DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENT

- 1) <u>Heading of the Part:</u> Control of Communicable Diseases Code
- 2) <u>Code Citation:</u> 77 Ill. Adm. Code 690
- 3) <u>Section Number:</u> <u>Proposed Action:</u> 690.10 Amendment
- <u>Statutory Authority:</u> Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].
- 5) <u>A Complete Description of the Subjects and Issues Involved:</u> The proposed amendments will update and add to the definitions in the rules. The proposed amendments are necessary to aid the Department in the restriction of travel of persons infected with or potentially exposed to infectious or communicable diseases in an effort to stop the spread of disease. The definition of "observation" will be amended to remove language related to travel. Definitions for "monitoring", "quarantine, modified" and "public transportation" will also be added.

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

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

- 6) <u>Published studies or reports, and sources of underlying data used to compose this</u> <u>rulemaking:</u> None
- 7) <u>Will this rulemaking replace any emergency rulemaking currently in effect?</u> Yes
- 8) <u>Does this rulemaking contain an automatic repeal date?</u> No
- 9) <u>Does this rulemaking contain incorporations by reference?</u> No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) <u>Statement of Statewide Policy Objectives:</u> This rulemaking does not create or expand a State Mandate.

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12) <u>Time, Place and Manner in which interested persons may comment on this proposed</u> <u>rulemaking:</u>

Susan Meister Division of Legal Services Illinois Department of Public Health 535 W. Jefferson St., 5th floor Springfield, Illinois 62761

217/782-2043 e-mail: <u>dph.rules@illinois.gov</u>

- 13) Initial Regulatory Flexibility Analysis:
 - A) <u>Types of small businesses, small municipalities and not for profit corporations</u> <u>affected:</u> None
 - B) <u>Reporting, bookkeeping or other procedures required for compliance:</u> None
 - C) <u>Types of professional skills necessary for compliance:</u> None
- 14) <u>Regulatory Agenda on which this rulemaking was summarized:</u> This rule was not included on either of the two most recent Regulatory Agendas because the need for the rulemaking was not apparent when the Regulatory Agendas were prepared.

The full text of the Proposed amendment is identical to that of the text of the Emergency amendment for this Part, and begins in this issue of the Illinois Register on page

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NOTICE OF EMERGENCY AMENDMENT

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

PART 690 CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: GENERAL PROVISIONS

Section 690.10 <u>EMERGEN</u> 690.20 690.30	Definitions <u>NCY</u> Incorporated and Referenced Materials General Procedures for the Control of Communicable Diseases
	SUBPART B: REPORTABLE DISEASES AND CONDITIONS
690.100 690.110	Diseases and Conditions Diseases Repealed from This Part
	SUBPART C: REPORTING
Section 690.200	Reporting
SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES	
Section	
690.290 690.295	Acquired Immunodeficiency Syndrome (AIDS) (Repealed) Any Unusual Caseof a Disease or Condition Caused by an Infectious Agent Not
090.293	Listed in this Part that is of Urgent Public Health Significance (Reportable by telephone immediately (within three hours))
690.300	Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310	Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320	Anthrax (Reportable by telephone immediately, within three hours, upon initial clinical suspicion of the disease)
690.322	Arboviral Infections (Including, but Not Limited to, Chikungunya Fever,

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

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690.410	Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)
690.420	Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as
(00.420	possible, within 7 days) (Repealed)
690.430	Gonorrhea (Repealed)
690.440	Granuloma Inguinale (Repealed)
690.441	Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)
690.442	Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)
690.444	Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
690.450	Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.451	Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.452	Hepatitis C, Acute Infection and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.453	Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
690.460	Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.465	Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.468	Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
690.469	Influenza A, Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)
690.470	Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.475	Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.480	Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.490	Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

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690.495	Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only)
	(Reportable by mail, telephone, facsimile or electronically as soon as possible,
	within seven days)
690.500	Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia
	Venereum) (Repealed)
690.505	Lyme Disease (See Tickborne Disease)
690.510	Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.520	Measles (Reportable by telephone as soon as possible, within 24 hours)
690.530	Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail,
070.220	telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.540	Meningococcemia (Reportable by telephone as soon as possible) (Repealed)
690.550	Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
690.555	Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.560	Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.565	Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)
690.570	Plague (Reportable by telephone immediately, within three hours upon initial
	clinical suspicion of the disease)
690.580	Poliomyelitis (Reportable by telephone immediately, within three hours) upon initial clinical suspicion of the disease)
690.590	Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.595	Q-fever Due to Coxiella burnetii (Reportable by telephone as soon as possible, within 24 Hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)
690.600	Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.601	Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)
690.610	Rocky Mountain Spotted Fever (See Tickborne Disease)
690.620	Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)

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690.630	Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.635	Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
690.640	Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.650	Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
690.655	Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours)
690.658	Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.660	Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
690.661	Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)
690.670	Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) (Reportable by telephone or facsimile, within 24 hours)
690.675	Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
690.678	Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.680	Syphilis (Repealed)
690.690	Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.695	Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.698	Tickborne Disease (Includes Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile or electronically, within seven days)

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690.700	Trachoma (Repealed)
690.710	Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.720	Tuberculosis (Repealed)
690.725	Tularemia (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours))
690.730	Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.740	Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.745	Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
690.750	Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
690.752	Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within seven days)
690.800	Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)
	SUBPART E: DEFINITIONS
Section	
690.900	Definition of Terms (Renumbered)
	SUBPART F: GENERAL PROCEDURES
Section	
690.1000 690.1010	General Procedures for the Control of Communicable Diseases (Renumbered) Incorporated and Referenced Materials (Renumbered)
	SUBPART G: SEXUALLY TRANSMITTED DISEASES
Castion	
Section 690.1100	The Control of Sexually Transmitted Diseases (Repealed)
	SUBPART H: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

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Section

690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease690.1210 Funerals (Repealed)

SUBPART I: ISOLATION, QUARANTINE, AND CLOSURE

Section

- 690.1300 General Purpose
- 690.1305 Department of Public Health Authority
- 690.1310 Local Health Authority
- 690.1315 Responsibilities and Duties of the Certified Local Health Department
- 690.1320 Responsibilities and Duties of Health Care Providers
- 690.1325 Conditions and Principles for Isolation and Quarantine
- 690.1330 Order and Procedure for Isolation, Quarantine and Closure
- 690.1335 Isolation or Quarantine Premises
- 690.1340 Enforcement
- 690.1345 Relief from Isolation, Quarantine, or Closure
- 690.1350 Consolidation
- 690.1355 Access to Medical or Health Information
- 690.1360 Right to Counsel
- 690.1365 Service of Isolation, Quarantine, or Closure Order
- 690.1370 Documentation
- 690.1375 Voluntary Isolation, Quarantine, or Closure
- 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens
- 690.1385 Vaccinations, Medications, or Other Treatments
- 690.1390 Observation and Monitoring
- 690.1400 Transportation of Persons Subject to Public Health or Court Order
- 690.1405 Information Sharing
- 690.1410 Amendment and Termination of Orders
- 690.1415 Penalties

SUBPART J: REGISTRIES

Section

- 690.1500 Extensively Drug-Resistant Organism Registry
- 690.1510 Entities Required to Submit Information
- 690.1520 Information Required to be Reported

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690.1530	Methods of Reporting XDRO Registry Information
690.1540	Availability of Information

690.EXHIBIT A Typhoid Fever Agreement (Repealed)

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

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008; amended at 37 Ill. Reg. 12063, effective July 15, 2013; recodified at 38 Ill. Reg. 5408; amended at 38 Ill. Reg. 5533, effective February 11, 2014; emergency amendment at 38 Ill. Reg., effective for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 690.10 Definitions EMERGENCY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Communicable Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment.

"Contact" – Any person known to have been sufficiently associated with a case or carrier of a communicable disease to have been the source of infection for that person or to have been sufficiently associated with the case or carrier of a communicable disease to have become infected by the case or carrier; and, in the opinion of the Department, there is a risk of the individual contracting the

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contagious disease. A contact can be a household or non-household contact.

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

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

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

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

"Department" – The Illinois Department of Public Health.

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

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

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

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

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

is believed to be caused by any of the following:

bioterrorism;

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

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

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

widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

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

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

"Epidemic" - The occurrence in a community or region of cases of a

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communicable disease (or an outbreak) clearly in excess of expectancy.

"Exclusion" – Removal of individuals from a setting in which the possibility of disease transmission exists.

"Extensively Drug-Resistant Organisms – A micro-organism that is nonsusceptible to at least one agent in all but two or fewer antimicrobial categories.

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

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

"Food Handler" – Any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food. Any person who dispenses medications by hand, assists in feeding, or provides mouth care shall be considered a food handler for the purpose of this Part. In health care facilities, this includes persons who set up meals for patients to eat, feed or assist patients in eating, give oral medications, or give mouth/denture care. In day care facilities, schools and community residential programs, this includes persons who prepare food, feed or assist attendees in eating, or give oral medications to attendees.

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

"Health Care Facility" – Any institution, building or agency, or portion of an institution, building or agency, whether public or private (for-profit or nonprofit),

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that is used, operated or designed to provide health services, medical treatment or nursing, rehabilitative or preventive care to any person or persons. This includes, but is not limited to, ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers.

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

"Health Care Worker" – Any person who is employed by (or volunteers his or her services to) a health care facility to provide direct personal services to others. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

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

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

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

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demographic, epidemiological and medical information for surveillance purposes and outbreak detection.

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

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

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

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

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

"Isolation, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons infected with, or reasonably suspected to be infected with, a contagious or infectious disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.

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

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

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

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

"Monitoring" – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. Monitoring may also include the institution of communitylevel social distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Community-level social distancing monitoring measures may include, but are not limited, to, reporting of geographic location for a period of time, restricted use of public transportation, recommended or mandatory mask use, temperature screening prior to entering public buildings or attending public gatherings.

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

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

"Observation and Monitoring" – Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a

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person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

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

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

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

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

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

"Quarantine, modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons who are or may have been exposed to a contagious disease or possibly contagious disease. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission. Any travel outside of the jurisdiction of the local health authority must be under mutual agreement of the health authority of jurisdiction and the public health official or officials who will assume responsibility.

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

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"Registry" – A data collection and information system that is designed to support organized care and <u>management</u>.

"Sensitive Occupation" – An occupation involving the direct care of others, especially young children and the elderly, or any other occupation designated by the Department or the local health authority, including, but not limited to, health care workers and child care facility personnel.

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

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

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.20(a)(7)).

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

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

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

"Syndromic Surveillance" – Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

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

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

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

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

"Zoonotic Disease" – Any disease that is transmitted from animals to people.

(Source: Amended by Emergency rulemaking at 38 Ill. Reg. _____, effective ______ for a maximum of 150 days)