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DEPARTMENT OF PUBLIC HEALTH

DRAFT NOTICE OF PROPOSED AMENDMENTS – SBOH

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

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

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- 690.325 Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)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- 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (~~Repealed~~)
- 690.340 Chancroid (Repealed)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- 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)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- 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)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

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

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

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

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

SUBPART E: DEFINITIONS

- Section
690.900 Definition of Terms (Renumbered)

SUBPART F: GENERAL PROCEDURES

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

SUBPART G: SEXUALLY TRANSMITTED DISEASES

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

SUBPART H: PROCEDURES FOR WHEN DEATH OCCURS FROM
COMMUNICABLE DISEASES

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Section

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

SUBPART I: ISOLATION, QUARANTINE, AND CLOSURE

Section

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

SUBPART J: REGISTRIES

Section

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

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690.1530 Methods of Reporting XDRO Registry Information
690.1540 Availability of Information

690.EXHIBIT A Typhoid Fever Agreement (Repealed)

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

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008; amended at 37 Ill. Reg. 12063, effective July 15, 2013; recodified at 38 Ill. Reg. 5408; amended at 38 Ill. Reg. 5533, effective February 11, 2014; emergency amendment at 38 Ill. Reg. 21954, effective November 5, 2014, for a maximum of 150 days; amended at 39 Ill. Reg. 4116, effective March 9, 2015; amended at 39 Ill. Reg. 11063, effective July 24, 2015; amended at 40 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 690.30 General Procedures for the Control of Communicable Diseases

This Section establishes routine measures for the control of communicable diseases by the Department or local health authorities and health care providers, and 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.

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This Section does not apply to sexually transmissible infections, which are regulated under the Control of Sexually Transmissible Infections Code.

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 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 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 information, data and reports, and allow review

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and examination of medical records as necessary for the purpose of the specific study. No practitioner or person shall be liable in any action at law for permitting examination and review. The data obtained shall be held confidential in accordance with the Communicable Disease Report Act.

- 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, but is not limited to, release of food preparation methods; menus; lists of customers, attendees, residents or patients; environmental specimens; food specimens; clinical specimens; and the name and other pertinent information about employees, 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

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mechanism for surveillance of the disease or syndrome and, as necessary, 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*

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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)

- 11) 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 causes; identification of 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 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; exposure may be current or have occurred in the past;

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- 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 notice as possible under the circumstances.
- b) Control of Food Products
Whenever a case, a carrier, or a suspect 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 by the Department or the local health authority as necessary to prevent the transmission of communicable diseases.
- 1) Campylobacteriosis
 - ~~2~~) Cholera

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- ~~32~~) Cryptosporidiosis
 - ~~43~~) Diphtheria
 - ~~54~~) E. coli infections (Shiga toxin-producing E. coli, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli)
 - ~~65~~) Foodborne or waterborne illness
 - ~~76~~) Giardiasis
 - ~~87~~) Hepatitis A
 - ~~98~~) Norovirus
 - ~~109~~) Salmonellosis
 - ~~1140~~) Shigellosis
 - ~~1244~~) Smallpox
 - ~~1342~~) Staphylococcal skin infections
 - ~~1413~~) Streptococcal infections
 - ~~1544~~) Typhoid fever
 - ~~1645~~) 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 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

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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 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 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 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: Amended at 40 Ill. Reg. _____, effective _____)

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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 shall subsequently report each case to the Department. 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 hours) by telephone, upon initial clinical suspicion of the disease, to the local health authority, which shall then report to the Department immediately (within three 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 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 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 | 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) | Influenza A, Novel Virus | 690.469 |
| 7) | Plague* | 690.570 |

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8)	Poliomyelitis	890.580
9)	Q-fever* (if suspected to be a bioterrorist event or part of an outbreak)	690.595
10)	Severe Acute Respiratory Syndrome	690.635
11)	Smallpox	690.650
12))	Tularemia* (if suspected to be a bioterrorist event or part of an outbreak)	690.725
13)	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 eight regularly scheduled business hours after identifying the case), to the local health authority, which 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 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 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
3)	Chickenpox (Varicella)	690.350
4)	Cholera*	690.360
5)	Escherichia coli infections* (E. coli O157:H7 and other Shiga toxin-producing E. coli, enterotoxigenic E. coli,	690.400

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enteropathogenic E. coli and enteroinvasive E. coli)

6)	Haemophilus influenzae, meningitis and other invasive disease*	690.441
7)	Hantavirus pulmonary syndrome*	690.442
8)	Hemolytic uremic syndrome, post-diarrheal	690.444
9)	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)	Pertussis* (whooping cough)	690.750
16)	Q-fever due to Coxiella burnetii* (if not suspected to be a bioterrorist event or part of an outbreak)	690.595
17)	Rabies, human	690.600
18)	Rabies, potential human exposure and animal rabies	690.601
19)	Rubella	690.620
20)	Smallpox vaccination, complications of	690.655
21)	Staphylococcus aureus, Methicillin resistant (MRSA) clusters of two or more cases in a community setting	690.658

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22)	Staphylococcus aureus, Methicillin resistant (MRSA), any occurrence in an infant under 61 days of age	690.660
23)	Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin*	690.661
24)	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)	Typhoid fever*	690.730
27)	Typhus	690.740

c) Class II

The following diseases shall be reported as soon as possible during normal business hours, but within seven days, to the local health authority, which shall then report to the Department within seven 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 shall be submitted within seven 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)	Creutzfeldt-Jakob Disease	690.362
3)	Cryptosporidiosis	690.365
4)	<u>Campylobacteriosis</u>	<u>690.335</u>
5 4)	Cyclosporiasis	690.368
65)	Hepatitis B and Hepatitis D	690.451

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76)	Hepatitis C	690.452
87)	Histoplasmosis	690.460
98)	Influenza, deaths in persons less than 18 years of age	690.465
109)	Legionellosis*	690.475
1110)	Leprosy	690.480
1211)	Leptospirosis*	690.490
1312)	Listeriosis*	690.495
1413)	Malaria*	690.510
1514)	Psittacosis due to <i>Chalmydia psittaci</i>	690.590
1615)	Salmonellosis* (other than typhoid fever)	690.630
1716)	Shigellosis*	690.640
1817)	Toxic shock syndrome due to <i>Staphylococcus aureus</i> infection	690.695
1918)	<i>Streptococcus pneumoniae</i> , invasive disease in children less than five years	690.678
2019)	Tetanus	690.690
2120)	Tickborne Disease, including Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme disease, and Spotted Fever Rickettsiosis	690.698
2221)	Trichinosis	690.710

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~~2322~~) Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139) 690.745

~~2423~~) 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.

(Source: Amended at 40 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.

1) Amebiasis

2) Blastomycosis

~~3) Campylobacteriosis~~

~~34) Diarrhea of the newborn~~

~~45) Giardiasis~~

~~56) Hepatitis, viral, other~~

~~67) Meningitis, aseptic~~

~~78) 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:

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- 1) Acquired immunodeficiency syndrome (AIDS) 77 Ill. Adm. Code 693.20
- 2) Chancroid 77 Ill. Adm. Code 693.20
- 3) Gonorrhea 77 Ill. Adm. Code 693.20
- 4) Ophthalmia neonatorum 77 Ill. Adm. Code 693.20
- 5) Syphilis 77 Ill. Adm. Code 693.20
- 6) Tuberculosis 77 Ill. Adm. Code 696.170

(Source: Amended at 40 Ill. Reg. _____, effective _____)

SUBPART D: DETAILED PROCEDURES FOR THE
CONTROL OF COMMUNICABLE DISEASES

Section 690.335 *Campylobacteriosis* (Reportable by mail, telephone, facsimile or electronically, within 7 days) (~~Repealed~~)

- a) Control of Case
Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea is absent for 24 hours.
- b) Control of Contacts
No restriction of contacts.
- c) Sale of Food, Milk, etc. (See Section 690.30(b)).
- d) Laboratory Reporting
 - 1) Laboratories shall report to the local health authority patients from whom *Campylobacter* has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting *Campylobacter* infection.

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- 2) Laboratories shall report and submit to the Department’s laboratory any food or clinical *Campylobacter* isolates resulting from an outbreak investigation.

(Source: Added at 40 Ill. Reg. _____, effective _____)