (k)).

(Source: Added at 37 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)