DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Control of Communicable Diseases Code

2) Code Citation: 77 Ill. Adm. Code 690

3)

Section Numbers:	Adopted Action:
690.10	Amended; Renumbered
690.20	Amended; Renumbered
690.30	Amended; Renumbered
690.100	Amended
690.110	Amended
690.200	Amended
690.295	Amended
690.320	Amended
690.322	Amended
690.327	Amended
690.330	Amended
690.350	Amended
690.360	Amended
690.362	Amended
690.365	Amended
690.368	Amended
690.380	Amended
690.400	Amended
690.410	Repealed
690.420	Repealed
690.441	Amended
690.442	Amended
690.450	Amended
690.451	Amended
690.452	Amended
690.460	Amended
690.468	New
690.469	Amended
690.475	Amended
690.480	Amended
690.490	Amended
690.495	Amended
690.510	Amended

690.520	Amended
690.550	Amended
690.565	New
690.570	Amended
690.580	Amended
690.590	Amended
690.595	Amended
690.600	Amended
690.601	Amended
690.620	Amended
690.630	Amended
690.640	Amended
690.650	Amended
690.658	Amended
690.660	Amended
690.670	Amended
690.698	Amended
690.710	Amended
690.725	Amended
690.730	Amended
690.740	Amended
690.745	Amended
690.750	Amended
690.752	Amended
690.900	Renumbered
690.1000	Renumbered
690.1010	Renumbered

4) Statutory Authority: the Communicable Disease Report Act [745 ILCS 45] and the Department of Public Health Act [20 ILCS 2305]

5) Effective Date of Amendments:

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

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9) Notice of Proposed Amendments Published in Illinois Register: April 12, 2013; 37 Ill. Reg. 4479

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Difference(s) between proposal and final version:

The following changes were made in response to comments received during the first notice or public comment period:

1. Changes were made in the table of contents to reflect changes in the text of the rules.

2. In Section 690.10, definitions were added for "Cabapenum Antibiotics", "Extensively Drug-Resistant Organisms", "Non-Duplicative Isolate", and "Recombinant Organism".

3. In Section 690.10, the following was added to the definition of "Health Information Exchange": "; 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".

4. In Section 690.10, the definition of "Registry" was amended as follows: "A data collection and information system that is designed to support organized ~~orgainzed~~ care and management."

5. In Section 690.30(a)(8), ", including a health information exchange," was added after "entity"; in subsection (a)(10(A), "health" was added before "information exchanges"; in subsection (a)(10)(B), "health information exchanges" was added after "governmental entities".

6. Section 690.100(c)(5) was deleted and subsequent subsections were re-labeled.

7. In Section 690.200(a)(5)(C), the following was added after "provider": "the Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available." The same language was added in subsection (d)(8)(C).

8. In Section 590.295(c), "amoebic meningoencephalitis" was added after "glanders".

9. Section 690.395 was deleted.

10. In Section 690.660(a)(2)(A), "laboratory test" was deleted and "clinical" was added; "culture" was reinstated; "(screening or clinical)" was stricken.

11. Section 690.1500 was added and the subpart heading was amended.

The following changes were made in response to comments and suggestions of JCAR:

1. Statutory language was italicized throughout the rules.

2. In Section 690.200(a)(1)(N), "and embalmers" was added.

3. In Section 690.630(b0(2)(A)(ii), "toxigenic" was added after "for".

In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The rules have been changed to update reporting activities of mandatory reporters, to improve communicable disease reporting in Illinois. The Control of Communicable Diseases Code provides a list of the reportable diseases and conditions, the timeframes in which these diseases or conditions shall be reported, the reporting entities and the procedures for reporting.

The rules also provide detailed procedures for the control of communicable diseases for each reportable disease, as well as general procedures for the control of communicable diseases. The document also provides definitions of terms and references to incorporated materials. The amendments update the existing rules based on the most current disease and procedure information to improve the control of communicable disease in Illinois. Information on diseases and conditions, appropriate measures to control communicable diseases, and technology in place to report diseases have changed since the last revision of the rules.

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To improve communicable disease reporting, the number of reporting entities has been increased and additional reporting entities have been added. To monitor the severity and burden of disease secondary to Influenza in Illinois, the rules been updated to add the reporting of hospitalized residents who received a diagnosis of Influenza into intensive care units.

To help prevent the spread of a contagious disease, or a dangerously contagious or infectious disease, the rules have been updated to reflect improved data sharing between the Department, local boards of health, and local public health authorities

16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
Springfield, Illinois 62761

(217)782-2043
e-mail: dph.rules@illinois.gov

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: GENERAL PROVISIONS

Section
690.10~~900~~ Definitions~~Definition of Terms~~
690.20~~1010~~ Incorporated and Referenced Materials
690.30~~1000~~ General Procedures for the Control of Communicable Diseases

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

690.100 Diseases and Conditions
690.110 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 Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295 Any Unusual Caseof a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance~~ or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever~~ (Reportable by telephone immediately (within three~~3~~ hours))
690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320 Anthrax (Reportable by telephone immediately, within three~~3~~ hours, upon initial clinical suspicion of the disease)
690.322 Arboviral Infections (Including~~including~~, but Not Limited~~not limited~~ to, Chikungunya Fever, California Encephalitis~~encephalitis~~, St. Louis Encephalitis~~encephalitis~~, Dengue Fever and West Nile Virus~~virus~~) (Reportable

	by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.325	Blastomycosis (Reportable by ~~mail,~~ telephone~~, facsimile or electronically~~ as soon as possible, within 7 days) (Repealed)
690.327	Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three~~3~~ hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)
690.330	Brucellosis (Reportable by ~~mail,~~ telephone~~, facsimile or electronically~~ as soon as possible (within 24 hours~~7 days~~), unless suspect~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three~~3~~ hours) by telephone)
690.335	Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
690.340	Chancroid (Repealed)
690.350	Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically , within 24 hours)
690.360	Cholera (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~~all laboratory confirmed and probable cases~~) (Reportable by mail, telephone, facsimile or electronically within Seven~~7~~ days after confirmation of the disease)
690.365	Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.368	Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)
690.370	Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)
690.380	Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order~~as soon as possible, within 24 hours~~)
690.385	Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)
690.386	Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)
690.390	Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.400	Escherichia coli Infections (E. coli O157:H7 and Other Shiga Toxin Producing~~toxin-producing~~ E. coli, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.410	Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as

	possible, within 24 hours) (Repealed)
690.420	Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.430	Gonorrhea (Repealed)
690.440	Granuloma Inguinale (Repealed)
690.441	Haemophilus Influenzae~~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~~or facsimile~~, within 24 hours)
690.444	Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
690.450	Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.451	Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)
690.452	Hepatitis C, Acute Infection and Non-acute~~Non-Acute~~ Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)
690.453	Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
690.460	Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.465	Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.468	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~~Novel~~ Virus (Reportable by telephone immediately, within three~~3~~ hours upon initial clinical suspicion or laboratory test order)
690.470	Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.475	Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.480	Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable~~infectious and non-infectious cases are reportable~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.490	Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.495	Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only~~when both mother and newborn are positive, report mother only~~) (Reportable

	by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.500	Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)
690.505	Lyme Disease (See Tickborne Disease)
690.510	Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.520	Measles (Reportable by telephone as soon as possible, within 24 hours)
690.530	Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, 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~~3~~ hours upon initial clinical suspicion of the disease)
690.580	Poliomyelitis (Reportable by telephone immediately~~as soon as possible~~, within three~~24~~ 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~~7~~ days)
690.595	Q-fever Due to Coxiella burnetii (Reportable by ~~mail,~~ telephone~~, facsimile or electronically~~ as soon as possible, within 24 Hours~~7 days~~, unless suspect~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three~~3~~ hours) by telephone)
690.600	Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.601	Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)
690.610	Rocky Mountain Spotted Fever (See Tickborne Disease)
690.620	Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
690.630	Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

690.650 Smallpox (Reportable by telephone immediately, within three~~3~~ hours upon initial clinical suspicion of the disease)

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

690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two~~2~~ or More Laboratory Confirmed Cases Occurring in Community Settings (Including~~including~~, but Not Limited~~not limited~~ to, Schools, Correctional Facilities, Day Care and Sports Teams~~schools, correctional facilities, day care settings, 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~~Occurring In Infants Under~~ 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)

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

690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing~~necrotizing~~ fasciitis) ~~and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis)~~ (Reportable by telephone or facsimile, within 24 hours)

690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

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

690.680 Syphilis (Repealed)

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

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

690.698 Tickborne Disease (Includes Babesiosis,~~includes~~ Ehrlichiosis, Anaplasmosis, Lyme Disease~~disease~~ and Spotted Fever Rickettsiosis~~Rocky Mountain spotted fever~~) (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)

690.700 Trachoma (Repealed)

690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)
690.720 Tuberculosis (Repealed)
690.725 Tularemia (Reportable by ~~mail,~~ telephone~~, facsimile or electronically~~ as soon as possible, within 24 hours~~7 days~~, unless suspect~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three~~3~~ hours) ~~by telephone~~)
690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.745 Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139~~Non-cholera Vibrio Infections~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ 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~~7~~ days)
690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART E: DEFINITIONS

Section
690.900 Definition of Terms (Renumbered)

SUBPART F: GENERAL PROCEDURES

Section
690.1000 General Procedures for the Control of Communicable Diseases (Renumbered)
690.1010 Incorporated and Referenced Materials (Renumbered)

SUBPART G: SEXUALLY TRANSMITTED DISEASES ~~(Repealed)~~

Section
690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART H: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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. _____; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 690.10~~900~~ Definitions ~~Definition of Terms~~

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

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

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

"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 µm or smaller in size)) (see Section 690.20~~1010~~(a)(7)).

"Authenticated Fecal Specimen" − A specimen for which ~~is considered to be authenticated when~~ a public health authority or a person authorized by a public health authority has observed either or both the~~one or more of the following: The~~ patient producing ~~produce~~ the specimen or conditions under which ~~. Conditions such that~~ 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 ~~such~~ microorganism, virus, infectious substance, or biological product, to cause death, disease~~,~~ or other biological malfunction in a human, an animal, a plant or another living organism.

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

Carbapenum Antibiotics" – A class of broad-spectrum bata-lactem antibiotics.

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

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

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

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

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

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

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

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

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

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

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

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

"Contact" − Any person known to have been sufficiently associated ~~sufficiently~~ with a case or carrier of a communicable disease to have been the source of infection for that person or to have been sufficiently associated ~~sufficiently~~ with the case or carrier of a communicable disease to have become infected by the case or carrier; and, in the opinion of the Department, there is a risk of the individual contracting the contagious disease. A contact can be a household or non-household contact.

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

the patient or indirect contact with potentially infectious items or surfaces (see Section 690.201010(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.

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

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

"Droplet Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.201010(a)(7)).

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

is believed to be caused by any of the following:

bioterrorism;

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

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

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

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

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

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

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

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

"Extensively Drug-Resistant Organisms – A micro-organism that is non-susceptible 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 ~~Those individuals~~ who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 USC 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" − 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. ~~A person who produces, prepares, packages or dispenses food or drink.~~

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

"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, long-term care

facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, ~~registered and other~~ nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers.

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

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

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

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

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

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

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

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

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

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

"Isolation Precautions" – Infection control measures for preventing the transmission of infectious agents, i.e., standard precautions~~Standard Precautions~~, airborne precautions~~Airborne Precautions~~ (also known as airborne infection isolation precautions~~Airborne Infection Isolation Precautions~~), contact precautions~~Contact Precautions~~, and droplet precautions~~Droplet Precautions~~ (see Section 690.201~~010~~(a)(7)).

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

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

authority shall be the Department.

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

"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 ~~in order~~ to promote prompt recognition of infection or illness, but without restricting their movements.

"Observation and Monitoring" − Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

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

"Premises" − The physical portion of a building or other structure and its surrounding area ~~so~~ designated by the Director of the Department, his 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.

"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.

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

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

organized~~orgainzed~~ care and management.

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

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

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

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.201~~010~~(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.

"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: Renumbered from Section 690.900 and amended at 38 Ill. Reg. _____, effective _____)

Section 690.20~~1010~~ Incorporated and Referenced Materials

a) The following federal guidelines are incorporated in this Part:

1) "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 12, 1991, Vol. 40, No. RR-8, pages 1-9).

2) "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), September 30, 2005~~June 29, 2001~~, Vol. 54~~50~~, No. RR-9~~11~~; pages 1-17~~42~~).

3) "Prevention and Control of Meningococcal Disease", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta,

Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), May 27, 2005, Vol. 54, No. RR-7, pages 1-21).

4) "Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (January 8, 2004).

5) "Investigation and control of vancomycin-intermediate and -resistant Staphylococcus aureus: A Guide for Health Departments and Infection Control Personnel", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (September 2006).

6) "Interim Guidelines for Prevention and Control of Staphylococcal Infections Associated with Reduced Susceptibility to Vancomycin", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 11, 1997, Vol. 46, No. RR-27, pages 626-628, 635).

7) "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (June 25, 2007).

8) "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Part 1 – Immunization of Infants, Children, and Adolescents", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), December 23, 2005~~1997~~, Vol. 54, No. RR-16, pages 1-33~~23~~).

9) "Updated Norovirus Outbreak Management and Disease Prevention Guidelines", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton

Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), March 4, 2011, Vol. 60, No. RR-3; pages 1-20).

10) "Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, May 2011", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (May 4, 2011).

11) "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 28, 2011, Vol. 40, No. 2).

12) "PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data Version 1.0", Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, Georgia 30333 (October 2011; http://www.cdc.gov/ehrmeaningfuluse/Syndromic.html).

13) "Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333, *Recommendations and Reports*. November 25, 2011/60(RR07); 1-45.

b) The following standards are incorporated in this Part:

1) "World Health Organization Infection Control Guidelines for Transmissible Spongiform Encephalopathies", Report of a World Health Organization (WHO) Consultation, Avenue Apia 20, CH-1211, Geneva 27, Switzerland 23-26, March 1999.

2) "Red Book: 2009~~2006~~ Report of the Committee on Infectious Diseases, 28th ~~27th~~ ed.", American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007.

3) "Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices

(ACIP)", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), May 19, 2009, Vol. 55, No. RR-7).

4) "Update: Prevention of Hepatitis A After Exposure to Hepatitis A Virus and in International Travelers. Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP)", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), October 19, 2007, Vol. 56, No. 41, pp.1080-1084).

c) The following federal regulations are incorporated in this Part:

1) Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR 164.512(a) and (k)(6) (October 1, 2007), 45 CFR 164.506 (October 15, 2002) and 45 CFR 164.501 (October 15, 2002)).

2) Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493 (October 1, 2007)).

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

e) The following federal and State laws and rules are referenced in this Part:

1) Illinois Statutes

A) Communicable Disease Report Act [745 ILCS 45]

B) Department of Public Health Act [20 ILCS 2305]

C) Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) [20 ILCS 2310]

D) Code of Civil Procedure [735 ILCS 5]

E) Animal Control Act [510 ILCS 5]

F) Freedom of Information Act [5 ILCS 140]

G) Illinois Emergency Management Act [20 ILCS 3305]

H) Medical Studies Act [735 ILCS 5/8-2010]

I) Health Statistics Act [410 ILCS 520]

2) Illinois Rules

A) Control of Sexually Transmissible Infections ~~Diseases~~ Code (77 Ill. Adm. Code 693)

B) Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450)

C) Certified Local Health Department Code (77 Ill. Adm. Code 600)

D) Child Health Examination Code (77 Ill. Adm. Code 665)

E) Immunization Code (77 Ill. Adm. Code 695)

F) College Immunization Code (77 Ill. Adm. Code 694)

G) Control of Tuberculosis Code (77 Ill. Adm. Code 696)

3) Federal Statutes

A) Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 USC 1320d-2)

B) Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 USC 263a)

C) Homeland Security Act of 2002 (6 USC 101)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Renumbered from Section 690.1010 and amended at 38 Ill. Reg. _____, effective _____)

Section 690.301000 General Procedures for the Control of Communicable Diseases

This Section establishes ~~The purpose of this Subpart is to establish~~ routine measures for the control of communicable diseases by the Department or local health authorities and health care providers, and ~~. This Subpart~~ establishes progressive initiatives to ensure that disease-appropriate measures are implemented to control the spread of communicable diseases. These procedures are intended for use in homes and similar situations. This Section ~~Subpart~~ does not apply to sexually transmissible infections, which are regulated under the Control of Sexually Transmissible Infections Code~~Diseases. Sexually Transmissible Diseases are regulated under 77 Ill. Adm. Code 693~~.

a) Investigation~~.~~

1) *The Department of Public Health shall investigate the causes of* contagious, or *dangerously* contagious, or *infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become, epidemic in any locality and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the locality for which services are rendered.* (Section 2(a) of the Act)

2) Each case or cluster of a reportable communicable disease shall be investigated to determine the source, where feasible. Findings of the investigation shall be reported as specified under the Section of this Part applicable to each specific disease.

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

contacts of cases and suspect ~~suspected~~ cases; identifying those at risk of disease; determining necessary control measures, including isolation and quarantine; and informing the public if necessary.

4) When the Director determines that a certain disease or condition that is known or suspected to be communicable or infectious warrants study, the Director may declare the disease or condition to be the subject of a medical investigation and require hospitals, physicians, health care facilities, etc., to submit ~~such~~ information, data and reports, and allow review and examination of medical records as ~~are~~ necessary for the purpose of the specific study. No ~~such~~ practitioner or person shall be liable in any action at law for permitting ~~such~~ examination and review. The data ~~so~~ obtained shall be held confidential in accordance with the Communicable Disease Report Act ~~[745 ILCS 45]~~.

5) When two or more cases of a suspected or reportable infectious disease occur in any business, organization, institution, health care facility or private home, the business owner, the person in charge of the establishment, or the homeowner shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks. This includes, ~~, including,~~ but is not limited to, release of food preparation methods;~~,~~ menus;~~,~~ ~~customer~~ lists of customers, attendees, residents or patients; environmental specimens;~~,~~ food specimens;~~,~~ clinical specimens; and the name and other pertinent information about employees, ~~or~~ guests, members or residents diagnosed with a communicable disease as the information relates to an infectious disease investigation. When outbreaks of infectious disease occur in any business, organization, institution, health care facility or private home, employees of the location under investigation may be considered to be contacts to cases and be required to submit release specimens by the local health authority.

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

7) The Department may conduct sentinel surveillance for an infectious disease or syndrome, other than those diseases or syndromes for which general reporting is required under this Part, if the Department determines that sentinel surveillance will provide adequate data for the purpose of

preventing or controlling disease or achieving other significant public health purposes in a defined geographic area or the entire State. The Department shall select, after consultation with the sites, sentinel surveillance sites that have epidemiological significance for the disease or syndrome under investigation. A disease or syndrome may be removed from sentinel surveillance if the Department determines that the surveillance is no longer necessary. The Department shall provide a description, in writing, to sentinel surveillance sites of a specific, planned mechanism for surveillance of the disease or syndrome and, as necessary, ~~/or~~ submission of clinical materials from cases and suspect cases.

8) An individual or entity, including a health information exchange, may carry out activities such as sentinel surveillance under a grant, contract or cooperative agreement with the Department. The authorized individual or entity functions as a public health authority for the purposes of the activity.

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

10) Syndromic Data Collection

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

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

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

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

A) Review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; investigation of ~~to investigate~~ causes; identification of ~~to identify~~ other cases related to the outbreak or the reported dangerously contagious or infectious disease in a region, community, or workplace; to conduct epidemiologic studies; to determine whether a patient with a reportable dangerously contagious or infectious disease has received adequate treatment to render the patient non-infectious or whether a person exposed to a case has received prophylaxis, if appropriate. Review of records may occur without patient consent and shall be conducted at times and with such notice as is possible under the circumstances;

B) Performing interviews with the case, or persons knowledgeable about the case, and collecting~~to collect~~ pertinent and relevant information about the causes of or risk factors for the reportable condition;

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

D) Obtaining, from public or private businesses or institutions, the identities of and locating information about persons, travelers, passengers~~,~~ or transportation crews with a similar or common potential exposure to the infectious agent as a reported case; ~~such~~ exposure may be current or have occurred in the past;

E) Interviewing or administering questionnaire surveys confidentially to any resident of any community, or any agent, owner, operator, employer, employee, or client of a public or private business or institution, who is epidemiologically associated either with the outbreak or with the reported dangerously contagious or infectious disease case or has had a similar exposure as a reported case;

F) Collecting environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or reportable dangerously contagious or infectious disease;

G) Taking photographs related to the purpose of the investigation. If the photographs are taken in a business, the employer shall have the opportunity to review the photographs taken or obtained for the purpose of identifying those that contain or might reveal a trade secret; and

H) Entering a place of employment for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment that are relevant, pertinent, and necessary to the investigation of the outbreak or reportable dangerously contagious or infectious disease. Investigations shall be conducted during regular business hours, if possible, and with as much~~such~~ notice as ~~is~~ possible under the circumstances.

b) Control of Food Products~~.~~
Whenever a case, a carrier, or a suspect ~~suspected~~ case or carrier of the following diseases exists in a home or establishment where food is produced that is likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of the food items from the home or establishment may be prohibited ~~as deemed necessary~~ by the Department or the local health authority as necessary to prevent the transmission of communicable diseases.

1) Cholera

2) Cryptosporidiosis

3) Diphtheria

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

5) Foodborne or waterborne illness

6) Giardiasis

7) Hepatitis A

8) Norovirus

9) Salmonellosis

10) Shigellosis

11) Smallpox

12) Staphylococcal skin infections

13) Streptococcal infections

14) Typhoid fever

15) Yersiniosis

c) Schools, Child Care Facilities, and Colleges/Universities~~.~~

1) Except in an emergency, the occurrence of a case of a communicable disease in a school, child care facility or college/university should not be considered a reason for closing ~~of~~ the school, facility or college/university.

2) Persons suspected of being infected with a reportable infectious disease for which isolation is required, or persons with diarrhea or vomiting

believed to be infectious in nature, shall be refused admittance to the school or child care facility while acute symptoms are present.

3) School, child care facility, and college/university authorities shall handle contacts of infectious disease cases as ~~in the manner~~ prescribed in this Part, or as recommended by the local health authority.

4) When outbreaks of disease occur in any child care facility, staff and attendees of the facility may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.

d) Release of Specimens~~.~~

1) Whenever this Part requires the submission of laboratory specimens for release from imposed restrictions, the results of the examinations will not be accepted unless the specimens have been examined in the Department's laboratory or an acceptable laboratory. The number of specimens needed for release, as detailed under specific diseases, is the minimum and may be increased ~~when deemed necessary~~ by the Department as necessary. Improper storage or transportation of a specimen or inadequate growth of the culture suggestive of recent antibiotic usage can result in disapproval of the submitted specimen by the Department's laboratory or an acceptable laboratory and result in the need for an additional specimen to be collected.

2) The local health authority may require testing of food handlers for specific pathogens, including, but not limited to, Norovirus, as ~~deemed~~ necessary in response to an outbreak.

e) Persons with diarrhea or vomiting of infectious or unknown cause shall not work in sensitive occupations or as food handlers until 48 hours after diarrhea and vomiting have resolved and shall adhere to restrictions specified in this Part specific to each etiologic agent.

f) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.

(Source: Renumbered from Section 690.1000 and amended at 38 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following diseases and conditions are declared to be contagious, infectious~~,~~ or communicable and may be dangerous to the public health. Each suspected or diagnosed case shall be reported to the local health authority, which ~~who~~ shall subsequently report each case to the ~~Illinois~~ Department ~~of Public Health~~. The method of reporting shall be as described in the individual Section for the reportable disease.

a) Class I(a)
The following diseases shall be reported immediately (within three~~3~~ hours) by telephone, upon initial clinical suspicion of the disease, to the local health authority, which ~~who~~ shall then report to the Department immediately (within three~~3~~ hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that ~~who~~ are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D~~C~~ shall be submitted within 24 hours to the Department laboratory.

1)	Any unusual case of a disease or condition caused by an infectious agent not listed in this Part that is of urgent public health significance ~~Any unusual case or cluster of cases that may indicate a public health hazard~~	690.295
2)	Anthrax*	690.320
3)	Botulism, foodborne	690.327
4)	Brucellosis* (if suspected to be a bioterrorist event or part of an outbreak)	690.330
5)	Diphtheria	690.380
6~~5~~)	Influenza A, Novel Virus	690.469
7~~6~~)	Plague*	690.570

8)	Poliomyelitis	890.580
97)	Q-fever* (if suspected to be a bioterrorist event or part of an outbreak)	690.595
108)	Severe Acute Respiratory Syndrome	690.635
119)	Smallpox	690.650
12)10)	Tularemia* (if suspected to be a bioterrorist event or part of an outbreak)	690.725
1311)	Any suspected bioterrorist threat or event	690.800

b) Class I(b)
The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within eight8 regularly scheduled business hours after identifying the case), to the local health authority, which who shall then report to the Department as soon as possible, but within 24 hours. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities that who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart DC shall be submitted within 7 days after identification of the organism to the Department laboratory.

1)	Botulism, intestinal, wound, and other	690.327
2)	Brucellosis* (if not suspected to be a bioterrorist event or part of an outbreak)	690.330
32)	Chickenpox (Varicella)	690.350
43)	Cholera*	690.360
4)	Diphtheria*	690.380
5)	Escherichia coli infections* (E. coli O157:H7 and other Shiga toxin-producing E. coli, enterotoxigenic E. coli,	690.400

	enteropathogenic E. coli and enteroinvasive E. coli)	
~~6)~~	~~Foodborne or waterborne illness~~	~~690.410~~
6~~7~~)	Haemophilus influenzae, meningitis and other invasive disease*	690.441
7~~8~~)	Hantavirus pulmonary syndrome*	690.442
8~~9~~)	Hemolytic uremic syndrome, post-diarrheal	690.444
9~~10~~)	Hepatitis A	690.450
10)	Influenza admissions into intensive care unit	690.468
11)	Measles	690.520
12)	Mumps	690.520
13)	Neisseria meningitidis, meningitis and invasive disease*	690.555
14)	Outbreaks of public health significance (including, but not limited to, foodborne and waterborne outbreaks)	690.565
15~~14~~)	Pertussis* (whooping cough)	690.750
~~15)~~	~~Poliomyelitis~~	~~690.580~~
16)	Q-fever due to Coxiella burnetii* (if not suspected to be a bioterrorist event or part of an outbreak)	690.595
17~~16~~)	Rabies, human	690.600
18~~17~~)	Rabies, potential human exposure and animal rabies	690.601
19~~18~~)	Rubella	690.620
20~~19~~)	Smallpox vaccination, complications of	690.655
21~~20~~)	Staphylococcus aureus, Methicillin resistant (MRSA) clusters	690.658

of two ~~2~~ or more cases in a community setting

22~~21~~)	Staphylococcus aureus, Methicillin resistant (MRSA), any occurrence ~~occurring~~ in an infant ~~infants~~ under 61 days of age	690.660
23~~22~~)	Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin*	690.661
24~~23~~)	Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections	690.670
25)	Tularemia* (if not suspected to be a bioterrorist event or part of an outbreak)	690.725
26~~24~~)	Typhoid fever*	690.730
27~~25~~)	Typhus	690.740

c) Class II

The following diseases shall be reported as soon as possible during normal business hours, but within seven ~~7~~ days, to the local health authority, which shall then report to the Department within seven ~~7~~ days. The Section number associated with each of the listed diseases indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D~~C~~ shall be submitted within seven ~~7~~ days after identification of the organism to the Department laboratory.

1)	Arboviral Infection* (including, but not limited to, Chikungunya fever, California encephalitis, Dengue fever, St. Louis encephalitis and West Nile virus)	690.322
~~2)~~	~~Brucellosis*~~	~~690.330~~
2~~3~~)	Creutzfeldt-Jakob Disease	690.362
3~~4~~)	Cryptosporidiosis	690.365
4~~5~~)	Cyclosporiasis	690.368
~~6)~~	~~Giardiasis~~	~~690.420~~

57)	Hepatitis B and Hepatitis D	690.451
68)	Hepatitis C	690.452
79)	Histoplasmosis	690.460
810)	Influenza, deaths ~~Deaths~~ in persons less than 18 years of age	690.465
911)	Legionellosis*	690.475
1012)	Leprosy	690.480
1113)	Leptospirosis*	690.490
1214)	Listeriosis*	690.495
1315)	Malaria*	690.510
1416)	Psittacosis due to Chalmydia psittaci	690.590
~~17)~~	~~Q fever*~~	~~690.595~~
1518)	Salmonellosis* (other than typhoid fever)	690.630
1619)	Shigellosis*	690.640
1720)	Toxic shock syndrome due to Staphylococcus aureus infection	690.695
1821)	Streptococcus pneumoniae, invasive disease in children less than five ~~5~~ years	690.678
1922)	Tetanus	690.690
2023)	Tickborne Disease, including Babesiosis, Ehrlichiosis~~ehrlichiosis~~,~~,~~ Anaplasmosis~~anaplasmosis~~, Lyme disease, and Spotted Fever Rickettsiosis~~Rocky Mountain spotted~~	690.698

~~fever~~

2124)	Trichinosis	690.710
~~25)~~	~~Tularemia*~~	~~690.725~~
2226)	Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139~~Non-cholera Vibrio infections~~)	690.745
2327)	Yersiniosis	690.752

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

d) When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, the Department shall issue more stringent requirements ~~shall be issued by this Department~~.

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

Section 690.110 Diseases Repealed from This Part

a) The following diseases have been repealed from this Part and are no longer reportable. ~~As indicated below, some of these diseases are no longer reportable.~~

1~~a~~) Amebiasis

2~~b~~) Blastomycosis

3~~c~~) Campylobacteriosis

4~~d~~) Diarrhea of the newborn

5) Giardiasis

6~~e~~) Hepatitis, viral, other

7~~f~~) Meningitis, aseptic

8~~g~~) Streptococcal infections, group B, invasive disease, of the newborn

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

1~~h~~) Acquired immunodeficiency syndrome (AIDS)	77 Ill. Adm. Code 693.20
2~~i~~) Chancroid	77 Ill. Adm. Code 693.20
3~~j~~) Gonorrhea	77 Ill. Adm. Code 693.20
4~~k~~) Ophthalmia neonatorum	77 Ill. Adm. Code 693.20
5~~l~~) Syphilis	77 Ill. Adm. Code 693.20
6~~m~~) Tuberculosis	77 Ill. Adm. Code 696.170

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

SUBPART C: REPORTING

Section 690.200 Reporting

a) Reporting Entities and Manner of Reporting~~.~~

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

A) Physicians

B) Physician assistants

C) Nurses

D) Nursing assistants ~~Nurse aides~~

E) Dentists

F) Health care practitioners

G) Emergency medical services personnel

H) Laboratory personnel

I) Long-term care personnel

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

K) Pharmacists

L) Poison control center personnel

M) Blood bank and organ transplant personnel

N) Coroners, funeral directors, morticians and embalmers

O) Medical examiners ~~Examiners~~

P) Veterinarians

Q) Correctional facility personnel

R) Food service management personnel

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

T) The master, pilot or any other person in charge of any bus, train, ship or boat, and the commander, pilot or any other person in charge of any aircraft within the jurisdiction of the State

U) Researchers

2) An individual required to report reportable diseases who is unsure whether the case meets the definition of a suspect case shall make a report if the suspect disease, infection or condition is one that is required to be reported

immediately, is highly transmissible, or results in health consequences.

3) A health care provider who attends to a case, carrier or suspect case shall inform the case, carrier or suspect case and the case's, carrier's or suspect case's contacts of the applicable requirements of isolation, exclusion, quarantine, screening, treatment or prophylactic measures and other precautions necessary to prevent the spread of disease. Health care providers and facilities shall relay the diagnosis of diseases directly to the emergency care provider. The identity or addresses of the person having the disease shall not be disclosed.

4~~2~~) Laboratories shall report certain positive test results and provide clinical materials as specified in Subpart D~~C of this Part~~ or if requested. Upon request of the local health department, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory shall ~~retains the duty to~~ comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department.

5~~3~~) The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone, facsimile, ~~or~~ other secure electronic system integrated with I-NEDSS, or other Department designated registry to the local health authority in whose jurisdiction the reporter is located.

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

B) Laboratories shall submit data electronically through I-NEDSS by January 1, 2016, via Health Level 7 (HL7) 2.3.1 format or higher and with Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine (SNOMED) codes to specify testing information and results, respectively. Laboratories can request an exemption based on small case volumes, and the Department will evaluate the request against past testing volumes. Prior to establishing electronic reporting, laboratories shall report via browser-based data entry into I-NEDSS.

C) The Department will electronically route these reports to the local health authority in whose jurisdiction the patient is located. If this information is not available, then the record will be routed to the jurisdiction of the ordering provider. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.

D) The reporter shall provide, when available, the case name, contact information and physician of the case.

E) A laboratory that is required to report data electronically shall have a State-approved continuity of operations plan for reporting continuity in emergency situations that disrupt electronic communications. At least two alternative methodologies shall be incorporated, such as facsimile, mail or courier services.

6) During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying locating information for those individuals believed to be associated with the outbreak.

7) Any party receiving the reports shall notify the local health authority where the patient resides immediately by phone (within three ~~3~~ hours) ~~following notification~~ for Class I(a) diseases, within 24 hours (during normal business hours) ~~following notification~~ for Class I(b) diseases and within seven ~~7~~ days ~~following notification~~ for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case shall ~~should~~ be transferred electronically in I-NEDSS with additional relevant information supplied to the other jurisdiction. If a known or suspect ~~suspected~~ case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, ~~it shall be the duty of~~ the administrator of the health care facility shall ~~to~~ ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

b) Upon receipt of this report, the local health authority shall report cases to the Department as specified in this Section~~subsection~~. Local health authorities shall report cases to the Department using the I-NEDSS web-based system according to

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

c) The report to the Department shall provide the following information: name, age, date of birth, sex, race, ethnicity, address ~~of the case~~ (including zip code), email address and telephone number (if available) of the case, and telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the I-NEDSS web-based system, clinical and laboratory findings in support of the diagnosis, ~~and~~ epidemiological facts relevant to the source of the infection, and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required.

d) Confidentiality~~.~~

1) The Department will ~~It is the policy of the Department to~~ maintain the confidentiality of information that would identify individual patients.

2) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of communicable disease to any government ~~governmental~~ agency or officer, the ~~such~~ communicable disease reports shall be confidential. Any medical practitioner or other person who provides a report of communicable disease in good faith shall have immunity from suit for slander or libel for ~~upon~~ statements made in the report. The identity of any individual contained in a report of communicable disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease or foodborne illness shall be confidential, and the individual's identity shall not be disclosed publicly in an action of any kind in any court or before any tribunal, board or agency. The individual, his/her legal guardian or his/her estate, with proper consent, may have his/her information released as requested.

3) As outlined in the Privacy Rule ~~(45 CFR 164.512(a), (b))~~ (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health information may be disclosed to public health authorities when required by federal, tribal, state, or local laws. This includes the requirements set forth in this Part that provide for reporting ~~of~~ disease or conducting public health surveillance, investigation, or intervention. For disclosures not required by law, a public health authority may collect or receive information for the purpose of preventing or controlling disease.

4) To prevent the spread of a contagious or infectious disease, the Department, local boards of health, and local public health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with each other. In addition, the Department and local public health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with health care facilities and health care providers, to the extent necessary for treatment, prevention and control of a contagious disease or a dangerously contagious or infectious disease. The Department will share the information in a manner that protects the confidentiality of the protected health information.

5) Subsections (d)(1) through (3) of this Section shall not prevent the Director or authorized personnel of the Department from furnishing what the Department determines to be appropriate information to a physician or institution providing examination or treatment to a person suspected of or affected with a disease or condition, including carrier status, of public health interest, or to any person or institution when necessary for the protection of public health. Only the minimum information necessary for the intended purpose shall be disclosed. A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the information so as to disclose the identity of the person to whom the information or record relates, except as necessary for the treatment of a case or carrier or for the protection of the health of others.

6~~4~~) To prevent the spread of a contagious disease, or a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the condition that the Department,

local boards of health, and local public health authorities protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to Section 2 of the Department of Public Health Act, ~~[20 ILCS 2305/2]~~ in accordance with federal and State law. Any ~~Additionally, any such~~ medical or health information or records or data shall be exempt from inspection and copying under the Freedom of Information Act. Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might ~~otherwise~~ result ~~by reason of these actions~~, except in the event of willful and wanton misconduct. The privileged quality of communication between any professional person or any facility shall not constitute grounds for failure to provide emergency access.

7~~5~~) The Department will provide information ~~Information~~ pertaining to human or animal cases of zoonotic disease ~~will be provided by the Department~~ to another State or federal agency only if the disease is reportable to the agency or if another agency is assisting with control of an outbreak.

8) Information contained in I-NEDSS and other Department registries shall be confidential and not subject to inspection by persons other than authorized personnel or agents of the Department, certified local health authorities, and other authorized persons or agencies authorized in this Part.

A) In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permitting a health care provider to disclose protected health information about an individual, without the individual's authorization, to another health care provider for that provider's health care treatment of the individual (see HIPAA 45 CFR 164.506 and the definition of "treatment" at HIPAA 45 CFR 164.501), the Department may disclose information contained in I-NEDSS and other Department registries, and the Department may permit access to the information by a licensed health care worker or health care institution that is treating or testing the individual to whom the information relates for the protection of the individual's health or the public's health, including prevention purposes.

B) The Department may also disclose what it considers to be appropriate and necessary information from I-NEDSS and other Department registries to a licensed health care provider or health care institution when:

i) the licensed health care provider or health care institution has received security approval from the Department to access I-NEDSS or the other registries and provides identifying information satisfactory to the Department to determine that the person to whom the information relates is currently being treated by or under the care of the licensed health care provider or health care institution; and

ii) the disclosure of the I-NEDSS or other registries' information is in the best interests of the person to whom treatment or care is being provided or will contribute to the protection of the public health.

C) Disclosure may take place using electronic means compliant with HIPAA security and privacy standards. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.

D) A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the records so as to disclose the identity of the person to whom the information or record relates, except as necessary for the treatment of a case or carrier or for the protection of the health of others.

e) Section 8-2101 of the Code of Civil Procedure ~~[735 ILCS 5/8-2101]~~ explains the confidential character of reports obtained for medical studies~~research projects~~. The Department~~,~~ and other agencies specified in that ~~this~~ Section~~,~~ may collect certain information and require reporting of certain diseases and conditions for medical studies~~research projects~~. The law provides for confidentiality of these reports, prohibits disclosure of all data ~~so~~ obtained except that which is necessary for the purpose of the specific study, ~~and~~ provides that ~~such~~ data shall not be admissible as evidence, and provides that the furnishing of ~~such~~ information in the course of a medical study ~~research project~~ shall not subject any informant to any action for damages. *No patient, patient's relatives, or patient's friends named*

in any medical study shall be interviewed for the purpose of the *study unless consent of the attending physician and surgeon is first obtained.* (Section 8-2104 of the Code of Civil Procedure)

f) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made by telephone ~~telephonically~~ within three ~~3~~ hours after ~~issuance of~~ the order is issued unless ~~otherwise directed by~~ the Department directs otherwise.

g) Identifiable data may be released to the extent necessary for the treatment, control, investigation and prevention of diseases and conditions dangerous to the public health. Identifiable data can be shared for conditions of public health significance, e.g., as permitted by HIPAA regulations, the Medical Studies Act, and the Health Statistics Act. As described in the Health Statistics Act, a Department-approved Institutional Review Board, or its equivalent on the protection of human subjects in research, will review and approve requests from researchers for individually identifiable data.

h) Procedures Involving Emergency Care Provider
Every person, employer or local government employing persons rendering emergency care shall designate a contact person or "designated officer" to receive reports from the local health authority. The employer shall assure that the designated officer has sufficient training to carry out the duties described in subsection (i), which shall include appropriate procedures for follow-up after occupational exposures to specific diseases specified in subsection (i).

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

1) Health care providers and health care facilities shall, when reporting these diseases, determine and include as part of their report whether an emergency care provider was involved in pre-hospital care for the patient.

2) Health care providers and health care facilities shall report to the local health authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified in subsection (i)(3), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.

3) Upon receiving a report of a reportable disease as defined in this subsection (i), the designated officer shall notify all out-of-hospital care providers, including, but not limited to: emergency medical personnel, firefighters, law enforcement officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease.

4) The designated officer shall inform the personnel only of the reportable disease, the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the person having the reportable disease or otherwise refer specifically to the person.

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

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.295 Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance ~~or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever~~ (Reportable by telephone immediately (within three ~~3~~ hours))

a) Control of Case~~.~~
Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's residence. The isolation precautions ~~Isolation Precautions~~ followed shall be based on the most likely pathogen.

b) Control of Contacts~~.~~
Contacts shall be evaluated to determine the need for quarantine.

c) Persons ~~Health care providers~~ who identify a single case of a ~~or cluster of a suspected,~~ rare or significant infectious disease shall report the case to the local health authority. This may include, but is not limited to, a case of cowpox, glanders, amoebic meningoencephalitis, orf, monkeypox, hemorrhagic fever viruses, infection from a laboratory-acquired recombinant organism, or any~~, a~~ disease non-indigenous to the United States~~, or a cluster of cases of unknown etiology, but which case or cluster of cases appears to be infectious in nature shall report the case or cluster of cases to the local health authority~~.

~~d)~~ ~~The local health authority shall investigate these reports by:~~

~~1)~~ ~~obtaining locating information of suspect cases and relevant medical information, including date of onset, signs and symptoms and laboratory test results obtained; and~~

~~2)~~ ~~determining whether there is a common activity or exposure that might have led to the presumed infection.~~

d~~e~~) The local health authority shall implement appropriate control measures.

e~~f~~) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority any disease of public health significance ~~unusual case or cluster of cases~~ that may indicate a public health hazard.

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

Section 690.320 Anthrax (Reportable by telephone immediately, within three ~~3~~ hours, upon initial clinical suspicion of the disease)

a) Control of Case~~.~~

1) Standard precautions ~~Precautions~~ shall be followed. Contact precautions ~~Precautions~~ shall be followed for care of persons with cutaneous anthrax when dressing does not adequately contain drainage.

2) A search shall be made for history of exposure to infected animals or animal products and traced to the place of origin. The reporting of exposures other than from infected animals or animal products shall follow the reportable guidelines for suspect ~~suspected~~ bioterrorist threat or event (see Section 690.800). The Department will refer information about exposures indicating a domestic animal source within the United States to the Illinois Department of Agriculture.

3) All anthrax cases shall be reviewed carefully for consideration of a bioterrorist event.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive or suspect positive result on any laboratory test indicative of and specific for detecting Bacillus anthracis infection.

2) Laboratories shall forward clinical materials suspected to be positive for Bacillus anthracis to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any food, animal or environmental test results positive for Bacillus anthracis from a case or outbreak investigation.

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

Section 690.322 Arboviral Infections (Including, but Not Limited ~~including, but not limited~~ to, Chikungunya Fever, California Encephalitis~~encephalitis~~, St. Louis Encephalitis, Dengue Fever~~encephalitis~~ and West Nile Virus~~virus~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible. ~~(~~within seven~~7~~ days)~~)~~

a) Control of Case~~.~~

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

2) Individuals ~~Cases~~ suspected to have ~~of having~~ an arboviral infection shall have ~~appropriate~~ specimens (e.g., serum, ~~and/or~~ cerebrospinal fluid (CSF)), as appropriate, collected and tested for arboviruses. For West Nile virus testing, specimens previously tested at commercial laboratories shall be sent to the Department for testing upon request of the Department.

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

c) General Measures~~.~~
Local health authorities shall inquire of all persons for whom a West Nile virus or other arbovirus test result is positive about recent blood donation. If ~~such~~ a donation took place in the two ~~2~~ weeks prior to onset of symptoms, the local health authority shall notify the director of the donation facility of the donor's name, date of birth, sex, zip code, state of residence, date of donation, date of

illness onset, and arboviral test results. Patient information, including test results received by donation facilities, shall be confidential.

d) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute arboviral infection and any positive laboratory test indicative of and specific for detecting arboviral infection in a blood donor.

2) Laboratories shall forward to the Department's laboratory clinical materials from patients who are suspected of having an acute arboviral infection or, upon request, clinical materials testing positive for arboviruses at any laboratory other than the Department's laboratory Department. Forwarding shall occur until otherwise directed each year.

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

Section 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three 3 hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)

a) Control of Case.

1) Standard precautions Precautions shall be followed.

2) There are no restrictions on cases.

3) After consultation with and approval by the Department, serum, stool or gastric aspirates from suspect cases should be collected. For foodborne botulism, the suspect source food should be identified and submitted for testing through the Department.

4) Requests for botulinum antitoxin for treatment of suspect suspected wound or foodborne botulism shall must be made through the Department. Botulism immune globulin for treatment of infants with botulism can be requested through the Department.

5) Suspect cases shall be investigated immediately, within three ~~3~~ hours after initial clinical suspicion.

b) Control of Contacts~~.~~

1) No restrictions.

2) For foodborne botulism, persons who may have eaten food suspected of containing botulinum toxin should seek medical consultation.

c) Laboratory Reporting~~. Laboratories shall report to the local health authority all persons for whom botulism testing is requested or any patient whose physician requests antitoxin for administration.~~

1) Laboratories shall report to the local health authority all persons for whom botulism testing is requested and all food and environmental specimens that may be associated with an outbreak.

2) Laboratories shall report and submit to the Department's laboratory any food samples resulting from a botulism investigation.

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

Section 690.330 Brucellosis (Reportable by ~~mail,~~ telephone~~, facsimile or electronically~~ as soon as possible (within 24 hours~~7 days~~), unless suspect ~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three ~~3~~ hours) by telephone)

a) Control of Case~~.~~

1) Standard precautions ~~Precautions~~ shall be followed. Contact precautions ~~Precautions~~ shall be followed when dressing does not adequately contain drainage.

2) Brucella species may be used as a biologic weapon for humans. Any clustering of cases shall be immediately investigated.

3) If a suspect domestic animal source within the United States is identified, the Department will provide this information to the Illinois Department of Agriculture.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Brucella species infection.

2) Laboratories shall forward clinical materials, including, but not limited to, cultures, isolates or serum, suspected to be positive for Brucella species to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any food, animal or environmental test results positive for Brucella species from a case or outbreak investigation.

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

Section 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically within 24 hours)

a) Control of Case~~.~~

1) Standard precautions, contact precautions and airborne infection isolation precautions ~~Precautions, Contact Precautions and Airborne Infection Isolation Precautions~~ shall be followed for patients in a health care facility until all lesions are dry and crusted.

2) Children shall be excluded from school or child care facilities for a minimum of five ~~5~~ days after the appearance of eruption or until vesicles become dry.

3) Adults shall be excluded from the workplace for a minimum of five ~~5~~ days after the appearance of eruption or until vesicles become dry.

b) Control of Contacts~~.~~
No general restrictions. Susceptible contacts in a health care facility shall ~~should~~ be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immuno-compromised patients.

1) Susceptible persons who have been exposed to varicella shall be identified. Susceptible persons are those with no history of disease or vaccination.

2) Vaccination should be offered to susceptible persons within 120 hours after exposure.

3) Varicella-specific immune globulin preparation should be offered, if available, to susceptible persons who are medically contraindicated to receive vaccine and are at high risk of developing severe varicella disease and complications. For maximum effectiveness, the varicella-specific immune globulin shall be administered as soon as possible but no longer than 96 hours after exposure.

4) Health Care Facility ~~Related~~ Guidance~~.~~

A) All exposed susceptible patients shall ~~should~~ be discharged as soon as feasible. All exposed susceptible patients who cannot be discharged shall be placed in airborne infection isolation and contact precautions ~~Airborne Infection Isolation and Contact Precautions~~ from days 10 to 21 following exposure to the index case. For patients who receive varicella-specific immune globulin, airborne infection isolation and contact precautions~~Airborne Infection Isolation and Contact Precautions~~ shall be followed until day 28.

B) All exposed susceptible health care workers shall be restricted from patient contact from days 10 to 21 following exposure to an index case; this restriction shall ~~should~~ be extended to 28 days for persons receiving varicella-specific immune globulin.

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting varicella infection.

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

Section 690.360 Cholera (Toxigenic Vibrio cholerae O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Case~~.~~

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

2) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers. Cases with cholera shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and three ~~3~~ consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted within one week after notification.

3) Health Care Workers or Those Who Work in Occupations Requiring Standard Precautions. Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions ~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

b) Control of Contacts~~.~~
Contacts should be asked about symptoms ~~Observation of contacts is required~~ during the period of household exposure and for five ~~5~~ days after last exposure.

1) Contacts Who Have Not Had Diarrhea During the Previous Four ~~4~~ Weeks~~.~~

A) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers~~.~~

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of cholera infection during the previous four ~~4~~ weeks.

ii) Contacts to cases of cholera who are employed as food handlers or in sensitive occupations shall submit three ~~3~~ consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until three ~~3~~ consecutive negative specimens are obtained, or the individual shall be restricted from working.

iii) If any of the three ~~3~~ release specimens is positive for toxigenic Vibrio ~~cholerae~~cholera O1 or O139, contacts shall be considered cases and shall be required to comply with restrictions on returning to work in subsection (a)(2) ~~of this Section~~.

B) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions ~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous Four ~~4~~ Weeks~~.~~

A) Food Handlers or Persons in Sensitive Occupations, Not Including ~~not including~~ Health Care Workers~~.~~

i) All contacts to cases of cholera employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four ~~4~~ weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted

three 3 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one 1 week after notification.

ii) If any of the three3 release specimens is positive for toxigenic Vibrio cholerae, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers.
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

c) Sale of Food, Milk, etc. (See Section 690.301000(b).)

d) Laboratory Reporting.

1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Vibrio cholerae infection.

2) Laboratories shall forward clinical materials suspected to be positive for Vibrio cholerae to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any food or environmental Vibrio cholerae isolates resulting from an outbreak investigation.

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

Section 690.362 Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases~~all laboratory confirmed and probable cases~~) (Reportable by mail, telephone, facsimile or electronically within seven ~~7~~ days after confirmation of the disease)

a) Control of Case~~.~~

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

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

3) Prions are highly resistant to standard disinfection and sterilization procedures. See disinfection procedures in Section 690.201~~1010~~(b).

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

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

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting CJD~~Creutzfeldt-Jakob Disease~~.

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

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

Section 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or

electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) Cases with diarrhea shall not work as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for 48~~24~~ hours). No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.

3) Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for two~~2~~ weeks after cessation of diarrhea.

b) Control of Contacts~~.~~

1) Household contacts and others in close contact with the case who have diarrhea should be tested for Cryptosporidium.

2) Contacts with diarrhea shall not work as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for 48 hours).

c) Sale of Food, Milk, etc. (See Section 690.30~~1000~~(b).)~~.~~

d) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cryptosporidium species infection.

2) Laboratories shall report and submit to the Department's laboratory any Cryptosporidium positive stool, food or environmental samples resulting from an outbreak investigation.

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

Section 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) No restrictions are required for food handlers or those in sensitive occupations.

b) Control of Contacts~~.~~

1) No restrictions.

2) Contacts who have had similar exposures as cases should see a physician if diarrhea develops.

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cyclospora infection.

2) Laboratories shall report and submit to the Department's laboratory any Cyclospora positive stool, food or environmental samples resulting from an outbreak investigation.

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

Section 690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order~~as soon as possible, within 24 hours~~)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. Droplet precuations~~Precautions~~ shall be followed for pharyngeal diphtheria. Contact precuations~~Precautions~~ shall be followed for cutaneous diphtheria.

2) These precautions shall be continued until two~~2~~ successive cultures from both throat and nose (and skin lesions in cutaneous diphtheria) are

negative for diphtheria bacilli or when a virulence test proves the bacilli to be avirulent. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy, and the second culture shall be taken not less than 24 hours after the first.

3) Use of diphtheria antitoxin should be considered in addition to antibiotic therapy when clinical findings and consultation with Department personnel support use.

4) Specimens shall be considered to be satisfactory only if they reach an acceptable laboratory within 48 hours, and if growth of normal flora occurs.

b) Control of Contacts.

1) All close contacts (household members and other persons directly exposed to oral secretions of patients with pharyngeal presentation or with direct contact with secretions from lesions with cutaneous presentation) shall~~should~~ be cultured from the nose and from the throat, provided antibiotic prophylaxis, and placed under surveillance for seven~~7~~ days.

2) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by two~~2~~ successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy, and the second culture shall be taken not less than 24 hours after the first.

3) All previously immunized close contacts should receive a booster dose of diphtheria toxoid-containing vaccines if more than five~~5~~ years have elapsed since their last dose.

4) If close contacts have received fewer than three~~3~~ doses of diphtheria toxoid-containing vaccines, or vaccination history is unknown, an immediate dose of diphtheria toxoid-containing vaccine should be given and the primary series completed.

5) All contacts found to be carriers shall be handled in the same manner as cases according to subsection (a)(1) and managed as indicated in subsection (c).

6) In a non-immune individual who has been exposed, antitoxin should be considered. This should be followed immediately with active immunization.

c) Control of Carriers~~.~~

1) Carriers discovered as the result of epidemiological follow-up of a known case or in another way (screening, etc.) shall be handled in the same manner as cases. (See subsections (a)(1) and (2).)

2) All previously immunized carriers shall~~should~~ receive a booster dose of diphtheria toxoid-containing vaccines if more than one year has elapsed since their last dose.

3) Carriers who have received fewer than three~~3~~ doses of diphtheria toxoid-containing vaccines, or whose vaccination history is unknown, shall~~should~~ receive an immediate dose of diphtheria toxoid-containing vaccine and complete the primary series.

d) Sale of Food, Milk, etc. (See Section 690.301~~000~~(b).)

e) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Corynebacterium diphtheriae infection.

2) Laboratories shall forward clinical materials positive for Corynebacterium diphtheriae to the Department's laboratory for toxicity testing.

3) Laboratories shall report any request for suspected diphtheria testing as soon as possible, within three~~3~~ hours.

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

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

a) Control of Case~~.~~

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

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

3) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

4) Cases of enterotoxigenic E. coli, enteropathogenic E. coli, or enteroinvasive E. coli shall not work as food handlers or in sensitive occupations, including health care, until diarrhea has ceased for at least 48~~24~~ hours. Release specimens are not required for persons with these types of E. coli infections.

5) Day Care Attendees
Cases of E. coli O157:H7 or other Shiga toxin producing E. coli shall be excluded from attending a child care facility, an adult day care facility or a facility for the developmentally disabled if below the age of five years or incontinent of stool until two consecutive negative stool specimens are

obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered.

6) Day Care Staff
Cases of E. coli O157:H7 or other Shiga toxin producing E. coli who work in a child care facility, an adult day care facility, or a facility for the developmentally disabled, and who directly care for attendees or handle food, shall not return to work until two consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification.

b) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous Four4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, Not Includingnot including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains during the previous four4 weeks.

ii) Contacts to cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains who are employed as food handlers or in sensitive occupations shall submit two2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until two2 consecutive negative specimens are obtained, or the individual shall be restricted from working.

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

B) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers~~foodhandlers~~ or in sensitive occupations, including health care workers, and have not had diarrhea within the previous four~~4~~ weeks are not required to submit release specimens.

2) Contacts Who Currently Have Diarrhea or Have Had Diarrhea During the Previous Four~~4~~ Weeks~~.~~

A) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~

i) All contacts to cases of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four~~4~~ weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted two~~2~~ consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the two~~2~~ release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin~~-~~producing strains, contacts shall be considered cases and shall comply with subsection (a)(3)~~ of this Section~~.

B) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers~~foodhandlers~~ or in sensitive occupations, including health care workers, and have had diarrhea within the previous four~~4~~ weeks and the diarrhea has resolved are not required to submit release specimens.

D) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers or in sensitive occupations, including health care workers, and currently have diarrhea~~,~~ shall not work until diarrhea has ceased for at least 48~~24~~ hours. Release specimens are not required for persons with these types of E. coli infections.

E) Day Care Attendees
Contacts to cases of E. coli O157:H7 or other Shiga toxin producing E. coli who currently have or have had diarrhea during the previous four weeks who attend a child care facility, an adult day care facility or a facility for the developmentally disabled and are below the age of five years or incontinent of stool shall submit two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24

hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Release specimens shall be submitted within one week after notification, or the individual shall be restricted from attendance. If either of the two specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin producing strains, contacts shall be considered cases and shall comply with subsection (a)(3).

F) Day Care Staff
Contacts to cases of E. coli O157:H7 or other Shiga toxin producing E. Coli who currently have or have had diarrhea during the previous four weeks who work in a child care facility or an adult day care facility and directly care for attendees or handle food shall submit two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification, or the individual shall be restricted from working. If either of the two specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin producing strains, contacts shall be considered cases and shall comply with subsection (a)(3).

c) Sale of Food, Milk, etc. (See Section 690.301~~000~~(b).)

d) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority all patients who have a positive result from a stool specimen or any laboratory test indicative of and specific for detecting Escherichia coli O157, other Shiga toxin-producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli infection.

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

~~3) Laboratories shall report and submit to the Department's laboratory any food, environmental or animal E. coli isolates resulting from an outbreak investigation.~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)

~~a) Investigation of Outbreaks.~~

~~1) All suspected or confirmed cases of foodborne or waterborne illness shall be investigated by the local health authority where the food was prepared or the contact with water occurred. If multiple jurisdictions are involved, the jurisdiction where the food was prepared or the contact with water occurred shall be in charge of the investigation unless determined otherwise. If the investigation determines that a foodborne or waterborne illness has occurred, the jurisdiction in charge of the investigation shall submit a final report to the Department, using the most current outbreak reporting form available from the Department, within 4 weeks following the completion of the epidemiologic investigation.~~

~~2) For specific information on how to conduct a foodborne or waterborne outbreak investigation, see the current edition of the Department's Investigating Suspected Outbreaks of Foodborne and Waterborne Illness manual.~~

~~3) When outbreaks of foodborne or waterborne disease occur in retail food establishments and the etiologic agent responsible for the outbreak is not addressed in this Part, food handlers in the establishment where the outbreak occurred may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.~~

~~4) When outbreaks of foodborne or waterborne disease occur in any business, organization, institution or private home, the person in charge of the establishment shall cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks and suspected outbreaks of foodborne or waterborne disease. This includes, but is not limited to, release of food preparation methods, menus, customer lists, environmental specimens, food specimens, and the name and other pertinent information about food handlers or other employees diagnosed with a communicable disease as it relates to a foodborne or waterborne disease investigation.~~

~~b) Control of Cases.~~

~~1)~~ ~~Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.~~

~~2)~~ ~~Persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent addressed in this Part.~~

~~3)~~ ~~If the etiologic agent responsible for a foodborne or waterborne outbreak is not addressed in this Part and diarrhea or vomiting of infectious or unknown cause is present, foodhandlers and persons in sensitive occupations, including health care workers, who are ill shall not work until 24 hours after diarrhea or vomiting has resolved.~~

~~4)~~ ~~Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.~~

~~c)~~ ~~Control of Contacts. Contacts to persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent.~~

~~d)~~ ~~Sale of Food, Milk, etc. (See Section 690.1000(b).)~~

~~e)~~ ~~Laboratory Reporting.~~

~~1)~~ ~~Laboratories shall report to the local health authority clinical, environmental or food specimens that have a positive result on a laboratory test indicative of and specific for detecting any foodborne or waterborne illness.~~

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

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

~~a) Control of Case.~~

~~1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.~~

~~2) Cases who are food handlers or in sensitive occupations may return to their usual occupations after diarrhea has ceased for at least 24 hours and antimicrobial therapy has been completed for 48 hours.~~

~~b) Control of Contacts. Contacts with symptoms who are employed as food handlers or in sensitive occupations shall submit one specimen for testing for giardiasis. Contacts who test positive shall be restricted according to subsection (a)(2) of this Section. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).~~

~~c) Sale of Food, Milk, etc. (See Section 690.1000(b).)~~

~~d) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Giardia infection.~~

(Source: Repealed at 38 Ill. Reg. _____, effective _____)

Section 690.441 Haemophilus Influenzae~~influenzae~~, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)

a) Control of Case~~.~~
Standard precautions and droplet precautions~~Precautions and Droplet Precautions~~ shall be followed. Droplet precautions~~Precautions~~ shall be followed until 24 hours after initiation of effective antimicrobial therapy.

b) Control of Contacts~~.~~

1) No restrictions.

2) When a case of Haemophilus influenzae type b occurs, chemoprophylaxis shall be considered for all household contacts in households in which there is a child less thanunder 12 months of age (other than the index case) who has not received the primary series of Hib conjugate vaccine; or for all household contacts in households with a child less than four4 years of age who is inadequately immunized against Haemophilus influenzae type b; or for all household contacts in households with an immune-compromisedimmunocompromised child regardless of immunization status.

3) When two2 or more cases of Haemophilus influenzae type b invasive disease occur in a child care facility within 60 days and unimmunized or incompletely immunized children attend the child care facility, administration of chemoprophylaxis to all attendees and staff having sufficient contact is indicated.

c) Laboratory Reporting.

1) Laboratories shall report to the local health authority when Haemophilus influenzae (any type) has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Haemophilus influenzae (any type).

2) Laboratories shall forward clinical materials from a normally sterile site that are positive for Haemophilus influenzae (any type) to the Department's laboratory.

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

Section 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possibleor facsimile, within 24 hours)

a) Control of Case.

1) Standard precautionsPrecautions shall be followed.

2) The local health authority shall investigate cases to determine locations of exposure to rodents, which can transmit hantavirus, in the two2 months before illness onset.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting hantavirus infection.

2) Laboratories shall forward clinical materials positive for hantavirus to the Department's laboratory.

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

Section 690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. In diapered or incontinent persons, the following contact precautions~~Contact Precautions~~ shall be followed: infants and children less than three~~3~~ years of age~~.~~, for the duration of hospitalization; children three~~3~~ to 14 years of age, until two~~2~~ weeks after onset of symptoms; and those more~~greater~~ than 14 years of age, for one week after onset of symptoms.

2) Cases shall not work as food handlers or in sensitive occupations for seven days after onset of jaundice or two weeks after onset of initial symptoms, if jaundice is not present.~~during the period when infection control precautions apply.~~

3) Health care workers shall not have direct patient contact or contact with patient environment and food for seven days after onset of jaundice or two weeks after onset of initial symptoms if jaundice is not present.

b) Control of Contacts~~.~~

1) No restrictions.

2) Guidelines for hepatitis A vaccine or immune globulin (IG) administration for non-immune contacts are specified in Section 690.20~~690.1010~~(b)(3~~2~~).

3) Administration of IG is not recommended for symptomatic contacts, but testing is recommended to verify the diagnosis.

c) Sale of Food, Milk, etc. (See Section 690.30~~1000~~(b).)

d) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute hepatitis A infection, including IgM specific antibodies to the hepatitis A virus (total antibody is not reportable). Upon request, laboratories shall provide liver function test results for suspect cases of hepatitis A.

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

Section 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)

a) Control of Cases and Carriers~~.~~
Standard precautions~~Precautions~~ shall be followed. ~~Terminal cleaning is not required.~~

b) Control of Contacts~~.~~

1) No restrictions.

2) Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.

3) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the ~~most recent~~ Recommended Childhood Immunization Schedule and ~~most recent~~ recommendations of the Advisory Committee on Immunization Practices (ACIP). (General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP), www.cdc.gov/vaccines/pubs/ACIP-list.htm).

4) Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours after~~of~~ birth, both by intramuscular injection, but at different sites.

5) Non-immune contacts who have been exposed in ~~such~~ a manner that allows~~to allow~~ for transmission of hepatitis B or hepatitis D should receive hepatitis B immune globulin (HBIG) as early as possible following exposure, preferably within 24 hours but not more than 14 days after exposure.

6) Non-immune contacts should begin hepatitis B vaccination.

c) General Measures~~.~~

1) Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available. Pregnant women who are at high risk for hepatitis B infection (recent history of sexually transmitted disease, injection drug use, or other possible risks of hepatitis B infection) should be re-tested upon admission.

2) Health care providers shall refer pregnant women who are HBsAg positive within seven~~7~~ days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts.

3) Persons previously known to test positive for HBsAg shall not donate blood.

4) "~~"~~A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part 1: Immunization of Infants, Children, and Adolescents"~~"~~ (see Section 690.20~~1010~~(a)(8)), the "~~"~~Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures"~~"~~ (see Section 690.20~~1010~~(a)(1)) and the "~~"~~Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis"~~"~~ (see Section 690.20~~1010~~(a)(2)) shall be followed.

d) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who:

1) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).

2) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B ~~and/~~or hepatitis D infection.

3) Have results of alanine aminotranferase ~~and/~~or aspartate aminotransferase testing within 30 days after the positive test for hepatitis B ~~and/~~or hepatitis D. These results should be reported concurrently with the positive assay.

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

Section 690.452 Hepatitis C, Acute Infection and Non-acute~~Non-Acute~~ Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) Persons 34 years of age and younger and who have a positive confirmatory test for hepatitis C should be investigated to determine if this infection represents an acute or chronic illness and identify factors associated with the infection.

3) Other persons with a confirmatory test for hepatitis C may also be investigated.

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

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who are anti-HCV positive by immunoassay (e.g., enzyme immunoassay, chemiluminescence immunoassay) with a signal-to-cutoff ratio (S/C) or other parameter predictive of a true positive as determined for the particular assay (S/C shall~~should~~ be included with all test results that are reported) or who test positive for hepatitis C by recombinant immunoblot assay, polymerase chain reaction (PCR) or any other

supplemental or confirmatory test that may be used. Results of the alanine aminotranferase testing that are closest in time to the date of the positive hepatitis C result and within three~~3~~ months after~~of~~ the positive test for hepatitis C should be reported concurrently with the positive immunoassay, PCR, immunoblot or other confirmatory test results. Viral genotype results (when performed) should also be reported. Laboratories~~Laboratores~~ not performing confirmatory testing or tests to identify highly positive specimens (e.g., S/C) shall report selected hepatitis C results as requested by the Department.

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

Section 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case

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

2) The local health authority should search for similar illness among household or occupational contacts. If a cluster of cases is identified, the local health authority shall look for a common environmental source of infection.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients from whom Histoplasma capsulatum has been cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Histoplasma capsulatum infection.

2) Laboratories shall report and submit to the Department's laboratory any environmental Histoplasma samples resulting from an outbreak investigation.

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

Section 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)

a) Control of Case

1) Standard and droplet precautions shall be followed. Droplet precautions shall be implemented for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while the patient is in the hospital. In some cases, the hospital may choose to apply droplet precautions for longer periods based on clinical judgment, such as in the case of young children or severely immuno-compromised patients, who may shed influenza virus for longer periods of time.

2) If present rules in this Part are not adequate, the Department may develop and distribute additional recommendations in conjunction with guidance received from the Centers for Disease Control and Prevention.

b) Control of Contacts

1) The Department will recommend control of contacts based on transmissibility and severity of the illness that caused the influenza strain.

2) The hospital shall monitor health care workers caring for intensive care unit patients with influenza for illness.

c) Laboratory Reporting

1) Upon request, laboratories shall forward clinical materials to the Department's laboratory.

2) Laboratories shall report to the local health authority patients admitted into an intensive care unit who have a positive result on any laboratory test indicative of and specific for detecting influenza.

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

Section 690.469 Influenza A, Variant~~Novel~~ Virus (Reportable by telephone immediately, within three~~3~~ hours upon initial clinical suspicion or laboratory test order)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~, including routine use of eye protection, and droplet precautions~~Contact Precautions~~ shall be followed for patients in health care settings (e.g., hospitals, long-term care facilities, outpatient offices, emergency transport vehicles), use of a respirator at least as protective as an N-95 is recommended during aerosol-generating procedures. When feasible, aerosol-generating procedures should be conducted in an airborne infection isolation room. The Department will make further recommendations as more information becomes known about the transmissibility of the variant influenza virus.~~close contact in health care settings, and an airborne infection isolation room or equivalent is recommended during hospitalization. Cohorting in specific areas or wards may be considered.~~

2) If present rules are not adequate, alternative requirements may be issued. See Section 690.100(d).

b) Control of Contracts~~.~~

1) The Department will make recommendations~~Recommendations~~ for control of contracts ~~will be made by the Department~~ based on transmissibility and severity of the illness that caused the variant~~novel~~ influenza strain.

2) Health care workers caring for patients with variant~~novel~~ influenza shall be monitored for illness by the health care facility, in collaboration with the local health department.

c) Laboratory Testing and Reporting~~.~~

1) Virus isolation studies on respiratory specimens from individuals with suspect variant~~suspected novel~~ influenza infection should not be performed by clinical laboratories unless approved by the Department.

2) Laboratories shall immediately report to the local health authority any request for laboratory testing for a variant~~novel~~ subtype, or laboratory identification of a suspect variant~~suspected novel~~ subtype, in a human specimen. Variant influenza includes that which is different from

currently circulating human influenza H1 and H3 viruses. Variant~~Novel~~ subtypes include, but are not limited to, H2, H5, H7~~,~~ and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species or from genetic reassortment between animal and human viruses are also variant~~novel~~ subtypes. Laboratory evidence of a suspect variant~~suspected novel~~ subtype includes any specimen from a human that is polymerase chain reaction or culture positive for influenza A and tests negative for currently circulating H1 and H3 subtypes.

3) Upon request, laboratories shall forward clinical materials to the Department's laboratory.

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

Section 690.475 Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) The local health authority shall investigate clusters of cases to determine whether~~if~~ there is a common environmental source of infection.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients from whom Legionella species is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Legionella infection.

2) Laboratories shall forward clinical materials positive for Legionella species to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any environmental Legionella samples resulting from an outbreak investigation.

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

Section 690.480 Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable~~infectious and non-infectious cases are reportable~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

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

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

b) Control of Contacts~~.~~
No restrictions. However, household contacts should be examined to identify secondary cases. Initial examination should be made at the time a case is discovered and examinations at yearly intervals for five~~5~~ years after the last contact with an infectious case.

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Mycobacterium leprae.

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

Section 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common environmental source.

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

c) Laboratory Reporting~~.~~

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

2) Laboratories shall forward clinical materials positive for Leptospira to the Department's laboratory. Laboratories shall report and submit to the Department's laboratory any Leptospira environmental samples resulting from an outbreak investigation.

3) Laboratories shall report and submit to the Department's laboratory any positive environmental or animal samples resulting from an outbreak investigation.

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

Section 690.495 Listeriosis (When Both Mother~~when both mother~~ and Newborn are Positive~~newborn are positive~~, Report Mother Only~~report mother only~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common source.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients from whom Listeria monocytogenes has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting Listeria monocytogenes. If mother and newborn are both positive for Listeria monocytogenes, only mother should be reported.

2) Laboratories shall forward to the Department's laboratory clinical materials from a normally sterile site that are positive for Listeria monocytogenes ~~to the Department's laboratory~~.

3) Laboratories shall report and submit to the Department's laboratory any food or environmental Listeria isolates resulting from an outbreak investigation.

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

Section 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

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

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority, regardless of the patients' state or country of residence, patients who have a positive result on any laboratory test indicative of and specific for detecting Plasmodium species infection.

2) Laboratories shall forward clinical materials, including, but not limited to, slides and images~~slides of blood specimens~~ found to contain malaria parasites to the Department's laboratory for speciation.

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

Section 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions and airborne infection isolation precautions~~Precautions and Airborne Infection Isolation Precautions~~ shall be followed for patients in health care facilities from diagnosis until four~~4~~ days after appearance of the rash.

2) Children with measles shall be kept out of school or child care facilities for at least four ~~4~~ days after appearance of the rash.

b) Control of Contacts~~.~~

1) All susceptible contacts (persons six~~age 6~~ months of age or older who have not yet received a total of two~~2~~ doses of measles-containing vaccine) should begin vaccination with live virus measles vaccine. Vaccine should be administered within 72 hours after exposure for maximal protection. When vaccine is given prior to the first birthday, a second dose shall be given on or after the first birthday, and a third dose at least 28 days later but prior to school entry (four to six~~4 to 6~~ years of age).

2) Susceptible household contacts with high risk of complications or with measles vaccine contraindications should be given immune globulin (IG) within six~~6~~ days after exposure. IG is not indicated for contacts who have received one dose of vaccine at 12 months of age or older unless they are immune-compromised~~immunocompromised~~. Live measles vaccine shall~~should~~ be given five~~5~~ to six~~6~~ months later to those IG recipients, provided that the vaccine is not contraindicated.

3) Susceptible contacts who have not received vaccination or immune globulin, where medically indicated, shall be excluded from school, workplace, child care facility, or other facilities until 21 days after the onset of the last reported measles case.

4~~3~~) Susceptible health care personnel with direct patient contact shall~~should~~ be required to provide proof of immunity to measles as described by the Advisory Committee on Immunization Practices (see Section 690.20~~1010~~(a)(7~~3~~)).

5) Susceptible health care workers exposed to measles shall receive a dose of measles-mumps-rubella (MMR) vaccine and should be removed from all patient contact and excluded from the facility from the fifth to the 21st day after the exposure. Susceptible health care workers may return to work on the 22nd day after exposure. However, susceptible health care workers who are not vaccinated after exposure shall be removed from all patient contact and excluded from the facility from the fifth day after their first exposure to the 21st day after the last exposure, even if they receive post-

exposure immunoglobulin. Personnel who become ill with prodromal symptoms or rash shall be removed from all patient contact and excluded immediately from the facility until four days after the onset of the rash.

c) Measles Outbreak Control~~.~~

1) Personnel in each attendance center responsible for investigating absenteeism shall immediately report suspect~~suspected~~ cases of measles to the school principal or the school nurse ~~immediately~~.

2) On the same day that a report of a suspect~~suspected~~ case of measles is received, school personnel shall conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the suspect case's class and school.

3) The school officials shall make a telephone report~~.A telephone report shall be made by the school officials~~ within 24 hours to the local health authority, either a full-time official health department as recognized by the Department, or a regional office of the Department, specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The Department or local health department shall be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.

4) A notice shall be sent home with each student who has not presented proof of immunity, explaining that the student is to be excluded, effective the following morning, until the school receives acceptable proof of immunity ~~is received by the school~~ or until 21 days after the onset of the last reported measles case. Acceptable proof shall consist of:

A) a written record from the student's physician or a health professional that indicates dates of vaccination and type of vaccine administered; or

B) a statement from a physician indicating the date when the student had measles; or

C) a laboratory report indicating that the student has a protective measles antibody titer as measured by a test with demonstrable reliability.

d) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting measles virus infection, including positive results from IgM (measles specific) serologies, measles virus isolates, or a significant rise in antibody results from IgG (measles specific) between paired sera.

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

Section 690.550 Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions and droplet precautions~~Precautions and Droplet Precautions~~ shall be followed for patients in health care facilities or community settings for five~~9~~ days after parotid gland swelling.

2) Cases shall be excluded from school, child care facilities or the workplace until five~~5~~ days after onset of symptoms (parotitis).

b) Control of Contacts~~.~~
Susceptible close contacts shall~~should~~ be excluded from school, child care facilities or the workplace from days 12 through 25 after exposure.

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting mumps virus infection, including positive results for IgM (mumps specific) serologies, a significant rise in antibody to IgG (mumps specific) between paired sera, polymerase chain reaction, or mumps virus isolates.

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

Section 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)

a) Investigation of Outbreaks

1) Any pattern of cases, or increased incidence of any illness beyond the expected number of cases in a given period, that may indicate an outbreak, including suspect or confirmed outbreaks of foodborne or waterborne disease, or outbreaks transmitted by laboratory acquisition, animal contact, person-to-person contact, inhalation or other transmission method, shall be reported to the local health authority within 24 hours. This includes, but is not limited to, outbreaks of gastroenteritis and group A streptococcal disease (including invasive infections, necrotizing fasciitis, and toxic shock syndrome).

2) All suspect or confirmed foodborne outbreaks shall be investigated by the local health authority where the food was prepared. If multiple jurisdictions are involved, the jurisdiction where the food was prepared shall be in charge of the investigation unless determined otherwise. All suspect or confirmed outbreaks not caused by foodborne transmission shall be investigated by the local health authority where the exposure occurred.

3) If the investigation determines that an outbreak has occurred, the jurisdiction in charge of the investigation shall submit a final report to the Department, using the most current outbreak reporting form available from the Department, within four weeks following the completion of the epidemiologic investigation.

4) When outbreaks occur in any business, organization, institution, private home or health care facility, staff in the establishment where the outbreak occurred may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.

5) Reporting entities, as defined in Section 690.200(a)(1), are required to report any known or suspected common-source outbreaks and any intoxication caused by marine organisms, including paralytic shellfish poisoning, ciguatera and scombroid.

6) See Section 690.20(a)(9) and (a)(10) for guidance on the control of viral gastroenteritis outbreaks.

b) Control of Cases

1) Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's residence. The isolation precautions followed shall be based on the most likely pathogen.

2) Persons who become ill due to an outbreak shall comply with restrictions specific to each etiologic agent addressed in this Part.

3) If the etiologic agent responsible for a foodborne or waterborne outbreak is not addressed in this Part and diarrhea or vomiting of infectious or unknown cause is present, food handlers and persons in sensitive occupations, including health care workers, who are ill shall not work until 48 hours after diarrhea or vomiting has resolved.

4) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.

c) Control of Contacts

1) Contacts shall be evaluated to determine the need for quarantine.

2) Contacts to persons who become ill due to an outbreak shall comply with restrictions specific to each etiologic agent.

d) The local health authority shall implement appropriate control measures.

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

f) Laboratory Reporting

1) Laboratories shall report to the local health authority clinical, animal, environmental or food specimens that have a positive result on a laboratory test indicative of and specific for detecting any outbreak of public health significance.

2) Laboratories shall submit to the Department's laboratory any positive food, environmental or animal samples resulting from an outbreak investigation.

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

Section 690.570 Plague (Reportable by telephone immediately, within three~~3~~ hours upon initial clinical suspicion of the disease)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. For all patients, droplet precautions~~Droplet Precautions~~ shall be followed until pneumonia has been determined not to be present.

2) For patients with pneumonic plague, droplet precautions~~Droplet Precautions~~ shall be followed until 48~~72~~ hours after initiation of effective antimicrobial therapy and the patient has a favorable clinical response. Antimicrobial susceptibility testing is recommended.

3) Cases and their clothing should be treated to eliminate fleas.

4) The Department will refer information about animal contacts to the Illinois Department of Agriculture or the Illinois Department of National Resources for follow-up.

b) Control of Contacts~~.~~

1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and placed under surveillance with close observation for developing illness for seven~~7~~ days. For contacts who refuse chemoprophylaxis, strict quarantine is required for seven~~7~~ days.

2) Contacts to bubonic plague shall be disinfested with an appropriate insecticide and kept under surveillance with close observation for developing illness for seven~~7~~ days. Contacts to bubonic plague should be offered chemoprophylaxis.

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients from whom Yersinia pestis is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Yersinia pestis infection.

2) Laboratories shall forward clinical materials that are suspect or confirmed

positive for Yersinia pestis to the Department's laboratory.

3) Laboratories shall report any Yersinia pestis isolates from animals or the environment during an individual case or outbreak investigation.

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

Section 690.580 Poliomyelitis (Reportable by telephone immediately (within three hours) upon initial clinical suspicion of the disease~~as soon as possible, within 24 hours~~)

a) Control of Case~~.~~

1) Occurrence of a single case of poliomyelitis due to wild polio virus shall be recognized as a public health emergency, prompting immediate investigation and response.

2) Standard precautions~~Precautions~~ shall be followed. Contact precautions~~Precautions~~ shall be followed for diapered or incontinent persons or during institutional outbreaks for the duration of hospitalization.

b) Control of Contacts~~.~~

1) Vaccination should begin for all susceptible contacts who have previously not been adequately immunized, even though these contacts may have already been infected.

2) Susceptible contacts should be monitored for compatible symptoms for two~~2~~ weeks after date of last exposure.

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting polio virus infection.

2) Laboratories shall forward clinical materials to the Department's laboratory for confirmation within~~with~~ 24 hours after preliminary findings.

3) Laboratories shall report any request for polio testing as soon as possible, within three~~3~~ hours.

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

Section 690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

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

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

c) Control of Infected Birds and Premises~~.~~
If information on the source of the birds suspected of exposing the person to psittacosis is available, the Department will provide this information to the Illinois Department of Agriculture for follow-up.

d) Laboratory Reporting~~. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detection of Chlamydophila psittaci infection.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detection of Chlamydophila psittaci infection.

2) Laboratories shall forward clinical materials that are suspect or confirmed positive for Chlamydophila psittaci to the Department's laboratory.

3) Laboratories shall report and submit any Chlamydophila psittaci positive results on serologic testing or culture from animals during an individual case or outbreak investigation.

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

Section 690.595 Q-fever Due to Coxiella burnetii (Reportable by ~~mail,~~ telephone~~, facsimile or electronically~~ as soon as possible, within 24 hours~~7 days~~, unless suspect~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three~~3~~ hours) by telephone)

a) Control of Case~~.~~

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

2) The local health authority should investigate cases to determine history of contact with sheep, cattle or goats, parturient cats, consumption of raw milk, or contact with laboratory cultures of Coxiella burnetii~~burnetti~~.

3) If multiple human cases occur in a geographic area and a suspect animal source is identified, the Department will refer the information to the Illinois Department of Agriculture.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of or specific for detecting Coxiella burnetii~~burnetti~~ infection.

2) Laboratories shall forward clinical materials positive for Coxiella burnetii~~burnetti~~ to the Department's laboratory.

3) Laboratories shall report and submit any Coxiella burnetii positive results on serologic testing or culture from animals during an outbreak investigation.

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

Section 690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. Health care workers~~Caregivers~~ shall wear either masks and eye protection or face shields; gowns shall be worn when substantial contact with the patient is anticipated. The number of exposed personnel should be limited.

2) Testing for suspect~~suspected~~ human rabies cases can be requested through the Department and the local health authority.

b) Control of Contacts~~.~~
Contacts who have open wound or mucous membrane exposure to the case's saliva or central nervous system fluid or tissue shall receive~~be offered~~ rabies post-exposure prophylaxis.

c) Laboratory Reporting~~.~~

1) Laboratories shall immediately report to the local health authority by telephone all persons for whom rabies testing has been requested.

2) The Department's laboratory shall be contacted for instructions prior to the shipment of specimens.

3) Laboratories shall report to the local health authority by telephone patients who have a positive result on any laboratory test indicative of or specific for detecting acute rabies infection.

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

Section 690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)

a) Reporting of Rabies, Potential Human Exposure~~.~~
Definition of exposed person to be reported:

1) Any contact (bite or non-bite) to a bat; or

2) Any contact (bite or non-bite) from a rabies positive animal to a person; or ~~animal that subsequently tests positive for rabies virus infection; or~~

3) Anyone who was started on rabies post-exposure prophylaxis; or

4) Exposure to saliva from a bite, or contact of any abrasion or mucous membrane with brain tissue, saliva or cerebrospinal fluid from a~~of any~~ suspect rabid person or animal. Exposure to healthy rabbits, small rodents, indoor-only domestic pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless the exposure complies with subsections (a)(1)

through (a)(3), or the animal displays signs consistent with rabies; or

5) Any bite from a wild mammal, not including small rodents or rabbits; or

6~~5~~) Anyone who was in the same room as a bat and who might be unaware that a bite or direct contact has occurred (e.g., a sleeping person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person) and rabies cannot be ruled out by testing the bat; or~~.~~

7) Anyone bitten by a non-human primate.

b) Investigations~~.~~
The local health authority shall promptly investigate all~~All~~ known instances of potential rabies exposure ~~shall be investigated promptly by the local health authority~~ to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.

c) Control of Biting Animals~~.~~
See the Animal Control Act ~~[510 ILCS 5]~~.

d) Reporting Animal Rabies
Any positive animal rabies test results shall be reported to both the Department and the Department of Agriculture.

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

Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. Droplet precautions~~Precautions~~ shall be followed for persons in health care facilities for seven~~7~~ days after onset of the rash.

2) Infants with congenital rubella syndrome may shed virus for months. Contact precautions~~Precautions~~ shall be followed for infants less than~~under~~ 12 months of age with congenital rubella syndrome~~Congenital Rubella Syndrome~~ in a health care facility, unless urine and pharyngeal

virus cultures are negative for rubella virus after three~~3~~ months of age.

3) Rubella cases should be isolated~~insolated~~ from pregnant females. If a pregnant woman is exposed, a blood specimen should be obtained and tested for rubella IgG specific and IgM specific antibodies.

4) Cases shall be excluded from school, child care facilities or the workplace for seven~~7~~ days after ~~rash~~ onset of the rash.

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

1) Susceptible contacts should be excluded from school or the workplace from days seven through 23 following rash onset after last exposure.

2) Susceptible health care workers exposed to rubella should receive a dose of MMR vaccine and should be excluded from duty after the seventh day after first exposure through the 23rd day after last exposure or until seven days after the rash appears. Susceptible exposed health care workers who are vaccinated should be excluded from direct patient care for 23 days after the last exposure to rubella, as no evidence exists that post-exposure vaccination is effective in preventing rubella infection in persons already infected at the time of vaccination.

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting rubella virus infection, including positive results from IgM (rubella specific) serology, rubella virus isolates, or a significant rise in antibody results from IgG (rubella specific) from paired serologies.

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

Section 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. Contact precautions~~Precautions~~ shall be followed for diapered or incontinent

persons or during institutional outbreaks until absence of diarrhea for 24 hours.

2) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~
Cases with salmonellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and two~~2~~ consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

3) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

b) Control of Contacts~~.~~

1) Contacts Who Have Not Had Diarrhea During the Previous Four~~4~~ Weeks~~.~~

A) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Salmonella infection during the previous four~~4~~ weeks.

ii) Contacts to cases of salmonellosis who are employed as food handlers or in sensitive occupations shall submit two~~2~~ consecutive negative stool specimens obtained at least 24

hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until two~~2~~ consecutive negative specimens are obtained or the individuals shall be restricted from working.

iii) If either of the two~~2~~ release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2)~~ of this Section~~.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from food handling.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous Four~~4~~ Weeks~~.~~

A) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~

i) All contacts to cases of salmonellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four~~4~~ weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and two~~2~~ consecutive negative stool specimens have been submitted. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the two~~2~~ release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2)~~ of this Section~~.

B) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

c) Salmonella Outbreaks at a Facility Where Food Handling Takes Place
When an outbreak occurs in a facility where food handling occurs, food handlers at the facility shall be considered contacts to cases and shall submit two consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health departments, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility before food handlers return to work if there is reason to believe these individuals may be the source of the illnesses or could transmit the disease. In all other outbreaks, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from food handling.

d~~c~~) Sale of Food, Milk, etc. (See Section 690.30~~1000~~(b).)

e~~d~~) Laboratory Reporting~~.~~

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

2) Laboratories shall forward clinical materials positive for Salmonella to the Department's laboratory.

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

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

Section 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~
Cases with shigellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and two~~2~~ consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

3) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

~~4)~~ ~~If an antimicrobial agent has been given, the specimens shall be collected at least 48 hours after treatment was completed. If Cary-Blair media is used to transport the specimen, the specimen shall arrive at the Department's laboratory or an acceptable laboratory within 72 hours after collection. Because of the fragility of the Shigella organism, specimens submitted using other transport media shall arrive at a Department laboratory or an acceptable laboratory within 6 hours after passage.~~

b) Control of Contacts~~.~~

1) Contacts Who Have Not Had Diarrhea during~~During~~ the Previous Four~~4~~ Weeks~~.~~

A) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Shigella infection during the previous four~~4~~ weeks.

ii) Contacts to cases of shigellosis who are employed as food handlers or in sensitive occupations shall submit two~~2~~ consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until two~~2~~ consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If either of the two~~2~~ release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2)~~ of this Section~~.

B) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard

precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained at least 24 hours apart. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

2) Contacts Who Currently Have, or Have Had, Diarrhea during~~During~~ the Previous Four~~4~~ Weeks~~.~~

A) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~

i) All contacts to cases of shigellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous four~~4~~ weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted two~~2~~ consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the two~~2~~ release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2)~~ of this Section~~.

B) Health Care Workers~~.~~
Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions~~Standard Precautions~~ if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be

submitted within one week after notification, or the individual shall be restricted from patient care.

c) Sale of Food, Milk, etc. (See Section 690.301000(b).)

d) Laboratory Reporting.

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

2) Laboratories shall forward clinical materials positive for Shigella to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any Shigella-positive food or environmental samplesShigella isolates resulting from an outbreak investigation.

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

Section 690.650 Smallpox (Reportable by telephone immediately, within three3 hours upon initial clinical suspicion of the disease)

a) Control of Case.
Standard precautions, contact precautions and airborne infection precautionsPrecautions, Contact Precautions and Airborne Infection Isolation Precautions shall be followed. The local health authority shall be notified immediately if airborne infection isolationAirborne Infection Isolation rooms are not available.

b) Control of Contacts.
Post-exposure immunization, within three to four3 to 4 days after exposure, provides some protection against disease and significant protection against a fatal outcome. Any person with significant exposure to a person with probable or confirmed smallpox during the infectious stage of illness requires immunization as soon after exposure as possible, but within the first four4 days after exposure.

c) Sale of Food, Milk, etc. (See Section 690.301000(b).)

d) Laboratory Reporting.

1) Laboratories shall immediately report to the local health authority all persons for whom smallpox testing has been requested.

2) Laboratories shall immediately report to the local health authority accidental laboratory exposures, injuries or infections in a laboratory worker working with smallpox vaccine.

3)~~2)~~ Laboratories shall contact the Department for instructions prior to the shipment of specimens.

4)~~3)~~ Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting smallpox infection.

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

Section 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two~~2~~ or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams)~~(including, but not limited to, schools, correctional facilities, day care settings, and sports teams)~~ (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Clusters~~.~~

1) For the purposes of this Section, a MRSA cluster is defined as two~~2~~ or more laboratory confirmed cases of ~~community onset~~ MRSA infection occurring in a community setting during a 14-day period for whom an epidemiological link is readily apparent to the reporter. Reporting is required if ~~there is~~ information is provided to the reporter that the cases are epidemiologically linked to a community setting, including, but not limited to, school, correctional facility, day care~~daycare setting,~~ or sports team. To~~In order to~~ determine whether~~if~~ a cluster is occurring, the local health authority may request information on individual cases. MRSA clusters in health care settings, including long-term care facilities, are reportable only as defined in Section 690.660.

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

b) Laboratory Reporting~~.~~

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

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

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

Section 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than~~Occurring In Infants Under~~ 61 Days of Age (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Case~~.~~

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

2) Investigation of Clusters~~.~~

A) For the purpose of this Section, an MRSA cluster is defined as two~~2~~ or more patients associated with a neonatal intensive care unit (NICU) or newborn nursery with a clinical culture ~~(screening or clinical)~~ positive for MRSA during a 14-day period for whom an epidemiologic link is feasible and a pulse field gel electrophoresis (PFGE) or other typing method result is identical or a PFGE or other typing method result is not yet performed.

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

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

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

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

Section 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing~~necrotizing~~ fasciitis) ~~and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis)~~ (Reportable by telephone or facsimile, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. Droplet precautions~~Precautions~~ shall be followed for persons with necrotizing fasciitis or toxic shock syndrome until 24 hours after initiation of effective antimicrobial therapy. In cases of necrotizing fasciitis, when the dressing does not adequately contain drainage, contact precautions~~Contact Precautions~~ shall be followed until 24 hours after initiation of effective antimicrobial therapy.

2) The local health authority shall be consulted regarding any identified cluster of cases, particularly in closed settings, such as a long-term care facility, for additional recommendations.

b) Control of Contacts~~.~~

1) No restrictions.

2) Culture of symptomatic contacts should be considered. Under certain conditions, pharyngeal cultures of asymptomatic individuals may be recommended.

c) Sale of Food, Milk, etc. (See Section 690.301~~000~~(b).)

d) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients from whom Group A Streptococcus has been isolated from a normally sterile site; patients clinically compatible with Streptococcal toxic shock syndrome or necrotizing fasciitis from whom Group A Streptococcus has been isolated from a normally sterile or non-sterile site; and patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Group A Streptococcus from a normally sterile site.

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

Section 690.698 Tickborne Disease (Includes Babesiosis, ~~Tickborne Disease (includes~~ Ehrlichiosis, Anaplasmosis, Lyme Disease~~disease~~ and Spotted Fever Rickettsiosis)~~Rocky Mountain spotted fever)~~ (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)

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

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

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Anaplasma phagocytophilum, Babesia species, Ehrlichia species, Borrelia burgdorferi or Rickettsia species~~rickettsii~~ infection.

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

Section 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) The local health authority shall investigate the case's food history, identify possible sources of Trichinella, and confiscate any remaining suspect food. If information on the suspect~~suspected~~ food source for a human trichinosis case indicates that livestock in the United States may be infected, the Department will provide this information to the Illinois Department of Agriculture for follow-up.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Trichinella spiralis infection.

2) Laboratories shall report and submit to the Department's laboratory any Trichenella-positive food, environmental or animal samples resulting from an outbreak investigation.

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

Section 690.725 Tularemia (Reportable by ~~mail,~~ telephone~~, facsimile or electronically~~ as soon as possible, within 24 hours~~7 days~~, unless suspect~~suspected~~ bioterrorist event or part of an outbreak, then reportable immediately (within three~~3~~ hours)~~ by telephone~~)

a) Control of Case~~.~~

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

2) Biosafety Level 2 laboratory precautions are required. Laboratory workers who encounter/handle this organism are at high risk of disease if exposed.

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

c) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients from whom

Francisella tularensis has been cultured and patients who have a positive result on any other laboratory test indicative of and specific for detecting Francisella tularensis infection.

2) Laboratories shall forward clinical materials positive for Francisella tularensis to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any Francisella tularensis environmental or animal samples from an outbreak investigation.

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

Section 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions~~Precautions~~ shall be followed. Contact precautions~~Precautions~~ shall be followed for diapered or incontinent persons or for persons with poor hygiene during the acute illness.

2) Feces, urine and articles soiled with excreta shall be disinfected before being discharged to a private sewage disposal system.

3) Persons in Non-sensitive Occupations~~.~~

A) Cases with typhoid fever in non-sensitive occupations shall not return to their occupation until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt of education on transmission of the bacterium that causes typhoid fever from the local health authority.

B) Cases who are in non-sensitive occupations who are no longer acutely ill may resume their occupation but shall submit three~~3~~ consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset.

The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. Each release specimen shall be examined in a laboratory of the Department or in an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.

C) Reclassification of Cases~~.~~

i) Convalescent Carrier~~.~~
If any of the three~~3~~ release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, providing that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2)~~ of this Section~~.

ii) Chronic Carrier~~.~~
If cases do not submit three~~3~~ consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and subject to subsection (b)(1)~~ of this Section~~.

4) Food Handlers or Persons in Sensitive Occupations, Not Including~~not including~~ Health Care Workers~~.~~

A) Cases with typhoid fever shall not work as food handlers or in sensitive occupations until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever; and

iii) Submission of three~~3~~ consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the

initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. ~~Each release specimen shall be examined in a Department laboratory or an acceptable laboratory.~~

B) Reclassification of Cases~~.~~

i) Convalescent Carrier~~.~~
If any of the three~~3~~ release specimens from the case are~~is~~ positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, provided that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2)~~ of this Section~~.

ii) Chronic Carrier~~.~~
If cases do not submit three~~3~~ consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and shall be subject to subsection (b)(1)~~ of this Section~~.

5) Health Care Workers~~.~~

A) Cases with typhoid fever employed as health care workers shall not return to their occupation until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever.

B) Health care workers who use standard precautions~~Standard Precautions~~ or any equivalent isolation procedure and who are not acutely ill may continue working while submitting release specimens as described. Health care workers shall submit three~~3~~ consecutive specimens of feces negative for Salmonella typhi,

taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset of illness. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care.

C) Once specimen submission begins, health care workers shall submit at least one specimen per week until the case is released or reclassified, or they shall be restricted from working until they comply with required specimen submission. Each release specimen shall be examined in a Department laboratory or an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.

D) Reclassification of Cases~~.~~

i) Convalescent Carrier~~.~~
If any of the three~~3~~ release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, provided that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, he or she is subject to subsection (b)(2) ~~of this Section~~.

ii) Chronic Carrier~~.~~
If cases do not submit three~~3~~ consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and subject to subsection (b)(1) ~~of this Section~~.

b) Control of Carriers~~.~~

1) Chronic Carriers~~.~~

A) A chronic carrier is defined as:

i) A person who excretes typhoid bacilli in feces or urine and has had no symptoms of typhoid disease during the past 12 months; or

ii) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or

iii) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or

iv) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted three~~3~~ negative specimens of feces as described in subsection (a)(4)~~ of this Section~~.

B) A person found to be a chronic typhoid carrier is subject to the same requirements~~regulations~~ as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers shall~~may~~ not be employed as food handlers or in sensitive occupations or attend a day care (adult or child) facility until released from the restrictions placed on chronic typhoid carriers (see subsection (b)(1)(D)~~ of this Section~~). The local health authority shall contact the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacterium~~bacteria~~ that causes typhoid fever. Carriers above~~over~~ age 70 and other carriers with infirm health shall be contacted every six~~6~~ months.

C) When a chronic typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection.

Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.

D) A chronic carrier shall submit specimens of his or her stool or urine, in outbreak instances or when posing a public health risk.

E) A chronic carrier shall report his or her address, occupation and place of employment, in person or in writing, whenever the Department requires, such as in outbreak instances or when posing a public health risk.

F) A chronic carrier shall promptly notify the Department of any temporary or permanent change of address or place of employment.

G)~~D)~~ A chronic carrier may be released from modified isolation after submitting three~~3~~ consecutive negative specimens of feces collected not less than 30 days apart. Each specimen shall be authenticated, and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens shall not be taken within 48 hours after antimicrobial therapy, regardless of the reason for which the medication was prescribed. Testing ~~and transport~~ of specimens shall comply with subsection (a)(4)~~ of this Section~~.

2) Convalescent Carriers~~.~~

A) A convalescent carrier is defined as:

i) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery; or

ii) A person who is culture~~-~~ positive for typhoid bacilli, as described in subsection (b)(1)(A), and who has a history of acute typhoid within the previous 12 months.

B) A person found to be a convalescent typhoid carrier shall~~may~~ not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacterium~~bacteria~~ that causes typhoid fever. Convalescent typhoid carriers shall~~may~~ not work as food handlers or in sensitive occupations or attend group day care (adult or child) until released from the restrictions on convalescent typhoid carriers (see subsection (b)(2)(D)~~ of this Section~~).

C) When a convalescent typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.

D) A convalescent carrier may be released from modified isolation after submitting three~~3~~ consecutive negative specimens of feces at intervals of not less than 30 days and within 12 months after onset. Collection~~,~~ and testing~~testing and transport~~ of these specimens shall comply with~~conform to~~ subsection (a)(4)(A)(iii)~~ of this Section~~.

c) Control of Contacts to a Case~~.~~

1) Contacts to a case whose most likely source of infection is travel to a foreign country (usually a developing country) within 30 days prior to onset of symptoms shall comply with~~abide by~~ the following.

A) Members of households where these cases reside are not required to be tested for typhoid bacilli, except for household members who were also foreign travel companions of the case, unless the local health authority identifies specific risks for transmission within the household.

B) Travel companions of ~~such~~ cases shall be tested, but need not restrict their occupations unless they had symptoms of typhoid fever during or subsequent to foreign travel.

C) Travel companions who have had symptoms of typhoid fever shall not work as food handlers or in sensitive occupations or attend group day care (adult or child) until testing is completed.

D) When testing is required in this subsection (c)(1), two~~2~~ specimens of feces shall be collected not less than 24 hours apart. Other aspects of specimen collection~~, transport~~ and testing shall comply~~conform~~ with subsection (a)(4)(A)(iii) ~~through (a)(6) of this Section~~.

E) If persons required to be tested according to this subsection (c)(1) refuse to comply within two~~2~~ weeks after notification of this testing requirement, they shall be restricted from their occupation, school attendance or day care (adult or child) attendance until compliance is achieved.

2) In tour groups to foreign countries (usually developing countries) in which typhoid fever has occurred, all members of the tour group shall be tested (see requirements for travel companions in subsections (c)(1)(B) through (E) ~~of this Section~~).

3) Persons living in the household of cases whose source was in the United States are considered contacts to typhoid fever. Other persons outside the household who have had close contact with the case at a time when they could have been the source of infection for the case, or at a time when they may have been exposed to infection by the case, are also classified as contacts to typhoid fever.

A) Contacts shall submit two~~2~~ consecutive negative specimens of feces, but need not curtail their usual activities, except that they shall not be employed in food handling or in sensitive occupations (see Section 690.10~~900~~) or attend group day care (child or adult) until testing is completed.

B) Collecting and~~,~~ testing ~~and transport~~ of specimens shall comply with subsection~~subsections~~ (a)(4)(A)(iii) ~~through (a)(6) of this~~

~~Section~~.

C) If persons required to be tested according to this subsection refuse to comply within one week after notification, they shall be restricted from their occupations or school attendance until compliance is achieved.

D) When a confirmed case of typhoid fever occurs in a food handler, the other food handlers at the facility shall be considered contacts to cases and shall submit two consecutive negative stool specimens obtained at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health departments, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility before food handlers return to work if there is reason to believe that these individuals may be the source of the illness or could transmit the disease. If this does not occur, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from working.

d) Control of Contacts to a Carrier~~.~~
All persons living in the household of a newly identified chronic carrier and other contacts living outside the home shall~~must~~ submit two~~2~~ consecutive negative specimens of feces collected and~~,~~ tested ~~and transported~~ according to subsection~~subsections~~ (a)(4)(A)(iii) ~~through (a)(6) of this Section~~. Persons employed in food handling or sensitive occupations shall not return to these occupations until this testing requirement has been fulfilled. Other persons need not have their usual activities curtailed. If persons required to be tested according to this subsection (d) refuse to comply with this testing requirement within one week after notification, they shall be restricted from their occupations, school attendance, or day care (adult or child) attendance until compliance is achieved.

e) Sale of Food, Milk, etc. (See Section 690.301~~000~~(b).)

f) Laboratory Reporting~~.~~

1) Laboratories shall report to the local health authority patients from whom

Salmonella typhi has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella typhi infection.

2) Laboratories shall forward clinical materials positive for Salmonella typhi to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any Salmonella typhi isolates from food resulting from an outbreak investigation.

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

Section 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Case~~.~~
Standard precautions~~Precautions~~ shall be followed. Proper delousing for louse-borne~~louseborne~~ typhus is required.

b) Control of Contacts~~.~~

1) Louse-infected susceptible contacts exposed to typhus shall have their clothing and bedding deloused and should be quarantined for 15 days, if possible, after application of insecticide with residual effect.

2) In cases of murine typhus, the premises around the patient shall be searched for rodents.

3) The local health authority shall monitor all immediate contacts for clinical signs for two~~2~~ weeks.

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting typhus infection.

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

Section 690.745 Vibriosis (Other than Toxigenic Vibrio cholerae O1 or O139~~(Non-cholera Vibrio Infections~~) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven~~7~~ Days)

a) Control of Case~~.~~
Standard precautions~~Precautions~~ shall be followed. Contact precautions~~Precautions~~ shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea ceases.

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

c) Laboratory Reporting~~.~~
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting non-cholera Vibrio infections or any food or environmental samples during an outbreak investigation.

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

Section 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)

a) Control of Case~~.~~

1) Standard precautions and droplet precautions~~Precautions and Droplet Precautions~~ shall be followed. Droplet precautions~~Precautions~~ shall be followed for known cases until the patient has received at least five~~5~~ days of a course of appropriate antibiotics.

2) Cases should avoid contact with susceptible unimmunized infants and children until cases have completed at least five~~5~~ days of antibiotic therapy.

3) Suspect~~Suspected~~ cases who do not receive antibiotics should be isolated for three~~3~~ weeks after onset of paroxysmal cough or until the end of the cough, whichever comes first.

4) Cases shall be excluded from school, child care facility, or workplace until five days of appropriate antibiotic therapy has been completed.

b) Control of Contacts~~.~~

1) All household contacts and community-based contacts determined by the local health authority to be at risk should receive at least five~~5~~ days of a course of appropriate antibiotics.

2) All household contacts and community-based contacts determined by the local health authority to be at risk should avoid contact with non-immunized infants or children until they have completed at least five~~5~~ days of appropriate antibiotic therapy.

3) Close contacts ~~under 7 years and over 9 years of age~~ who are incompletely immunized should complete antibiotic prophylaxis and continue or initiate the primary series.

4) Health care workers and other persons with close contact with infants less than 12 months of age should receive at least five~~5~~ days of a course of an appropriate antibiotic and Tdap if more than two~~2~~ years have passed since their last dose of Td and they have not received Tdap previously.

5) Symptomatic contacts shall be excluded from school, child care facility, or workplace until five days of appropriate antibiotic therapy has been completed.

c) Laboratory Reporting~~.~~

~~1)~~Laboratories shall report to the local health authority patients who have a positive results on any laboratory test indicative of and specific for detecting pertussis infection, including all isolates of Bordetella pertussis, and positive polymerase chain reaction tests for Bordetella pertussis. Serology and direct fluorescent antibody tests are not generally effective in diagnosing new cases.

~~2)~~ ~~Laboratories shall forward clinical materials positive for Bordetella pertussis to the Department for pulsed-field gel electrophoresis testing.~~

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

Section 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within seven~~7~~ days)

a) Control of Case~~.~~

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

2) Cases who are employed as food handlers or in sensitive occupations shall be excluded from work until ~~absence of~~ diarrhea is absent for at least 48~~24~~ hours.

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

c) Sale of Food, Milk, etc. (See Section 690.30~~1000~~(b).)

d) Laboratory Reporting~~.~~

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

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

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

SUBPART E: DEFINITIONS

Section 690.900 Definition of Terms (Renumbered)

(Source: Renumbered to Section 690.10 at 38 Ill. Reg._____, effective_____)

SUBPART F: GENERAL PROCEDURES

Section 690.1000 General Procedures for the Control of Communicable Diseases (Renumbered)

(Source: Renumbered to Section 690.30 at 38 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 690.1010 Incorporated and Referenced Materials (Renumbered)

(Source: Renumbered to Section 690.20 at 38 Ill. Reg. _____, effective _____)