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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Proposed Action:</u>
693.10	Amend
693.15	Amend
693.30	Amend
693.50	Amend
693.100	Amend
693.110	Amend
693.150	New
- 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: Various Sections are being amended to clarify the language. The rulemaking also implements Public Act 98-0353, which was passed on August 16, 2013, and removed the requirement to notify school principals of students enrolled in a school program who are HIV infected. Language on the use of expedited partner therapy is being added to the rules.

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

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

- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No

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- 11) Statement of Statewide Policy Objectives: This rule change will not affect any unit of local government that would require expenditures of local funds.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

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

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

217/782-2043  
[dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

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

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

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 693

CONTROL OF SEXUALLY TRANSMISSIBLE INFECTIONS CODE

Section

693.10	Definitions
693.15	Incorporated and Referenced Materials
693.20	Reportable STIs and Laboratory Results
693.30	Reporting
693.35	Fines and Penalties
693.40	Counseling and Partner Services
693.45	Notification of Health Care Contacts
693.50	Physical Examination and Medical Treatment for Syphilis, Gonorrhea, Chlamydia, HIV or Chancroid
693.60	Quarantine and Isolation for Syphilis, Gonorrhea, Chlamydia, HIV and Chancroid
693.70	Counseling and Education for AIDS and HIV (Repealed)
693.80	Isolation for AIDS and HIV (Repealed)
693.90	Quarantine (Repealed)
693.100	Confidentiality
693.110	Examination and Treatment of Prisoners
<u>693.150</u>	<u>Expedited Partner Therapy (EPT)</u>
693.120	Certificate of Freedom from STIs
693.130	Treatment of Minors
693.140	Control Measures (Repealed)

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.

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Reg. 22026, effective December 9, 1998; amended at 25 Ill. Reg. 3916, effective April 1, 2001; amended at 25 Ill. Reg. 14497, effective November 1, 2001; amended at 37 Ill. Reg. 8762, effective June 12, 2013; amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 693.10 Definitions**

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

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

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

"Contact" means:

An individual who has been in direct sexual contact with an individual infected with a sexually transmitted infection (STI);

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

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

"Critical Period" means the time interval for which an individual infected with an STI is asked to recall sexual or needle-sharing contacts. 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);

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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.

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

"Designated Agent" means an organization designated by the Department, or a local health department in cities with a population of 1,000,000 or more, to conduct public health activities under a written service agreement with the Department.

"Epidemiologic Information" means information, obtained through the counseling and partner services process, regarding possible exposure to an STI.

"Expedited Partner Therapy" means to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the partner or partners of persons clinically diagnosed as infected with a sexually transmissible infection, without physical examination of the partner or partners.

"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 fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomical site.

"Health Care Contact" means any the following:

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

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*A health care professional who has performed exposure-prone invasive procedures for a person infected with HIV when 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. (Section 5.5(c) of the Act)*

"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 nurse who has a written collaborative agreement with a collaborating physician which authorizes the provision of health services;*

*a licensed dentist;*

*a licensed podiatrist; or [410 ILCS 305/3(f-5)]*

a licensed nurse or other person licensed or certified to provide health care services of any kind.

"HIV Infection" means infected with HIV, as evidenced by a positive or reactive supplemental laboratory test result.

"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:

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

Cardiac catheterizations and angiographic procedures;

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

Manipulation or 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.

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

"Local Health Department" means *the full-time official health department or board of health 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.

"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, HIV or chancroid. (Section 7(a) of the Act)

"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.

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"Sexually Transmissible Infection" or "STI" means, as defined by the Centers for Disease Control and Prevention, an infection that can be acquired or transmitted through sexual activity.

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

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

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

(Source: Amended at 38 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) Department of Public Health Act [20 ILCS 2305]
  - 3) 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]



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- 9) Nurse Practice Act [225 ILCS 65]
- b) Illinois Administrative Rules
  - 1) HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697) (see Sections 693.20(b), 693.30(c) and (e) and 693.100(b)(4) and (6) of this Part)
  - 2) 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)
  - 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
  - 3) "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), July 12, 2001, Vol. 40, No. RR-8
- d) Federal Statutes

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- 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)
- e) All incorporations by reference of federal guidelines refer to the guidelines on the date specified and do not include any amendments or editions subsequent to the date specified.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

#### **Section 693.30 Reporting**

- a) Every health care professional shall report each case in which the health care professional has diagnosed or treated a case of AIDS, HIV infection, syphilis, gonorrhea, chlamydia, or chancroid.
  - 1) The reportable STI case report shall state the name, address and telephone number of the health care professional and the date of the report. The STI case report shall be submitted within seven days after the diagnosis or treatment.
  - 2) If the health care professional diagnoses or treats a reportable STI in a county or city governed by a local health department, the STI report shall be sent to that local health department. In all other cases, the STI report shall be sent directly to the Department.
  - 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. For HIV or AIDS, the report shall include the following information:
    - A) The individual's name, nine digit Social Security Number, current address, telephone number, age, date of birth, age at diagnosis, current vital status (alive or dead (date of death)), race, ethnicity,

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sex, current gender, country of birth, residence at diagnosis, facility where diagnosis of HIV or AIDS was established;

- B) Patient risk history;
- C) Laboratory results of HIV tests;
- D) Information concerning the presence and method of diagnosis of AIDS indicator disease;
- E) 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 or health jurisdiction;
- F) 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;
- G) 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) 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 who performed those invasive procedures;
- I) Whether the HIV-infected individual is a health care professional; if so, the type of health care professional and whether the individual has performed exposure-prone invasive procedures; and
- J) Whether post-test counseling or partner services have taken place or whether assistance is needed from the local health department or the Department.

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- 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 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:
  - A) The name, address, and telephone number of the health care professional;
  - B) The date of the report;
  - C) The STI-infected individual's name, address, telephone number, date of birth, race, ethnicity, sex, and pregnancy status;
  - D) The diagnosis, diagnostic classification, and any laboratory findings; and
  - 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 in which the laboratory or blood bank performed a test for a reportable STI that concluded with a reportable laboratory result.
  - 1) 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.
  - 2) For reportable STI laboratory tests, 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

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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
- C) The date the tests were performed, the laboratory results, and the method employed.

- 3) ~~For detectable and undetectable HIV viral load results, a~~ A hospital or laboratory shall report to the Department, either electronically or on a form furnished by the Department, all HIV viral load results, both detectable and undetectable, and all subtype and sequence data from antiviral drug resistance testing. 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.

- 4) A hospital or laboratory shall report to the Department, either electronically; or on a form furnished by the Department, all CD4+ (T4) lymphocyte test 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. 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:

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- 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) 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 shall be reported to the Department by telephone immediately or as soon as Department business hours permit at 217/524-5983 for HIV/AIDS test results and 217-782-2747 for all other reportable STI test results.
  - B) Every laboratory and blood bank shall report the total number of tests performed for reportable STIs 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.
- c) 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 in accordance with the AIDS Confidentiality Act, Section 693.100 of this Part, and 77 Ill. Adm. Code 697.140 (HIV/AIDS Confidentiality and Testing Code – Nondisclosure of the Identity of a Person Tested or Test Results).
- d) For each case report of a reportable STI that it receives, pursuant to this Section, the local health department shall report electronically, if available, or forward a copy of the report to the Department within seven days after receiving the report. The local health department shall assure the completeness and accuracy of the

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report form. The local health department shall record the reporting source on the case report form.

- e) ~~A local health department that receives an HIV laboratory report from a health care professional, laboratory or blood bank for an individual age three through 21 shall contact the health care professional listed in the report to obtain the individual's name and address, to comply with 77 Ill. Adm. Code 697.400 (HIV/AIDS Confidentiality and Testing Code—Notification of School Principals). The Department will assume this responsibility within jurisdictions not covered by a local health department.~~

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 693.50 Physical Examination and Medical Treatment for Syphilis, Gonorrhea, Chlamydia, HIV or 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 a reportable STI. (Section 6(a) of the Act)*
- 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)*
- c) *Persons with HIV shall report for 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. 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 to

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determine whether a person within its jurisdiction whose laboratory test indicates infection with or sexual exposure to syphilis, gonorrhea, chlamydia or chancroid has received medical treatment prescribed and rendered to the extent that the infection is no longer communicable by that person;

- 2) If a medical examination or appropriate treatment has not been provided, the certified local health department shall request that individual to report for examination or treatment at a specific date, time and location, or otherwise submit verifiable proof of examination or treatment by a specific date. For persons with HIV, if a medical examination or treatment has not been provided, the certified local health department shall request that individual to consider examination, testing and treatment;
  - 3) If the individual is known to have been exposed to an infection listed in subsection (a) within the maximum incubation period, the certified local health department shall request that individual to seek early preventive/presumptive treatment and testing;
  - 4) The certified local health department shall document all unsuccessful and successful attempts to secure a medical examination and appropriate medical treatment and testing for an individual. Documentation shall include the dates, times, locations and forms of communication, including the individual's responses, and a detailed narrative of the process.
- d) A certified local health department or designated agent 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 place others at risk of exposure to the STI or has stated his or her intention to do so, and has refused the examination or medical treatment that has been prescribed for the contagion control of that STI; and
  - 2) has exhausted its means of obtaining compliance with this Section.
- e) *No person shall be apprehended, examined or treated for syphilis, gonorrhea,*



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chlamydia, HIV or chancroid *against his or her 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 the evidence that the person is infectious and that a real and present danger to the public health and welfare exists unless the warrant is issued and shall show that all other reasonable means of obtaining 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 77 Ill. Adm. Code 690.1330 (Control of Communicable Diseases Code).
- f) *Any person who knowingly or maliciously disseminates any false information or report concerning the existence of syphilis, gonorrhea, chlamydia, HIV or chancroid under this Section is guilty of a Class A misdemeanor.* (Section 6 (d) of the Act)

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 693.100 Confidentiality**

- a) *All information and records held by the Department and local health departments or designated agents relating to known or suspected cases of STIs shall be strictly*

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*confidential and exempt from inspection and copying under the Freedom of Information Act. The Department and local health departments or designated agents shall not disclose information and records held by them relating to known or suspected cases of STIs 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) Databases maintained by the Department, certified local health departments or designated agents containing the information described in subsection (a) shall not be released for the purposes of matching with other State agency databases.
- c) *Such information shall not be released or made public by the Department, local health departments or designated agents, or by a court or parties to a lawsuit upon revelation by subpoena, or by a court conducting proceedings authorized by Section 6(c) of 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 for care and treatment purposes, including for the purposes of ensuring that medical providers can attempt to re-engage persons with HIV in care, appropriate State agencies expressly charged in the Act and this Part with enforcement of the provisions of the Act, or courts of appropriate jurisdiction to enforce the provisions of the Act and this Part (Section 8(a)(3) of the Act);*
  - 4) *When authorized by 77 Ill. Adm. Code 697.210 (HIV/AIDS Confidentiality and Testing Code);*
  - 5) *When authorized by the AIDS Confidentiality Act;*
  - 6) ~~*When made to a school principal pursuant to 77 Ill. Adm. Code 697.400 (HIV/AIDS Confidentiality and Testing Code).*~~
- c) *A court hearing a request for the issuance of a warrant as authorized in Section*

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*6(c) of 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)*

- d) *No employee of the Department, a local health department or designated agent 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, or a contact of the person, by the Department, a local health department or designated agent pursuant to the provisions of the Act, or concerning the existence or contents of such reports received from a health care professional or health care facility, pursuant to the provisions of the Act, without the consent of the person examined, tested or treated, or a contact to an STI, except in proceedings under Sections 6 and 7 of the Act. (Section 8(d) of the Act)*
- e) *All information and records held by the Department, a local health department or designated agent 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, 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:*
  - 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 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 Section 8(a) of the Act. (Section 5.5 of the Act)*

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

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 693.110 Examination and Treatment of Prisoners**

- a) A local health department or the Department 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. A detention facility shall cooperate with the local health department or the Department and provide the space necessary for interviewing, ~~examining~~ ~~examining~~, testing or treating any prisoner, detainee or parolee known or suspected of having an STI.
- b) Interviewing, examination, testing or treatment shall be voluntary on the part of the prisoner, detainee or parolee, unless the Department obtains a court-issued warrant pursuant to Section 693.50 of this Part. In cases of noncompliant behavior, the Department may also seek court-ordered isolation pursuant to Section 693.60 of this Part.
- c) Any health care professional attending or examining prisoners, detainees or parolees at detention facilities shall follow the reporting requirements of Section 693.30 of this Part, except that reporting to the local health department or Department, where applicable, shall be made within seven days after diagnosing or treating a reportable STI. The superintendent or other administrator of the detention facility shall provide the health care professional with all reportable information required by the report form or this Part to ensure 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 for prisoners under their jurisdiction, including treatment for STIs. (Section 9(b) of the Act)*
- e) Subsections (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.

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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.

(Source: Amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 693.150 Expedited Partner Therapy (EPT)**

- a) For the purposes of this Section, in addition to the definition in Section 693.10, health care professional means a physician licensed to practice medicine in all its branches, a physician assistant who has been delegated the provision of sexually transmissible infection therapy services or expedited partner therapy services by his or her supervising physician, or an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the provision of sexually transmitted infections therapy services or expedited partner therapy services, or an advanced practice nurse who practices in a hospital or ambulatory surgical treatment center and possesses appropriate clinical privileges in accordance with the Nurse Practice Act. (Section 3 of the Act)
- b) Persons with a clinical diagnosis of chlamydia or gonorrhea, preferably confirmed with a laboratory test, are eligible for EPT.
- b) Sex partners of patients treated for chlamydia or gonorrhea, or both, who were exposed within the previous 60 days and who are unable or unlikely to seek medical care are eligible for EPT. If there are no sex partners within the previous 60 days, the most recent sex partner is eligible.
- c) Health care professionals who provide EPT shall comply with Sections 4 and 5 of the Act. (Section 6(e)(2) of the Act)
- d) EPT is not contraindicated but is a last resort for pregnant partners. Health care professionals shall attempt to contact the pregnant partner and ensure that she is referred for medical care.

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- e) Health care professionals who provide EPT shall provide counseling for the patient and written materials provided by the Department to be given by the patient to the partner or partners that include, at a minimum, the following:
- 1) A warning that a woman who is pregnant or might be pregnant must not take certain antibiotics and must immediately contact a health care professional for an examination, and a recommendation for such an examination;
  - 2) Information about the antibiotic and dosage provided or prescribed; clear and explicit allergy and side effect warnings, including a warning that a partner who has a history of allergy to the antibiotic or the pharmaceutical class of antibiotic must not take the antibiotic and must be immediately examined by a health care professional, and a recommendation for such an examination;
  - 3) Information about the treatment and prevention of sexually transmissible Infections;
  - 4) The requirement of abstinence until a period of time after treatment to prevent infecting others;
  - 5) Notification of the importance of the partner or partners of the patient receiving examination and testing for HIV and other sexually transmissible infections, and available resources;
  - 6) Notification of the risk to self, others, and the public health if the sexually transmissible infection is not completely and successfully treated;
  - 7) The responsibility of the partner or partners to inform his or her sex partner or partners of the risk of sexually transmissible infection and the importance of prompt examination and treatment. (Section 6(e)(3) of the Act)
- f) A healthcare professional prescribing, dispensing, furnishing, or otherwise providing in good faith without fee and compensation prescription antibiotics to partners under this Section and providing counseling and written materials as required by subsection (e) shall not be subject to civil or professional liability.

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*except for willful and wanton misconduct. A health care professional shall not be subject to civil or professional liability for choosing not to provide expedited partner therapy. (Section (6)(e)(5) of the Act)*

- g) Educational materials will instruct all EPT recipients to seek care for STI and to seek HIV testing, regardless of whether they take the medication.
- h) Medication may be dispensed directly to the patient for delivery to the partner or partners. If the partner or partners are unable or unlikely to seek medical care, the prescription for the medication may be provided to the patient to be delivered to the partner or partners. A combination of partner strategies may be used; for example, a patient with several partners may refer one partner to a health care professional but take EPT for other partners.

(Source: Added at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)