

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Control of Sexually Transmissible Diseases Code
- 2) Code Citation: 77 Ill. Adm. Code 693
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
693.10	Amend
693.15	Amend
693.20	Amend
693.30	Amend
693.35	Amend
693.40	Amend
693.45	Amend
693.50	Amend
693.60	Amend
693.70	Repeal
693.80	Repeal
693.90	Repeal
693.100	Amend
693.110	Amend
693.120	Amend
693.130	Amend
693.140	Repeal
- 4) Statutory Authority: Implementing and authorized by the Illinois Sexually Transmissible Disease Control Act [410 ILCS 325] and Sections 2 and 6 of the Department of Public Health Act [20 ILCS 2305/2 and 6].
- 5) A Complete Description of the Subjects and Issues Involved: The Control of Sexually Transmissible Diseases Code will be updated and revised to correspond to new Centers for Disease Control and Prevention (CDC) standards/guidelines, new laboratory testing methodologies approved by the Food and Drug Administration (FDA) replacing archaic tests, and new Illinois legislation (PA 97-0244).
In Section 693.15 (Incorporated Materials), cited guidelines and standards that have been replaced by current CDC recommendations. Section 693.20 (Definitions) has references to outmoded laboratory tests that have been replaced by other technologies with improved sensitivity and specificity. Reporting requirements in Section 69.30 are being

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updated to reflect recent legislation (PA 97-0550) and updated testing requirements. Public Act 97-0550 amended the HIV/AIDS Registry Act to remove the requirement that cases included in the Registry be identified by a code rather than by name, to update reporting requirements and to specify the information that is to be included in the Registry. Section 693.40 has been updated to reflect current practices in the provision of counseling and partner services. In the remaining Sections, isolation and quarantine provisions for syphilis, gonorrhea, chlamydia, and chancroid have been combined and isolation and quarantine provisions for HIV/AIDS are being repealed. Revisions reflect consistency with the Department's Control of Communicable Disease Code.

The economic effect of 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: 2008 Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged Less than 18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to 13 Years -- United States, 2008, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 5, 2008, Vol 57, No. RR-10; 1-8.

“Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings” (Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR) June 24, 1988, Vol. 37, Supp. no. 24, pages 377-388).

“Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection” (Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR) October 30, 2008, Vol. 57, No. RR-9).

“Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings” (Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR). MMWR September 22, 2006, Vol. 55, No. RR-

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14).

Public Law 104-146 (Spousal Notification Requirements of the Ryan White CARE Reauthorization Act of 1996).

- 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? Yes
- 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 any state mandates.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Written or e-mail comments may be submitted within 45 days after this issue of the *Illinois Register* to:

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Illinois Department of Public Health
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- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Health care facilities and health care professionals, as defined in the rules.

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- B) Reporting, bookkeeping or other procedures required for compliance: Section 693.30 sets forth reporting requirements for health care professionals, laboratories and blood banks.
 - C) Types of professional skills necessary for compliance: “Health care professional” and “Health care facility” are defined in the rules.
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2011

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 693
CONTROL OF SEXUALLY TRANSMISSIBLE ~~INFECTIONS~~ ~~DISEASES~~ CODE

Section

693.10	Definitions
693.15	Incorporated <u>and Referenced</u> Materials
693.20	Reportable <u>STIs</u> STDs and Laboratory Results
693.30	Reporting
693.35	Fines and Penalties
693.40	<u>Counseling and Partner Services</u> Contact Interview and Investigation
693.45	Notification of Health Care Contacts
693.50	Physical Examination and Medical Treatment for Syphilis, Gonorrhea, Chlamydia, <u>or Chancroid</u>
693.60	<u>Quarantine and Isolation</u> for Syphilis, Gonorrhea, Chlamydia, and Chancroid
693.70	Counseling and Education for AIDS and HIV <u>(Repealed)</u>
693.80	Isolation for AIDS and HIV <u>(Repealed)</u>
693.90	Quarantine <u>(Repealed)</u>
693.100	Confidentiality
693.110	Examination and Treatment of Prisoners
693.120	Certificate of Freedom from <u>STIs</u> STDs
693.130	Treatment of Minors
693.140	Control Measures <u>(Repealed)</u>

AUTHORITY: Implementing and authorized by the Illinois Sexually Transmissible Disease Control Act [410 ILCS 325] and Sections 2 and 6 of the Department of Public Health Act [20 ILCS 2305/2 and 6].

SOURCE: Adopted at 12 Ill. Reg. 10097, effective May 27, 1988; amended at 15 Ill. Reg. 11686, effective August 15, 1991; emergency amendment at 15 Ill. Reg. 16462, effective October 28, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 5921, effective March 30, 1992; emergency amendment at 17 Ill. Reg. 1213, effective January 7, 1993, for a maximum of 150 days; emergency expired June 7, 1993; amended at 17 Ill. Reg. 15909, effective September 20, 1993; amended at 19 Ill. Reg. 1126, effective January 20, 1995; amended at 22 Ill. Reg. 22026, effective December 9, 1998; amended at 25 Ill. Reg. 3916, effective April 1, 2001;

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amended at 25 Ill. Reg. 14497, effective November 1, 2001; amended 36 Ill. Reg. _____, effective _____.

Section 693.10 Definitions

~~The following definitions shall apply to the terms used in this Part, unless specifically stated otherwise:~~

"Act" means Illinois Sexually Transmissible Disease Control Act [410 ILCS 325].

"Blood Bank" means any facility or location at which blood or plasma ~~is~~ are procured, furnished, donated, processed, stored or distributed.

~~"Carrier" means a person infected with an STD who is capable of transmitting the infection to others.~~

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

"Contact" means

An ~~an~~ individual who has been in direct sexual contact or who has shared needles with an individual infected with a sexually transmitted infection (STI) a carrier of syphilis, gonorrhea or chlamydia;

~~an individual who has been in direct sexual or needle contact with a person with AIDS or HIV infection;~~

An ~~an~~ individual who has undergone artificial ~~received~~ insemination, a blood transfusion or an organ or tissue transplantation donated by a person with human immunodeficiency virus ~~AIDS or~~ (HIV) infection;

An individual who has undergone ~~exposure-prone~~ invasive procedures performed by an HIV infected health care ~~professional provider~~ and the Department has determined that there is or may have been potential risk of HIV transmission from the health care ~~professional provider~~ to that individual;

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A health care professional ~~provider~~ who has performed exposure-prone invasive procedures for a person infected with HIV and the Department has determined that there is or may have been potential risk of HIV transmission from the infected person to the health care professional ~~provider~~. (Section 5.5(c) of the Act)

“Critical Period” means the time interval for which an individual infected with an STI is asked to recall sexual or needle-sharing partners. Ideally, the critical period covers the time from the earliest date an individual could have been infected with an STI up to the date of diagnosis or treatment.

The critical period for syphilis is based on the disease stage at the time of diagnosis:

Primary - four months and one week;

Secondary - eight months (34 weeks);

Early latent – 12 months, unless a credible primary or secondary history can be established.

The critical period for chlamydia, gonorrhea and chancroid is 60 days before the date of specimen collection and should be extended through the date of treatment if the patient was not treated at the time the specimen was collected.

The critical period for HIV is 12 months before the date of diagnosis. For spouses and ex-spouses of HIV cases, the critical period is 10 years prior to the date of HIV diagnosis.

"Department" means the *Illinois Department of Public Health*. (Section 3 of the Act)

~~"Designated Agency" means a health care organization designated by the Department under a service agreement with the Department to function in the capacity of a Local Health Authority for the purposes of this Part, in a jurisdiction not covered by a Local Health Authority.~~

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"Designated Agent" means an organization designated by the Department to conduct public health activities under a written service agreement with the Department.

"Epidemiologic ~~Information Data~~ " means information obtained through the ~~contact interview and~~ counseling and partner services process; regarding possible exposure to an STI STD.

"Exposure-Prone Invasive Procedure" means an invasive procedure involving digital palpation of a needle tip in a body cavity, or the simultaneous presence of a health care ~~professional's~~ ~~provider's~~ fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomical site.

"Health Care Facility" means any institution, building, or agency or portion of any 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.

"Health Care Professional" means any of the following:

a licensed physician;

a physician assistant to whom the physician assistant's supervising physician has delegated the provision of health services;

an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician which authorizes the provision of health services;

a licensed dentist; or

a licensed podiatrist. (Section 3(f-5) of the AIDS Confidentiality Act [410 ILCS 305])

"Health Care Provider" means any physician dentist, podiatrist, nurse or other person providing health care services of any kind. (Section 3(f) of the AIDS Confidentiality Act [410 ILCS 305/3(f)])

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"HIV" means ~~the human immunodeficiency virus.~~

"HIV detection test" means ~~an HIV culture, HIV antigen test, or HIV PCR, DNA or RNA probe.~~

"HIV Infection" means infected with HIV, as evidenced by a positive or reactive supplemental confirmed laboratory test result, ~~for antibodies to HIV as specified in Section 697.100 viral culture or positive antigen test or a clinical diagnosis of AIDS.~~

"HIV Test" means an HIV test method approved by the federal Food and Drug Administration (FDA) or validated under a laboratory's Clinical Laboratory Improvement Amendments of 1988 (CLIA) certification .

"Invasive Procedure" means surgical entry into tissues, cavities, or organs, or repair of major traumatic injuries associated with any of the following:

An an operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices;

Cardiac ~~cardiac~~ catheterizations and angiographic procedures;

Vaginal ~~vaginal~~ or cesarean delivery or other invasive obstetrical procedure during which bleeding may occur; or

Manipulation or manipulation, excision of any oral or perioral tissue, including tooth structure, during which bleeding or the potential for bleeding exists.

"Isolation" means the physical separation and confinement of an individual who is infected or reasonably believed to be infected with an STI from non-isolated individuals to prevent the transmission of the STI to non-isolated individuals, separation of an individual presenting a threat to the public health from others until such time as a risk to the public health no longer exists.

"Laboratory" means a CLIA-approved or licensed facility, other than a blood bank, any facility or location at which tests are performed to determine the presence of infection with an STI STD other than a blood bank.

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"Local Health Department Local Health Authority" means *the full-time official health department or board of health, as recognized by the Department, having jurisdiction over a particular area.* (Section 3 of the Act)

"Noncompliant" means that a person who is infected with an STI and is aware of his/her infection is engaging in behaviors or activities that place others at risk of exposure to the STI.

"Partner Services" means information and assistance offered to persons infected with STIs in referring their sexual or needle-sharing contacts for a medical examination, testing, counseling, and treatment, if indicated.

"Patient Code Number" means an identification number developed for the reporting of a case of HIV diagnosed or treated after July 1, 1999 that is developed by the reporting source using a methodology determined by the Department and is derived from demographic information, elements of the individual's name, and/or other identifying information.

"Quarantine" means the act of making a place or a location off limits to the public to prevent the probable spread of syphilis, gonorrhea, chlamydia, or chancroid (Section 7(a) of the Act) the closure to public access of a location that presents a risk to the public health until such time that a risk to the public health no longer exists.

"Self-Refer" means for a person infected with an STI to notify his/her contacts of their possible exposure to an STI, and to refer contacts to appropriate health care professionals for counseling, testing, and treatment, if indicated.

"Sexually Transmissible Infection (STI) Disease (STD) " means infection with syphilis, gonorrhea, chlamydia, chancroid or HIV Syphilis, Ggonorrhea, Chlamydia, Acquired Immunodeficiency Syndrome (AIDS) or HIV infection, as defined in Section 693.20.

"Self Refer" means to notify one's previous sex and needle sharing contacts, where applicable, of their possible exposure to an STD or HIV, and to refer such contacts to appropriate health care professionals for counselin and possible testing.

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"Susceptible" means capable of becoming infected with the etiologic agent of an STI ~~STD~~.

"Suspected Case" means a person who is reasonably believed to be infected with an STI ~~STD~~, based on medical or epidemiologic information ~~data~~.

"Treatment" means services for prevention, diagnosis, and medical management of STIs, including examination, laboratory testing, medication, and immunization.

"Venereal Disease" means a ~~formerly used term now synonymous with~~ STD.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.15 Incorporated and Referenced Materials

The following materials are incorporated or referenced in this Part:

- a) Illinois Statutes
 - 1) Illinois Sexually Transmissible Disease Control Act [410 ILCS 325]-
 - 2) ~~Sections 2 and 6 of the~~ Department of Public Health Act [20 ILCS 2305~~2~~
~~and 6~~]-
 - 3) ~~The~~ Consent by Minors to Medical Procedures Act [410 ILCS 210]-
 - 4) AIDS Confidentiality Act [410 ILCS 305]
 - 5) Unified Code of Corrections [730 ILCS 5/5-5-3]
 - 6) Hypodermic Syringes and Needles Act [720 ILCS 635]
 - 7) Criminal Code of 1961 [720 ILCS 5]
 - 8) Freedom of Information Act [5 ILCS 140]
- b) Illinois Administrative Rules

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- 1) HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697) (see Sections 693.20(b), 693.30(c) and (e), ~~(b)(1), (d) and (h)~~ and 693.100(b)(4) and (6) ~~(5)~~ of this Part);
 - 2) ~~Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) (see Section 693.35 of this Part);~~
 - 3) Certified Local Health Department Code (77 Ill. Adm Code 600) (see Section 693.10 of this Part)
 - 3) ~~Program Standards for Local Health Departments (77 Ill. Adm. Code 615) (see Section 693.40(e)(7) of this Part);~~
 - 4) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
- c) Other Codes, Guidelines and Standards
- 1) 2008 Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged Less than 18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to 13 Years --- United States, 2008, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 5, 2008; vol 57, No. RR-10;1-8
 - 2) Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), November 7, 2008, Vol. 57, No. RR-9
 - 1) ~~1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 18, 1992; vol 41, no. RR-17.~~
 - 2) ~~1994 Revised Classification System for HIV Infection for Children Less Than 13 Years of Age, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), vol. 43, no.~~

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~~RR-12.~~

- 3) ~~The "Adult AIDS Confidential Case Report", as modified by the Department, a form prepared by the Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, Office of Management and Budget (OMB) No. 0920-0009 (1993) and the "Pediatric AIDS Confidential Case Report", as modified by the Department, a form prepared by the Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, Office of Management and Budget (OMB) No. 0920-0009 (1996).~~
 - 4) ~~"Recommendations for Prevention of HIV Transmission in Health Care Settings" (Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR) August, 1987, Vol. 36, Supp. no. 25, pages 3S-18S).~~
 - 5) ~~Joint Advisory Notice, Department of Labor/Department of Health and Human Services, HBV/HIV, Federal Register, Vol. 52, No. 210, pp. 41818-41823, October 30, 1987. (See Section 693.140.)~~
 - 3)6) ~~"Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures," (Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), Vol. 40, July 12, 1991, No. RR-8, July 12, 1991).~~
- d) Federal Statutes
- 1) Spousal Notification Requirements of the Ryan White CARE Reauthorization Act of 1996 [Public Law 104-146]
 - 2) Clinical Laboratory Improvement Amendments of 1988 (CLIA) [42 USC 263a]
- d) ~~All citations to federal regulations in this Part concern the specified regulations in the 1994 Code of Federal Regulations, unless another date is specified.~~

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- e) All incorporations by reference of federal ~~regulations or guidelines~~ standards and the standards of nationally recognized organizations refer to the ~~regulations guidelines and standards~~ on the date specified and do not include any amendments or editions ~~additions or deletions~~ subsequent to the date specified.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.20 Reportable STIs ~~STDs~~ and Laboratory Results

- a) The ~~Department has determined that the~~ following shall be considered reportable STIs ~~STDs~~:
- 1) Acquired Immunodeficiency Syndrome (AIDS), as defined by the Centers for Disease Control and Prevention of the United States Public Health Service, in 2008 Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged Less than 18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to 13 Years, ~~1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 18, 1992; vol. 41, no. RR-17, and in 1994 Revised Classification System for HIV Infection for Children Less Than 13 Years of Age, Morbidity and Mortality Weekly Report (MMWR), vol. 43, no. RR-12.~~
 - 2) HIV Infection (see Section 693.10 for a definition);-
 - 3) Syphilis;-
 - 4) Gonorrhea;-
 - 5) Chlamydia; and;-
 - 6) Chancroid.
 - 7) ~~Ophthalmia Neonatorum (Gonococcal).~~
- b) The ~~Department has determined that the~~ following shall be considered reportable

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~~STI-STD~~ laboratory results:

- 1) ~~An HIV test with a confirmed reactive or confirmed positive result serologic test for antibodies to the human immunodeficiency virus (HIV), which is reactive on two or more enzyme linked immunosorbent assay (ELISA) tests and on one confirmatory Western blot assay test or Indirect Fluorescent Antibody Test (see 77 Ill. Adm. Code 697.100(b)).~~
- 2) A microscopic or serologic test for syphilis, either presumptive or confirmatory, ~~that~~ which is weakly reactive, reactive, or positive.
- 3) ~~An FDA-approved or laboratory-validated A test for chlamydia, gonorrhea or chancroid that or chlamydia, such as the smear, culture, ELISA, or molecular probe (amplified and non-amplified) test, which test is reactive or positive.~~
- 4) CD4+ (T4) lymphocyte results (counts and percentages) of any value. ~~A CD4+ count with an absolute result of less than 200 CD4+ lymphocytes per microliter or a relative value of less than 14% of total lymphocytes, the levels specified by the Centers for Disease Control and Prevention for defining AIDS.~~
- 5) HIV viral load results, both detectable and undetectable.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.30 Reporting

- a) Every health care professional ~~physician licensed under the provisions of the Illinois Medical Practice Act~~ shall report each case in which the health care professional ~~physician~~ has clinically diagnosed or treated a case of AIDS, HIV infection, syphilis, gonorrhea, chlamydia, or chancroid, ~~or ophthalmia neonatorum, or received a reportable STD laboratory result as set forth in Section 693.20(b).~~ A hospital may, at the request of the physician of a person who has been admitted to the hospital, submit the physician's report to the appropriate health authority through the identifiers established disease reporting mechanism. ~~In all cases, the physician is responsible for ensuring that reporting is accomplished.~~

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- 1) The STI case report shall state the name, address, and telephone number of the health care professional and the date of the report. The STI STD case report shall be submitted mailed within seven days after the such diagnosis or treatment. The STD laboratory report shall be mailed within seven days after receipt of the laboratory results.

- 2) If the health care professional diagnoses or treats a reportable STI reporting source is located in a county or city governed by a local health department full-time Local Health Authority, the STI STD report shall be sent made to that local health department authority. For syphilis, gonorrhea, chlamydia, chaneroid, and ophthalmia neonatorum patients in jurisdictions not covered by a Local Health Authority but by a Designated Agency, the STD reports shall be made to that Designated Agency. In all other cases, the STI STD report shall be sent made directly to the Illinois Department of Public Health.

- 3) For cases of AIDS or HIV infection, the report shall be completed by a health care professional or designee using the Department's Adult HIV/AIDS Confidential Case Report for a person age 13 or older, or the Department's Pediatric HIV/AIDS Confidential Case Report for a person under age 13. STD report shall be made on a form furnished by the Department. For each report of AIDS, a physician shall complete the "Adult AIDS Confidential Case Report", as modified by the Department (or Pediatric AIDS Confidential Case Report, as modified by the Department for children under 13 years), which are forms developed by the Centers for Disease Control and Prevention (CDC), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009. For cases of HIV infection, the STD report shall be made on a form furnished by the Department. The STD STI report shall state the name, address and telephone number of the physician the date of the report, as well as the following information, as available: A) For HIV or AIDS the report shall include the following information:
 - A)i) The individual's name, nine digit Social Security Number, address, telephone number, age, date of birth, age at diagnosis, current vital status [alive or dead (date of death)], race, ethnicity, sex, current gender, country of birth, residence at diagnosis, facility where diagnosis of HIV or AIDS was established;

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- B)ii) Patient risk history;
- C)iii) Laboratory results of HIV ~~antibody tests, HIV detection tests, or immunologic laboratory tests;~~
- D)iv) Information concerning the presence and method of diagnosis of AIDS indicator disease;
- E)v) Each successive AIDS indicator disease (e.g., Pneumocystis carinii pneumonia, Kaposi's sarcoma or esophageal candidiasis), regardless of whether the case is known or thought to have been previously reported in another ~~State state~~ or health jurisdiction;
- F)vi) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if different from the ~~health care professional physician;~~
- G)vii) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for prenatal cases, information about birth history;
- H)viii) Whether the ~~HIV-infected~~ individual has had any exposure-prone invasive procedures performed on him or her and, if so, the types of invasive procedures and the names, addresses, and telephone numbers of the health care ~~professionals providers~~ who performed those invasive procedures;
- I)ix) Whether the ~~HIV-infected~~ individual is a health care professional provider; if so, the type of health care ~~professional provider~~ and whether the individual has performed exposure-prone invasive procedures; and
- J)x) Whether post-test counseling ~~and/ or sex/needle sharing~~ partner services have referral has taken place or whether assistance is needed from the ~~local health department Local Health Authority~~ or the Department.

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- B) ~~Prior to July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:~~
- ~~i) The individual's city of residence, age, race/ethnicity, sex;~~
 - ~~ii) The laboratory findings;~~
 - ~~iii) Risk factors for HIV infection;~~
 - ~~iv) Whether the individual is known to have previously tested positive for antibodies to HIV;~~
 - ~~v) Reason for testing; and~~
 - ~~vi) Whether counseling and/or sex partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.~~
- C) ~~On or after July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:~~
- ~~i) A patient code number derived from demographic information and elements of the individual's name and/or other identifying information, age, date of birth, age at diagnosis, current status (date of death), race/ethnicity, sex, country of birth, residence at diagnosis, facility where diagnosis of HIV was established;~~
 - ~~ii) Patient risk history;~~
 - ~~iii) Laboratory results of HIV antibody tests, HIV detection tests, or immunologic laboratory tests;~~
 - ~~iv) Information concerning the presence and method of diagnosis of AIDS indicator diseases;~~
 - ~~v) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if~~

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different from the physician;

- vi) ~~Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for perinatal cases, information about birth history;~~
 - vii) ~~Whether the individual has had any invasive procedures performed on him or her and, if so, the types of invasive procedures and the names of the health care providers who performed those invasive procedures;~~
 - viii) ~~Whether the individual is a health care provider and, if so, the type of health care provider and whether the individual has performed invasive procedures; and~~
 - ix) ~~Whether post test counseling and/or sex/needle sharing partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.~~
- D) ~~All reporting sources are required to maintain a system permitting the patient code number to be linked to a specific individual for purposes of additional follow up if necessary.~~
- E) ~~The Department will monitor HIV case reports to determine the effectiveness of the HIV surveillance system. Beginning on July 1, 1999, the Department will collect data to be continually evaluated to determine whether the following criteria are satisfied:~~
- i) ~~All elements of the patient identification code are complete in at least 90% of all reported cases;~~
 - ii) ~~Patient risk information is provided in 90% of case reports and the remaining information in the case report is complete in 85% of the case reports, after epidemiologic follow up is completed;~~
 - iii) ~~No more than 5% of cases in the HIV databases are duplicate reports;~~

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- iv) ~~95% of providers will be able to link a patient code number to a case report when additional follow up is necessary; and~~
 - v) ~~A system to link at least 95% of the patient code numbers for reported cases of HIV infection to the subject of the case report, maintained by at least 95% of providers. For purposes of evaluation, the Department may review but may not copy records held by the reporting source. The evaluation shall not identify by name or other identifying information any provider or subject of a case report.~~
- F) ~~The Department shall complete its evaluation of the system no later than July 1, 2003. If, at the conclusion of the evaluation, the Department has determined that the criteria described in subsection (a)(3)(E) of this Section have not been met, all subsequently reported cases of HIV infection not clinically diagnosed or treated as AIDS by the reporting physician shall include all of the information required in subsection (a)(3)(C) of this Section, except that the report shall include the test subject's name and the patient code number specified in subsection (a)(3)(C)(i) will not be generated by the provider.~~
- 4) For cases of syphilis, gonorrhea, chlamydia, and chancroid, the report shall be completed by a health care professional or designee and shall be reported electronically or, and ophthalmia neonatorum cases and laboratory reports in cities having a population of 500,000 or more shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a case report form furnished by the Department, or by a local health department in cities with a population of 1,000,000 or more. The report shall state the following: name, address and telephone number of the physician, the date of the report, as well as the following information, as available:
- A) The name, address, and telephone number of the health care professional; The individual's name, address, telephone number, age, birthdate, race/ethnicity, sex, marital status, pregnancy status;
 - B) The date of the report; The diagnosis, diagnostic classification, and

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~~any laboratory findings;~~

- C) ~~The STI-infected individual's name, address, telephone number, date of birth, race, ethnicity, sex, and pregnancy status; The amount and type of treatment, including preventive treatment, that the individual is receiving, has received or will receive, and whether treatment has been completed; and~~
- D) ~~The diagnosis, diagnostic classification, and any laboratory findings; and The type of treatment facility.~~
- E) ~~The medication name and dosage that the individual is receiving, has received, or will receive, and whether treatment has been completed.~~

- b) Every laboratory and blood bank, through its Director, shall report each instance ~~case~~ in which the laboratory or blood bank performed a test for an STI ~~STD~~ that concluded with a reportable laboratory result.
 - ~~1) The STD laboratory report shall be mailed submitted within seven days after the reportable laboratory test result.~~
 - 12) Within seven days after the reportable laboratory test result is obtained, the laboratory or blood bank shall report to the Department, or to the local health department in cities with a population of 1,000,000 or more. The laboratory or blood bank shall report electronically or on a form furnished by the Department, or by the local health department in cities with a population of 1,000,000 or more. If the reporting source is located in a county or city governed by a full time Local Health Authority, the STD laboratory report shall be made to that health authority. For syphilis, gonorrhea, chlamydia, chaneroid, and ophthalmia neonatorum test subjects in jurisdictions not covered by a Local Health Authority but by a Designated Agency, such reports shall be made to that Designated Agency. In all other cases, the STD laboratory report shall be made directly to the Department.
 - 23) For STI HIV laboratory tests, the report shall be made on a form furnished by the Department. The the report shall state the name and address of the

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laboratory or blood bank ~~and~~, the date of the report, as well as the following information, ~~as available~~:

- A) The name, address, and telephone number of the health care professional ~~physician~~ or other person who submitted the specimen for testing (not applicable to blood banks);
 - B) The STI-infected individual's name, address, telephone number, date of birth, race, ethnicity, and sex, as provided by the health care professional or other person who submitted the specimen for testing; and The individual's patient code number as provided by the physician, age, race/ethnicity, and sex; and
 - C) The date the tests were performed, the laboratory results, and the method employed.
- 3-4) For HIV viral load results, both detectable and undetectable, subtype, and sequence data from antiviral drug resistance testing, CD4+ lymphocyte counts less than 200 CD4+ cells per microliter or less than 14 percent of total lymphocytes the report shall be made electronically or on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, and the date of the report, as well as the following information, ~~as available~~:
- A) The name, address, and telephone number of the health care professional ~~physician~~ or other person who submitted the specimen for testing (not applicable to blood banks);
 - B) The HIV-infected individual's name, address, telephone number, date of birth, age, race, ethnicity, and sex, as provided by the health care professional physician or other person who submitted the specimen for testing by a laboratory ; and
 - C) The date the tests were performed, the laboratory results, and the method employed.
- 4) A hospital or laboratory shall report to the Department electronically, or on a form furnished by the Department, all CD4+ (T4) lymphocyte test

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results, including count and percentages of any value, which the Department will match against the statewide HIV/AIDS Registry to select only those cases known to the Registry. For CD4+ (T4) lymphocyte test results, including counts and percentages of any value, for those cases included in the HIV/AIDS Registry, the report shall be made electronically or on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank and the date of the report, as well as the following information:

- A) The name, address, and telephone number of the health care professional or other person who submitted the specimen for testing (not applicable to blood banks);
 - B) The HIV-infected individual's name, address, telephone number, date of birth, race, ethnicity, and sex, as provided by the health care professional or other person who submitted the specimen for testing; and
 - C) The date the tests were performed, the laboratory results, and the method employed.
- 5) A hospital or laboratory shall develop an electronic health record that enables the hospital or laboratory to identify cases included in the HIV/AIDS Registry. In the absence of an electronic health record, a hospital or laboratory shall submit all CD4+ (T4) lymphocyte test results to the Department, which the Department will match against the statewide HIV/AIDS Registry.
- 5) Syphilis, gonorrhea, chlamydia, chancroid and ophthalmia neonatorum laboratory reports in cities having a population of 500,000 or more shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:
- A) The individual's name, address, telephone number, age, race/ethnicity, sex, marital status or patient code number as

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~~provided by the physician or other person who submitted the specimen for testing by a laboratory~~

- ~~B) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);~~
 - ~~C) The date the test was performed, the laboratory results, and the method employed.~~
- 6) In addition to the above reporting requirements:
- A) If the subject of the test is under 12 years of age, any reactive or positive test ~~result~~ results shall be reported to the Department by telephone immediately or as soon as Department business hours permit at ~~217-524-5983~~ 888-375-9613 for HIV/AIDS test results and 217-782-2747 for all other STI STD test results.
 - ~~B) If any culture that is positive for gonorrhea is determined to be resistant to antibiotics, the test results shall be reported by telephone immediately, or as soon as business hours permit, to the Local Health Authority, Designated Agency or the Department, as appropriate.~~
 - B~~C~~) Every laboratory and blood bank shall report the total number of tests performed for STIs STDs each week by sex to the Department, or to the local health department in cities with a population of 1,000,000 or more. This report shall be made electronically or on a reporting form furnished by the Department, or by the local health department in cities with a population of 1,000,000 or more, to the Local Health Authority, Designated Agency or the Department, as appropriate.
- e) ~~Physicians are not required to file HIV case reports for:~~
- ~~1) Patients known to reside outside of Illinois;~~
 - ~~2) Persons tested at IDPH designated anonymous test sites; or~~

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- 3) ~~Participants in research projects approved by an institutional review board when the research is not primarily intended to provide medical treatment to participants and is conducted under the following conditions:~~
- A) ~~all personal identifiers are removed from the specimen before testing;~~
 - B) ~~the specimen cannot be linked to the individual from whom the specimen was collected; or~~
 - C) ~~positive HIV results are due to vaccine administration.~~
- cd) All persons required to report pursuant to this Part shall maintain the strict confidentiality of all information and records relating to known or suspected cases of STIs STDs in accordance with Section 693.100 and Section 697.140 (Nondisclosure of the Identity of a Person Tested or Test Results) of the HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697.140).
- de) For each case report of an STI AIDS that it receives, pursuant to ~~the provisions of this Section, the local health department Local Health Authority shall report electronically, if available, or forward a copy of the report to the Department Department's AIDS Registry System,~~ within seven days after receiving the report, ~~(see Section 697.210 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)).~~ The local health department Local Health Authority shall assure the completeness and accuracy of the report form. The local health department Local Health Authority shall record the reporting source on the case report form, ~~as available.~~
- fe) A Local Health Authority shall forward to the Department a copy of each HIV report that it receives pursuant to the provisions of this Section, ~~within seven days after receiving the report.~~
- ge) A Local Health Authority or Designated Agency shall submit to the Department, ~~or on forms supplied by the Department, summary information on the reportable laboratory results for syphilis, gonorrhea, chlamydia, chancroid, and ophthalmia neonatorum that it receives pursuant to the provisions of this Section, within seven days after receiving such results.~~

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- h) ~~A Local Health Authority or Designated Agency that receives a syphilis laboratory report with a patient code number shall contact the test subject's physician for information identifying that individual, within 24 hours after receiving the report. The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority or Designated Agency.~~
- e) A local health department ~~Local Health Authority~~ that receives an HIV laboratory report from a health care professional ~~physician~~, laboratory, or blood bank for an individual age three through 21 shall contact the health care professional ~~physician~~ listed in the report to obtain the individual's name and address, ~~in order to comply with Section 697.400 (Notification of School Principals) of the HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).~~ The Department ~~will~~ shall assume this responsibility within jurisdictions not covered by a local health department. ~~Local Health Authority~~. The physician shall ~~provide this information to the Local Health Authority or the Department unless the test subject is not enrolled in a public or private primary or secondary school. The physician shall contact the Local Health Authority or the Department if the physician learns that the test subject has enrolled in school at any subsequent date.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.35 Fines and Penalties

- a) The Department, after notice and an opportunity for a hearing, may fine any health care professional ~~physician~~, laboratory, or blood bank that violates ~~the provisions of~~ Section 693.30 of this Part or Section 4 of the Act. ~~The~~ Such fine shall be \$500.00 for each violation. Based upon the evidence presented at the hearing, fines shall be imposed based upon malicious intent, negligence, and incompetence. Following service of a Notice of Violation by the Department, the respondent health care professional ~~physician~~, laboratory, or blood bank shall have ~~ten (10) business days, excluding Saturdays, Sundays and State holidays,~~ in which to request a hearing. All proceedings under this subsection ~~Subsection~~ shall be governed by the Department's ~~Rules of Practice and Procedure in Administrative Hearings. (77 Ill. Adm. Code 100.)~~
- b) *The Department shall report each violation of Section 4 of the Act or Section 693.30 of this Part ~~Section 4 of the Act or Section 693.30 of this Part~~ to the*

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regulatory agency responsible for licensing a health care professional or a laboratory to which these provisions apply. (Section 4(d) of the Act.)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.40 Counseling and Partner Services ~~Contact Interview and Investigation~~

~~a) Upon receipt of an STI report from a health care professional or laboratory, a local health department, designated agent, Local Health Authority, Designated Agency, or the Department, where applicable, shall conduct a counseling session and offer partner services in accordance with guidelines established by the Centers for Disease Control and Prevention of the U.S. Public Health Service, Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, as follows: initiate the contact interview and investigation process under any of the following circumstances:~~

- ~~a) 1) Counseling and partner services shall be provided only by staff of a local health department, designated agent, or the Department, where applicable, who have completed a Department-approved training, or a training approved by the local health department in cities with a population of 1,000,000 or more. Upon receipt of an STD, AIDS or HIV report from a physician or laboratory;~~
- ~~b) 2) Any person diagnosed with early syphilis or HIV/AIDS by any health care professional, or any person diagnosed with gonorrhea or chlamydia by a local health department or designated agent shall be counseled and offered partner services by the local health department, designated agent, or Department, where applicable. "Early syphilis" means primary, secondary, or early latent syphilis of less than one year's duration. When the Local Health Authority, Designated Agency or the Department knows or has reason to know, based on medical or epidemiologic information, that a person within its jurisdiction may be infected with or have been exposed to an STD or HIV; or~~
- ~~c) 3) Any person diagnosed with chlamydia or gonorrhea by a health care professional other than a local health department shall be counseled and offered partner services as resources permit and within the discretion of the local health department, designated agent, or Department, where applicable. For reports of health care providers with AIDS received by the Department prior to October 4, 1991, the Department shall interview and investigate these cases in priority order~~

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~~established by the Department, and provide appropriate contact notification, in accordance with the provisions of subsections 693.40(b)(3)(B)(i) through (ix) of this Part. The Department shall interview the health care provider or the provider's estate. Coworkers, family members or others may be interviewed, if necessary, to determine the risk of transmission or to identify contacts.~~

- d) Counseling of STI cases and partner services shall be conducted in a confidential manner, and shall be documented either in electronic format or forms furnished by the Department or by the local health department in cities with a population of 1,000,000 or more.
- e) All records regarding counseling of STI cases and partner services shall be confidential, and shall at all times be maintained in the same manner as those maintained for reported cases of STIs as required in Section 693.100 of this Part.
- f) For STI cases, counseling and partner services shall be provided by the local health department, designated agent, or the Department, where applicable, and shall include the following:
- b) ~~For cases of AIDS or HIV infection, the contact interview and investigation process shall include the following:~~
 - 1) ~~Contact interview and investigation services shall be provided only by counselors who have completed a course of training that included instruction in the following:~~
 - A) ~~The etiology and transmission of HIV, including associated risk behavior and activities, and patient profiles of persons at significant risk of HIV infection;~~
 - B) ~~The natural history and progression of HIV infection;~~
 - C) ~~Methods for preventing transmission of HIV infection;~~
 - D) ~~Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of HIV infected persons, and critiqued role playing, psychological assessment and crisis intervention;~~

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- E) ~~Principles and techniques of contact investigation and referral; and~~
 - F) ~~Principles of communicable diseases.~~
- 2) ~~For the interview and investigation process concerning sex and needle sharing contacts:~~
- 1)A) ~~An offer of assistance, with the consent of the infected person, All cases of AIDS or HIV infection identified to health authorities shall be offered the assistance of health professionals in locating and referring sex and needle sharing contacts for counseling, and testing, and treatment, if indicated, with the consent of the infected person. All infected persons refusing such assistance shall be strongly encouraged to notify their critical period sex previous sex and needle-sharing (HIV/AIDS) contacts of their possible exposure to STI-HIV, and to refer these contacts for counseling, and testing, and treatment, if indicated.~~
 - 2)B) ~~For each identified contact, the Cases of AIDS or HIV infection shall be asked to identify their sex and needle sharing contacts for the preceding twelve month period. The counselor shall discuss with the infected person the time period of exposure and the specific nature of each contact with the client to determine the likelihood of STI HIV transmission based on the type of sexual or needle-sharing practice involved, and the counselor's knowledge of risk factors. Notification and referral shall be provided to contacts for whom sufficient information to identify and notify the person is available.~~
 - 3) ~~The current spouses and former spouses, and partners in a civil union with an HIV/AIDS case for the preceding 10 years, shall be notified of sex or needle-sharing exposure to HIV/AIDS.~~
- C) ~~Those contacts determined to be at significant risk of infection, in the professional judgment of the counselor, based on the type of sexual or needle sharing practice involved and the counselor's knowledge of risk factors, shall be investigated. Investigation shall be conducted on contacts for whom sufficient information to identify the person is available, such as first and last name, street~~

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~~address or telephone number.~~

~~D) The counselor may prioritize the order in which contacts are to be investigated. The counselor shall provide first priority to those contacts who (based on the counselor's professional judgement), except for contact notification, may not have reason to suspect they may be infected because the counselor has no information that the contacts:~~

~~i) are aware of having engaged in behavior likely to result in exposure; and/or~~

~~ii) are knowledgeable about the types of behavior carrying these risks.~~

~~4)E) Persons choosing to self-refer their contacts shall receive intensive individualized instruction and counseling in methods to provide this notification and referral.~~

~~5)F) STI contacts ~~Contacts to persons with HIV infection identified through the counseling and partner services process contact interview and investigative process;~~ shall be counseled confidentially ~~and in person,~~ regarding the possibility of infection and methods to prevent the spread of the infection, and shall be referred for testing and treatment, if indicated. ~~and services available from public health agencies. These persons shall also be offered testing to determine infection status.~~~~

~~6)G) For STIs, if ~~if~~ the person is legally unable to agree to counseling because of due to age or legal incompetence, consent and participation in counseling shall be requested of the individual's parent or legal guardian. If, in the professional judgment of the counselor, the person is legally able to agree to, but appears to be incapable of understanding and competently acting on, ~~such counseling, in the professional judgment of the counselor,~~ participation in counseling shall be requested of a parent or other person chosen by the client.~~

~~g)3) For the interview and investigation process concerning health care contacts:~~

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1)A) Patients

- A)i) ~~An All cases in which the~~ individual who has had exposure-prone invasive procedures performed on him or her shall be provided an explanation of the potential risks of HIV transmission to health care professionals providers during the performance of invasive procedures, and the legal requirements for notification of the health care professionals providers who have performed invasive procedures on that individual;
- B)ii) The individual shall be asked to identify the specific invasive procedures that ~~have had~~ been performed on him or her, along with the name of the facility or location at which the procedure was performed, and the name, address, and telephone number of the health care professional provider who performed the procedure; and
- C)iii) The individual shall be offered the opportunity to self-notify those health care professionals providers within 45 days, in accordance with the notification procedures described in Section 693.45 of this Part. If the individual declines the opportunity to self-notify his or her health care professionals providers, or fails to do so in accordance with the requirements of this Part, the case shall be referred to the Department for notification of contacts. ~~The Department will notify Department's notification of contacts shall be conducted~~ in a timely manner.

2)B) Health Care Professionals Providers

- A)i) ~~An All cases in which the~~ individual who is a health care professional provider or has worked as a health care professional provider shall be interviewed to determine whether the type of health care practiced by the individual involves the performance of invasive procedures, and whether the individual has or is likely to have performed invasive procedures;
- B)ii) If the individual's type of health care practice involves the performance of invasive procedures but the individual has not or is

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not likely to have performed invasive procedures, he or she shall be provided with written information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The individual shall also be advised to refrain from performing exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel that has been convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(~~35~~) of this Part);

- C)iii) If the individual has or is likely to have performed invasive procedures, the local health department ~~Local Health Authority~~ shall refer the case to the Department for risk assessment and follow-up;
- D)iv) The Department ~~will~~ shall interview the health care professional provider or the professional's provider's estate to complete the investigation and assess the potential risk of HIV transmission from the professional provider to his or her patients, based on the professional's provider's practice and the types and frequencies of invasive procedures performed. Others may be interviewed as necessary to complete the investigation and assess the potential risk of HIV transmission from the professional provider to his or her patients;
- E)v) The Department ~~will~~ shall provide the health care professional provider with an explanation of the potential risks of HIV transmission to patients during the performance of invasive procedures, and the legal requirements for notification of patients whom the Department determines may have been at risk of HIV transmission from the health care professional provider;
- F)vi) If the invasive procedures performed by the health care professional provider were not exposure-prone invasive procedures, and no other potential risk of transmission was

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identified by the Department, the entity performing the investigation process shall provide the health care professional provider with information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The health care professional provider shall also be advised to refrain from any future performance of exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(~~35~~) of this Part);

G)vii) If any of the invasive procedures performed by the health care professional provider were exposure-prone invasive procedures, or the Department identifies any other potential risk of transmission to patients, the Department will shall advise the health care professional provider that these patients must be notified of their potential risk of exposure to HIV. The health care professional provider shall be given the opportunity to submit any information and comments to the Department concerning the notification, and shall be offered the opportunity to self-notify his or her patients within 45 days, in accordance with the notification procedures described in Section 693.45 of this Part;

H)viii) If the health care professional provider declines the opportunity to self-notify his or her patients, or fails to do so in accordance with the requirements of this Part, he or she shall provide the Department with complete and immediate access to any records that identify or may lead to the identification of his or her patients and the actual health care that was rendered. The Department will shall review but will shall not copy or seize the provider's records. The Department will shall identify and notify in a timely manner all patients who received exposure-prone invasive procedures or have otherwise been determined by the Department to have been at risk for HIV transmission; and

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- ~~Dix)~~ The health care professional ~~provider~~ shall also be advised to discontinue performance of exposure-prone invasive procedures except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's—"Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(~~35~~) of this Part).
- e) For cases of syphilis, gonorrhea, chlamydia, chancroid, or ophthalmia neonatorum the contact interview and investigation process shall include the following:
- 1) ~~Contact interview and investigation services shall be provided only by counselors who have completed a course of training which included instruction in the following:~~
 - A) The etiology and transmission of STDs;
 - B) The natural history and progression of STD infection;
 - C) High or increased risk behavior and activities, including patient profiles of persons at significant risk for acquiring STDs;
 - D) Methods for preventing and treating STD infection;
 - E) Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of STD patients, and critiqued role playing; and
 - F) Principles and techniques of contact investigation and referral.
 - 2) All persons diagnosed with early syphilis or antibiotic resistant gonorrhea or chlamydia or any person treated for gonorrhea or chlamydia at a clinic of the Local Health Department shall be interviewed by the Local Health Authority, Designated Agency or the Department, where applicable. "Early syphilis" means primary, secondary or early latent syphilis of less than one year's duration.
 - 3) All persons diagnosed with chlamydia and/or gonorrhea in the private medical sector shall be interviewed as resources permit and within the

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discretion of the Local Health Authority, Designated Agency or Department, where applicable.

- ~~4) All cases interviewed shall be asked to provide the names and any available identifying information regarding their sex contacts. Persons refusing to name their sex contacts shall be strongly encouraged to self-refer such contacts for testing and treatment, if necessary.~~
- ~~5) Those contacts determined by the counselor to be at significant risk of infection, based on high or increased risk behavior and activities, shall be investigated.~~
- ~~6) Interviewing and counseling of STD cases and contacts shall be conducted in person, in a private manner, and shall be documented on epidemiologic records furnished by the Department.~~
- ~~7) Counselors shall follow the guidelines and standards described in Section 697.300 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).~~
- ~~8) All records regarding cases of STDs, contacts to cases of STDs and all information collected in investigations and interviews pursuant to this Section shall be confidential, and shall at all times be maintained in the same manner as those maintained for reported cases of STDs.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.45 Notification of Health Care Contacts

- a) The Department ~~will~~ shall develop a form letter, which ~~the Department will use~~ shall be used by the Department to notify health care contacts pursuant to Section Sections 693.40 of this Part, and which ~~will~~ shall be offered to individuals choosing to self-notify their health care contacts. The letter ~~will~~ shall include a list of facilities where HIV counseling and testing ~~are~~ is available, ~~a copy of Public Act 87-763,~~ and information about HIV transmission and laboratory tests ~~the HIV antibody test,~~ and ~~will~~ shall recommend that the recipient contact his or her personal physician or one of the counseling and testing facilities listed.;
- 1) For contacts who are patients, the letter ~~will~~ shall identify the type of

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health care professional provider with whom the recipient had contact, without naming the specific health care professional provider;

- 2) For contacts who are health care professionals providers, the letter will ~~shall~~ state that the recipient is believed to have performed an exposure-prone invasive procedure on a patient who has been reported to the Department as a case with HIV AIDS, without naming the patient;
 - 3) The letter will ~~shall~~ also advise the recipient as to applicable confidentiality requirements;
- b) ~~The Notification by the Department will provide notification shall be made~~ by first-class mail, with the envelope marked "confidential." Case subjects or their representatives choosing to self-notify will ~~shall~~ be encouraged to use the same method and may use the Department's return address instead of their own;
 - c) Within 10 days after completing self-notification, the case subject or his or her representative shall submit a written, signed statement to the local health department authority or the Department, whichever is applicable, describing the dates and methods of notification and the number of contacts notified, and including a copy of the notification letter, if different from the Department-generated form. Self-notification shall be completed within 45 days after the date on which the ~~individual was advised by the Department or the local health department Local Health Authority~~ Local Health Authority advised the individual that notification was necessary.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.50 Physical Examination and Medical Treatment for Syphilis, Gonorrhea, Chlamydia, or Chancroid

This ~~The provisions of this~~ Section shall apply only to syphilis, gonorrhea, chlamydia, and chancroid.

- a) The Department and certified local health departments may examine or cause to be examined persons reasonably believed to be infected with or to have been exposed to syphilis, gonorrhea, chlamydia, or chancroid. (Section 6(a) of the Act)

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- a) ~~Concurrent with or in addition to the contact interview and investigation process, a Local Health Authority, Designated Agency or the Department, where applicable, shall:~~
- b) Persons with syphilis, gonorrhea, chlamydia, or chancroid shall report for complete treatment to a physician licensed under the provisions of the Medical Practice Act of 1987, or shall submit to treatment at a facility provided by a certified local health department or other public facility until the disease is noncommunicable or the Department or the certified local health department determines that the person does not present a real and present danger to the public health. This subsection shall not be construed to require the Department or the certified local health department to pay for or provide such treatment. (Section 6(b) of the Act).
- 1) The certified local health department or designated agent shall attempt ~~Attempt~~ to determine whether a ~~an identified~~ person within its jurisdiction whose laboratory test indicates STD infection ~~with or sexual exposure to syphilis, gonorrhea, chlamydia, or chancroid or who has been sexually exposed to an STD,~~ has received medical treatment prescribed and rendered to the extent that the infection is no longer communicable by that person; ~~a physical examination;~~
- 2) ~~If a physical examination or tests for an STD have been performed on such an individual, attempt to determine whether any medical treatment was prescribed and rendered to the extent that the STD is no longer communicable by that person., as determined by clinical and laboratory examinations;~~
- 2)3) ~~If a medical physical examination or appropriate treatment necessary laboratory examination has not been provided, the certified local health department shall performed,~~ request that individual to report for examination or treatment such examinations at a specific date, time, and location, or otherwise submit verifiable proof of examination or treatment such examinations by a specific date, and to complete any medical treatment. prescribed pursuant to such examinations;
- 3)4) ~~If the individual is known to have been exposed to an infection listed in subsection (a) a treatable STD,~~ within the maximum incubation period, the

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~~certified local health department shall request that individual to seek early preventive/presumptive treatment as a means of avoiding the reinfection of treated patients and the infection of additional persons;~~

4)5) ~~The certified local health department shall document~~ Document all unsuccessful and successful attempts to secure a medical examination physical and laboratory examinations and appropriate medical treatment for such an individual ~~on a voluntary basis~~. Documentation shall include the dates, times, locations, and forms of communication communications, including the individual's responses, and a detailed narrative of the process.

c)b) ~~A certified local health department or designated agent Local Health Authority or Designated Agency shall notify the Department of any case in which it:~~

1) knows on the basis of laboratory or epidemiologic evidence that a person within its jurisdiction is presently infectious to others, is engaging in conduct or activities ~~that which~~ place others at risk of exposure to the STI STD or has stated his or her intention to do so, and has refused the examination or medical treatment ~~that which~~ has been prescribed for the contagion control of that STI STD; and

2) has exhausted its means of obtaining compliance with this Section.

e) ~~Upon receipt of such notification, the Department shall promptly investigate to determine whether adequate grounds exist for seeking a court issued warrant for such individual's apprehension, physical examination and/or medical treatment pursuant to Section 6(e) of the Act. The Department shall also seek such a warrant, if appropriate, in cases which are not assigned to a Local Health Authority or Designated Agency.~~

d) No person shall be apprehended, examined, or treated for syphilis, gonorrhea, chlamydia, or chancroid against his will, except upon the presentation of a warrant duly authorized by a court of competent jurisdiction. In requesting the issuance of such a warrant, the Department or certified local health department shall show by a preponderance of evidence that the person is infectious and that a real and present danger to the public health and welfare exists unless such warrant is issued and shall show that all other reasonable means of obtaining

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compliance have been exhausted and that no other less restrictive alternative is available. (Section 6(c) of the Act) The Department does not delegate the responsibility to seek a court order to a delegated agency.

- 1) In determining whether no less restrictive means exist, the court shall consider evidence showing that, under the circumstances presented by the case in which an order is sought, apprehension, examination, or treatment is the measure provided for in guidelines issued by the Centers for Disease Control and Prevention.
 - 2) The court shall require any proceedings authorized by this Section to be conducted in camera. A record shall be made of such proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to the reviewing court in the event of an appeal. (Section 6(c) of the Act).
 - 3) The individual shall be given a written notice of any court proceedings conducted under this Section. The notice shall follow the procedures listed in Section 690.1330 of the Control of Communicable Diseases Code.
- e) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of syphilis, gonorrhea, chlamydia, or chancroid under this Section is guilty of a Class A misdemeanor. (Section 6(d) of the Act).

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.60 Quarantine and Isolation for Syphilis, Gonorrhea, Chlamydia, and Chancroid

This Section shall apply only to syphilis, gonorrhea, chlamydia, and chancroid.

- a) The Department or certified local health department may order a person to be isolated or a place to be quarantined and made off limits to the public to prevent the probable spread of syphilis, gonorrhea, chlamydia, or chancroid, until such time as the condition can be corrected or the danger to the public health is eliminated or reduced in such a manner that no substantial danger to the public's health any longer exists. (Section 7(a) of the Act). The determination that action is required shall be based on the following:

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- 1) The Department or certified local health department has reason to believe that a person infected with syphilis, gonorrhea, chlamydia, or chancroid is noncompliant and is likely to spread syphilis, gonorrhea, chlamydia, or chancroid if not detained for isolation;
 - 2) The Department or the certified local health department has reason to believe that a place where there is significant sexual activity is likely to contribute to the spread of syphilis, gonorrhea, chlamydia, or chancroid if quarantine procedures are not initiated; and
 - 3) The Department or the certified local health department has first made efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, and counseling of a noncompliant person infected with syphilis, gonorrhea, chlamydia, or chancroid or the owner of a place where there is significant sexual activity that is likely to contribute to the spread of syphilis, gonorrhea, chlamydia, or chancroid.
- b) *No person may be ordered to be isolated, and no place may be ordered to be quarantined, except with the consent of such person or owner of such place or upon the order of a court of competent jurisdiction and upon proof by the Department or certified local health department, by clear and convincing evidence, that the public's health and welfare are significantly endangered by a person with syphilis, gonorrhea, chlamydia, or chancroid or by a place where there is a significant amount of sexual activity likely to spread syphilis, gonorrhea, chlamydia, or chancroid, and upon proof that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists. (Section 7(b) of the Act).*
- 1) A "significant danger to the public's health," for purposes of this Section, means that the continued operation or existence of the place in question would result in irreparable injury to individuals engaging in sexual activity at that place.
 - 2) The order and procedure for quarantine and isolation for purposes of this Section shall be the same as the order and procedure for quarantine and isolation set forth in Section 690.1330 of the Control of Communicable Diseases Code.

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3) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of syphilis, gonorrhea, chlamydia, or chancroid in connection with the Department's power of quarantine and isolation is guilty of a Class A misdemeanor. (Section 7(d) of the Act).

- a) ~~When a Local Health Authority, Designated Agency or the Department, where applicable, knows or has reason to believe, because of medical or epidemiological information, that a person within its jurisdiction is a Noncompliant STD Carrier, it shall initiate and document all reasonable efforts to obtain the voluntary cooperation of such person for appropriate counseling, education and cessation of noncompliant behavior.~~
- b) ~~A "Noncompliant STD Carrier," for purposes of this Section, means a person who is infected with syphilis, gonorrhea, chlamydia, or chancroid is presently capable of infecting others, and is engaging in conduct or activities that place others at risk of exposure to the STD.~~
- e) ~~If all attempts at voluntary cooperation have failed to the extent that the noncompliant individual continues to engage in conduct or activities which place others at risk of exposure to the STD, the Local Health Authority or Designated Agency when it determines that it has explored and exhausted all possible reasonable means to obtain compliance may request the Department to seek a court order, pursuant to Section 7(b) of the Act, for isolating such person into a restricted environment until such time as the individual is no longer clinically capable of infecting others or has demonstrated a willingness and ability, as shown by reported acts and statements of intention, to refrain from behavior that places others at risk of exposure to the STD. The Department may also seek such a court order on its own initiative.~~
- d) ~~The provisions of this Section shall also apply to cases in which an isolation order is being sought concurrently with an examination or medical treatment order, when the Department can demonstrative by clear and convincing evidence that treatment must be initiated in a restricted environment because the individual cannot or will not refrain from conduct or activities that which place orders at risk of exposure to the STD.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

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Section 693.70 Counseling and Education for AIDS and HIV (Repealed)

- a) ~~Concurrent with or in addition to the contact interview and investigation process, a Local Health Authority, Designated Agency or the Department, where applicable, shall:~~
- ~~1) Attempt to determine whether an identified person within its jurisdiction whose laboratory test or clinical diagnosis indicates HIV infection or who has been exposed to HIV infection has received appropriate counseling and preventive education;~~
 - ~~2) If the individual has received such counseling and education, attempt to determine whether the individual has responded to that counseling and education to the extent that the person does not present a real danger to the public health by determining whether the person is engaging in conduct or activities which place others at risk of infection with HIV;~~
 - ~~3) If counseling and education had not been received, request that individual to report for such counseling and education at specific dates, times and locations or otherwise submit verifiable proof of such counseling by a specific date, and to complete any follow-up counseling prescribed by treatment personnel;~~
 - ~~4) Document all successful and unsuccessful attempts to secure appropriate counseling and education for such an individual on a voluntary basis. Documentation shall include the dates, times, locations and forms of communications, including the individual's responses, and a detailed narrative of the process.~~
- b) ~~A Local Health Authority or Designated Agency shall notify the Department of any case in which it:~~
- ~~1) knows or believes on the basis of laboratory or epidemiologic evidence that a person within its jurisdiction is presently infected with HIV and infectious to others, is engaging in conduct or activities which place others at risk of exposure to HIV or has stated his or her intention to do so, and has refused the counseling and education which has been prescribed for the contagion control of HIV infection, and~~

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- 2) ~~has exhausted its means of obtaining compliance with this Section.~~
- e) ~~Upon receipt of such notification, the Department shall promptly investigate to determine whether adequate grounds exist for seeking a court issued warrant for ordering such individual to undergo counseling and education pursuant to Section 6(e) of the Act. The Department shall also seek such a warrant, if appropriate, in cases not assigned to a Local Health Authority or Designated Agency.~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

Section 693.80 Isolation for AIDS and HIV (Repealed)

- a) ~~When a Local Health Authority, Designated Agency or the Department, where applicable, knows or has reason to believe, because of medical or epidemiological information, that a person within its jurisdiction is a Noncompliant HIV Carrier, it shall initiate and document all reasonable efforts to obtain the voluntary cooperation of such person for appropriate counseling, education, and cessation of noncompliant behavior, and shall pursue court ordered counseling as described in Section 693.70(c) of this Part.~~
- b) ~~A "Noncompliant HIV Carrier," for purposes of this Section, means a person who knows or has reason to know that he or she is infected with HIV and is presently capable of infecting others, yet is engaging in conduct or activities which place others at risk of exposure to HIV infection, as demonstrated by one or more of the following:~~
 - 1) ~~Selling or donating blood, sperm, organs or other tissues or bodily fluids,~~
 - 2) ~~Attempting, offering or soliciting to engage in sexual activities of a nature likely to transmit HIV,~~
 - 3) ~~Engaging in sexual activities of a nature likely to transmit HIV,~~
 - 4) ~~Sharing intravenous drug needles with another person, or~~
 - 5) ~~Actions or statements by the individual that are clear and credible indicators of his or her intention or substantial likelihood to place others at risk of exposure to HIV infection, such as a reasoned statement of intent to~~

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perform a specific action in order to infect another person.

- e) ~~If all attempts at voluntary cooperation have failed to the extent that the noncompliant individual continues to engage in conduct or activities which place others at risk of exposure to HIV infection, the Local Health Authority or Designated Agency when it determines that it has explored and exhausted all possible reasonable means to obtain compliance may request the Department to seek a court order, pursuant to Section 7(b) of the Act, for isolating such person into a restricted environment until such time as he or she has demonstrated a willingness and ability as shown by reported acts and statements of intention to refrain from behavior which places others at risk of exposure to HIV infection. The Department may also seek such a court order on its own initiative.~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

Section 693.90 Quarantine (Repealed)

- a) ~~When a Local Health Authority, Designated Agency or the Department, where applicable, knows or has reason to know, because of medical or epidemiological information, that *the Public's Health and Welfare are significantly endangered by a place* within its jurisdiction *where there is a significant amount of sexual activity or a significant amount of intravenous drug needle sharing activity likely to spread a sexually transmissible disease*, it shall initiate and document all reasonable efforts, such as correspondence or personal meetings, to discuss the problem and request assistance from the owner to eliminate the problem to obtain the voluntary cooperation of the owner of such a place to correct the problem in such a manner that a significant danger to the public's health no longer exists. A *significant amount of sexual activity* or needle contact shall be deemed to exist when such acts occur repeatedly despite reasonable efforts to correct the situation. (Section 7(a) of the Act).~~
- b) ~~A "significant danger to the public's health," for purposes of this Section, means that the continued operation or existence of the place in question would result in irreparable injury to individuals engaging in sexual or needle sharing activity at that place.~~
- e) ~~If such attempts at voluntary cooperation have failed to the extent that a significant danger to the public's health still exists at *a place where there is a*~~

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~~significant amount of sexual activity likely to spread a sexually transmissible disease~~ the Local Health Authority or Designated Agency may request the Department to promptly investigate to determine whether adequate grounds exist for seeking a court order, pursuant to Section 7(b) of the Act, for quarantining ~~the~~ such place and making it off limits to the public until such time as the condition can be corrected so that a significant danger to the public's health no longer exists. The Department may also seek such an order on its own initiative, in areas not served by Local Health Authorities or Designated Agencies (Section 7 (b) of the Act).

- d) ~~If such attempts at voluntary cooperation have failed to the extent that a significant danger to the public's health still exists at a place where there is a significant amount of intravenous drug needle sharing activity likely to spread a sexually transmissible disease, the Local Health Authority or Designated Agency may request the Department to promptly investigate to determine whether adequate grounds exist for quarantining such place and making it off limits to the public until such time as the condition can be corrected so that a significant danger to the public's health no longer exists. The Department may issue a quarantine order in such a case pursuant to its supreme authority in matters of quarantine. (Section 22 of "AN ACT in relation to public health" (Ill. Rev. Stat. 1987, ch. 111½, par. 22.))~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

Section 693.100 Confidentiality

- a) ~~All information and records held by the Department and local health departments or designated agents its authorized representatives relating to known or suspected cases of STIs sexually transmissible diseases shall be strictly confidential and exempt from inspection and copying under the Freedom of Information Act. The Department and local health departments or designated agents its authorized representatives shall not disclose information and records held by them relating to known or suspected cases of STIs sexually transmissible diseases publicly or in any action of any kind in any court or before any tribunal, board or agency. (Section 8(a) of the Act)~~
- b) ~~Such information shall not be released or made public by the Department, local health departments, or designated agents, or its authorized representatives, by a~~

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court or parties to a lawsuit upon revelation by subpoena, or by a court conducting proceedings authorized by subsection (c) of Section 6 of ~~the the~~ Act, except that release of such information may be made under the following circumstances:

- 1) When made with the consent of all persons to which the information applies (Section 8(a)(1) of the Act);
 - 2) When made for statistical purposes and medical or epidemiologic information is summarized so that no person can be identified and no names are revealed (Section 8(a)(2) of the Act);
 - 3) When made to medical personnel, appropriate ~~State state~~ agencies, such as the Department of Children and Family Services, or courts of appropriate jurisdiction to enforce the provisions of the Act and this Part (Section 8(a)(3) of the Act);
 - 4) ~~When made to persons determined by the Department to be or have been at potential risk of HIV transmission pursuant to Section 5.5 of the Act (Section 8(a)(4) of the Act);~~
 - ~~45)~~ When authorized by Section 697.210 of the HIV/AIDS Confidentiality and Testing Code; the HIV/AIDS Registry System regulations (see 77 Ill. Adm. Code 697.210);
 - ~~56)~~ When authorized by the AIDS Confidentiality Act; ~~(see 77 Ill. Adm. Code 697.140);~~
 - ~~67)~~ When made to a school principal pursuant to Section 697.400 of the HIV/AIDS Confidentiality and Testing Code; ~~(see 77 Ill. Adm. Code 697.400);~~
- c) A court hearing a request for the issuance of a warrant as authorized in subsection (c) of Section 6 of ~~the the~~ Act shall conduct such proceedings in camera. A record shall be made of authorized proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to the reviewing court in the event of an appeal. (Section 8(c) of the Act)

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- d) *No employee of the Department, a local health department, or designated agent ~~or its authorized representatives~~ shall be examined in a civil, criminal, special or other proceeding concerning the existence or contents of pertinent records of a person examined, tested, or treated for an STI, a sexually transmissible disease or a contact of the person, by the Department, a local health department, or designated agent ~~or its authorized representative~~ pursuant to the provisions of ~~the~~ Act, or concerning the existence or contents of such reports received from a health care professional or ~~private physician or private~~ private health care facility, pursuant to the provisions of ~~the~~ Act, without the consent of the person examined, tested, or ~~and treated~~, or a contact to an STI for ~~such a disease~~, except in proceedings under Sections 6 and 7 of ~~the~~ Act. (Section 8(d) of the Act)*
- e) *All ~~All~~ information and records held by the Department, a local health department, or designated agent ~~and Local Health Authorities~~ pertaining to health care contact risk assessment and notification activities shall be strictly confidential and exempt from copying and inspection under the Freedom of Information Act. Such information and records shall not be released or made public by the Department, a local health department, or designated agent ~~or Local Health Authorities~~, and shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person and shall be treated in the same manner as the information and those records subject to the provisions of Part 21 of the Code of Civil Procedure except under the following circumstances (Section 5.5 of the Act):*
- 1) *When disclosure is made with the written consent of all persons to whom this information pertains;*
 - 2) *When authorized under Section 8 of the Act to be released under court order or subpoena pursuant to Section ~~12-5.01+2-16.2~~ of the Criminal Code of 1961; or*
 - 3) *When disclosure is made by the Department for the purpose of seeking a warrant authorized by Sections 6 and 7 of the Act. Such disclosure shall conform to the requirements of subsection (a) of Section 8 of the Act.*
- f) *Any person who knowingly or maliciously disseminates any information or report concerning the existence of any disease under Section 5.5 of the Act is guilty of a*

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Class A Misdemeanor. (Section 5.5(d) of the Act)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.110 Examination and Treatment of Prisoners

- a) A local health department Local Health Authority, or the Department, where applicable, may enter any State, county, or municipal detention facility located within its jurisdiction, for the purpose of interviewing, examining, testing, or treating any prisoner, detainee, or parolee known to have or suspected of having an STI STD. A Any such detention facility shall cooperate with the local health department Local Health Authority or the Department, where applicable, and provide the such space as is necessary for interviewing, examining, testing, or treating any prisoner, detainee, or parolee known or suspected of having an STI. the examinations and treatments.
- b) Interviewing, Such examination, testing, or and treatment shall be voluntary on the part of the prisoner, detainee, or parolee, unless the Department obtains a court-issued warrant is obtained by the Department pursuant to Section Sections 693.50 or 693.70 of this Part. In cases of noncompliant behavior, the Department may also seek court-ordered isolation pursuant to Section Sections 693.60 or 693.80 of this Part.
- c) Any health care professional The reporting requirements of Section 693.30 of this Part shall be followed by any physician attending or examining prisoners, detainees, or parolees at these detention facilities shall follow the reporting requirements of Section 693.30 of this Part, except that reporting to the local health department, Local Health Authority or Department, where applicable, shall be made within seven days after diagnosing or treating a reportable STI STD. The superintendent or other administrator of the such detention facility shall provide the health care professional physician with all reportable information required by the report form or this Part, to ensure insure that a complete report is filed with the appropriate health authority.
- d) *Nothing in this Section shall be construed as relieving the Department of Corrections or any county or municipality of their primary responsibility for providing medical services treatment for prisoners under their jurisdiction, including treatment for STIs. sexually transmissible diseases (Section 9 (b) of the*

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Act):

- e) Subsections ~~AGENCY NOTE: The provisions of Section 693.110 (a) and (b) do not apply to any examination, testing or treatment performed pursuant to Section 5-5-3(g) or (h) of the Unified Code of Corrections [730 ILCS 5/5-5-3]. Section 5-5-3 of the Unified Code of Corrections requires HIV testing of defendants convicted under Sections 11-14, 11-15, 11-15.1, 11-16, 11-17, 11-18, 11-18.1, 11-19, 11-19.1, 11-19.2, 12-13, 12-14, 12-14.1, 12-15 or 12-16 of the Criminal Code of 1961, or Section 1 or 2 of the Hypodermic Syringes and Needles Act [720 ILCS 635/1 or 2].~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.120 Certificate of Freedom from STIs ~~STDs~~

No ~~health care professional, local health department, designated agent, physician, Local Health Authority, Designated Agency~~ or other person, including the Department, shall issue certificates of freedom from STIs ~~STDs~~ to or for any person, ~~except as designated by law or by this Part.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.130 Treatment of Minors

~~A minor~~ ~~Any person twelve (12) years of age or older who may have come in contact with any STI ~~STD~~ may give consent to medical care and/or counseling related to the diagnosis or treatment of an STI ~~such disease~~.~~ (Section 4 of the Consent by Minors to Medical Procedures Act) ("AN ACT in relation to the performance of medical, dental or surgical procedures on and counseling for minors" (Ill. Rev. Stat. 1987, ch. 111, par. 4504.)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 693.140 Control Measures (Repealed)

- a) ~~The STDs designated pursuant to this Part have the following incubation periods:~~
- 1) ~~Syphilis: 10 to 90 days, usually 21 days;~~
 - 2) ~~Gonorrhea: Usually 2 to 15 days, sometimes 30 days longer;~~

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- 3) ~~Chlamydia: Unknown;~~
 - 4) ~~AIDS: Unknown—may be several months to several years;~~
 - 5) ~~HIV infection: Seroconversion usually occurs several weeks to six months after infection, sometimes one year or longer;~~
 - 6) ~~Chancroid: 3 to 5 days, may be up to 14 days;~~
 - 7) ~~Ophthalmia Neonatorum: usually 36 to 48 hours.~~
- b) ~~Disinfection~~
- 1) ~~AIDS/HIV: Concurrent disinfection is required of equipment contaminated by blood, secretions and excretions;~~
 - 2) ~~Syphilitic infants: Cases with florid eruptions are infectious and appropriate precautions and disinfection procedures are required in accordance with CDC Guidelines for Isolation Precautions in Hospitals (See 77 Ill. Adm. Code 690.1000 (d)(1));~~
 - 3) ~~Other STDs: Concurrent disinfection of abnormal discharges and secretions is required;~~
 - 4) ~~"Disinfection" means the inactivation of potentially harmful microorganisms;~~
 - 5) ~~Ophthalmia Neonatorum (Gonococcal):~~
 - A) ~~Isolation is required for the first 24 hours after administration of antibiotic;~~
 - B) ~~Concurrent disinfection is accomplished by care in disposal of conjunctival discharges and articles soiled therewith;~~
 - C) ~~Terminal cleaning is required.~~
- e) ~~Special precautions for AIDS and HIV infection~~

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- 1) ~~Health care personnel and others who provide direct patient care providing care to persons with AIDS or HIV infection in facilities such as hospitals, nursing homes, alcoholism treatment or mental health facilities, through outpatient or home health services, shall observe those protective measures as described in the publication "Recommendations for Prevention of HIV Transmission in Health Care Settings" (Centers for Disease Control and Prevention, MMWR 1987, vol. 36, Suppl. no. 25, pages 3S-18S) and the "Joint Advisory Notice, Department of Labor/Department of Health and Human Services, HBV/HIV" Federal Register, Vol. 52, No. 210, pp. 41818-41823, October 30, 1987.~~

- 2) ~~Persons with AIDS, HIV infection or increased risk of HIV infection are prohibited from donating blood, plasma, body organs, other tissues or sperm, except for the limited purposes of autologous transfusion, installation, transplantation or injection, or for medical research. Individuals with increased risk of HIV infection include:~~
 - A) ~~Persons who have signs and symptoms suggestive of AIDS (e.g. a combination of two or more of the following: unexpected weight loss of greater than 10% of body weight, chronic fever, chronic lymphadenopathy, night sweats or chronic diarrhea);~~
 - B) ~~Persons who have had sexual contact with HIV infected persons;~~
 - C) ~~Males who have had sexual contact with a male anytime since 1977;~~
 - D) ~~Persons who have immigrated anytime since 1977 from countries where heterosexual activity is thought to play a major role in transmission of HIV infection, such as Central Africa and Haiti as recognized by the Centers for Disease Control and Prevention;~~
 - E) ~~Persons who are, or have been, present or past drug users by self-injection;~~
 - F) ~~Hemophiliacs; or~~
 - G) ~~Current or former sexual partners of any of the persons listed in~~

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~~this subsection (c)(2):~~

- ~~3) Blood and plasma collection centers, and organ, tissue and sperm banks shall advise prospective donors that persons with AIDS, HIV infection or increased risk of HIV infection shall not donate blood, plasma, body organs, other tissues or sperm, except for autologous or medical research purposes.~~
- ~~4) When a patient with AIDS or HIV infection or any *infectious or communicable disease that could be transmitted through contact with the person's body or bodily fluids* dies, the body shall be labeled "*infectious hazard*" or with an equivalent term to inform any funeral director, embalmer or other person having subsequent contact with the body, to take suitable precautions.~~
 - ~~A) If an equivalent term is used, it shall not include the words "AIDS", "Acquired Immunodeficiency Syndrome", "ARC", "AIDS related complex", "HIV", "Human Immunodeficiency Virus," or other terms synonymous with AIDS, ARC, or HIV. *The label shall be prominently displayed on and affixed to the outer wrapper or covering of the body if the body is covered or wrapped in any manner.*~~
 - ~~B) *When death occurs in a health care facility, the Administrator shall designate a staff member to assure responsibility for such labeling. In all other cases, the attending physician or coroner who certifies the death shall assume responsibility for such labeling.* (Section 7 of the Department of Public Health Act [20 ILCS 2305/7])~~
- ~~5) Providers of health care services to the following persons are encouraged to counsel the client or patient on the risks of HIV infection and offer testing for HIV infection, or refer the client or patient to an appropriate local public agency for this purpose:~~
 - ~~A) Persons diagnosed with an STD or attending an STD clinic;~~
 - ~~B) Persons being treated for, or applying for treatment of drug~~

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addiction;

- C) ~~Women attending family planning programs or contemplating pregnancy; and~~
- D) ~~Persons with increased risk of HIV infection (See Section 693.140(e)(2)(A) through (G) of this Part.).~~
- 6) ~~When a child with AIDS or HIV infection attends school, the Guidelines for Management of Chronic Infectious Diseases in School Children should be observed.~~
- d) ~~Special control measures for ophthalmia neonatorum~~
 - 1) ~~*It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, a one percent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health. (Section 3 of the Infant Eye Disease Act [410 ILCS 215/3])*~~
 - 2) ~~The Department approves 1% silver nitrate solution or ophthalmic ointment or drops containing tetracycline or erythromycin as a prophylactic for ophthalmia neonatorum.~~
 - 3) ~~It is the duty of all hospitals and places of childbirth to maintain records of cases of ophthalmia neonatorum pursuant to 77 Ill. Adm. Code 250.1830(i)(4)(B).~~
 - 4) ~~If gonorrhea is suspected, antepartum treatment of the mother is recommended.~~
 - 5) ~~The local health authority shall investigate the source of infection pursuant to Section 693.40(a) of this Part.~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)