DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY 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

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690.325 Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)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)

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

690.361 Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS). (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

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690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)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) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
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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)
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690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)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)
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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) (Repealed)

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

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Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease) (Repealed)

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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) (Repealed)

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) (Repealed)

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)

690.700 Trachoma (Repealed)
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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)
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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 39 Ill. Reg. 12586, effective August 26, 2015; amended at 40 Ill. Reg. 7146, effective April 21, 2016; amended at 43 Ill. Reg. 2386, effective February 8, 2019; emergency amendment at 44 Ill. Reg. _____, effective _____ for a maximum of 150 days.

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions
EMERGENCY

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)

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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)	Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS), and Middle Eastern Respiratory Syndrome (MERS)	690.361
6~~5~~)	Diphtheria	690.380
7~~6~~)	Influenza A, Novel Virus	690.469
8~~7~~)	Plague*	690.570
9~~8~~)	Poliomyelitis	890.580
10~~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)	690.400
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 infections with intermediate or high level resistance to Vancomycin*	690.661
22)	Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections	690.670
23)	Tularemia* (if not suspected to be a bioterrorist event or part of an outbreak)	690.725
24)	Typhoid fever*	690.730
25)	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)	Campylobacteriosis	690.335
3)	Cryptosporidiosis	690.365
4)	Cyclosporiasis	690.368
5)	Hepatitis B and Hepatitis D	690.451
6)	Hepatitis C	690.452
7)	Histoplasmosis	690.460
8)	Influenza, deaths in persons less than 18 years of age	690.465
9)	Legionellosis*	690.475
10)	Leptospirosis*	690.490
11)	Listeriosis*	690.495
12)	Malaria*	690.510
13)	Psittacosis due to Chlamydia psittaci	690.590
14)	Salmonellosis* (other than typhoid fever)	690.630
15)	Shigellosis*	690.640

16)	Toxic shock syndrome due to Staphylococcus aureus infection	690.695
17)	Streptococcus pneumoniae, invasive disease in children less than five years	690.678
18)	Tetanus	690.690
19)	Tickborne Disease, including Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme disease, and Spotted Fever Rickettsiosis	690.698
20)	Trichinosis	690.710
21)	Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139)	690.745

* 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 by emergency rulemaking at 44 Ill Reg. _____, effective _____ for a maximum of 150 days)

Section 690.110 Diseases Repealed from This Part
EMERGENCY

a) The following diseases have been repealed from this Part and are no longer reportable.

1) Amebiasis

2) Blastomycosis

3) Creutzfeldt Jakob Disease (CJD)

4) Diarrhea of the newborn

5) Giardiasis

6) Hepatitis, viral, other

7) Leprosy (Hansen's Disease)

8) Meningitis, aseptic

9) Severe Acute Respiratory Syndrome (SARS)

10~~9~~) Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, clusters of two or more laboratory confirmed cases occurring in community settings

11~~10~~) Staphylococcus aureus, Methicillin Resistant (MRSA), any occurrence in an infant less than 61 days of age

12~~11~~) Streptococcal infections, group B, invasive disease, of the newborn

13~~12~~) Yersiniosis

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

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 by emergency rulemaking at 44 Ill Reg. _____, effective _____ for a maximum of 150 days)

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SUBPART D: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.361 Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS), and Middle Eastern Respiratory Syndrome (MERS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
EMERGENCY

a) Control of Case.

1) All cases, including suspect cases, should be isolated at home or alternative setting for housing in accordance with Subpart I.

2) Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a health care facility.

3) When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.20(a)(4).

4) Cleaning and disinfection procedures shall comply with the guidelines referenced in Section 690.1010(a)(4).

b) Control of Contacts.

1) Contacts of cases shall be placed under surveillance, with close observation for fever and COVID-like respiratory symptoms in consultation with the Department or local health authority on public health management of contacts. Observation and monitoring procedures shall comply with Section 690.20(a)(4).

2) Close contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart I and Section 690.20(a)(4).

c) Laboratory Reporting.

1) Laboratories and other facilities performing lab services that provide tests for screening, diagnosis, or monitoring of coronavirus disease shall report all laboratory results, including positive, negative, and indeterminate results for coronavirus tests, including, but not limited to, all molecular, antigen, and serological tests, including rapid tests, to the Department via the Department's electronic lab reporting (ELR) system in a manner and on a schedule prescribed by the Department. Laboratories unable to submit results to the Department via the Department's ELR shall contact the Department for instructions on how to submit results.

2) Positive results shall be reported to the Department immediately, within 3 hours.

3) In addition to the ELR submission required in subsection 361(c)(1), laboratories shall submit all test results and corresponding data, including, but not limited to, the test type, specimen source and patient demographic data, including but not limited to race, ethnicity, sex and address information, to the Department via the Illinois National Electronic Disease Surveillance System (I-NEDSS) within 24 hours after testing until the file is ready for production.

4) Laboratories and other facilities performing lab services shall instruct their clients that patient demographic information must be submitted with the order request.

5) Laboratories shall only submit results for tests they have performed. Laboratories shall not submit results on referred specimens.

6) If deemed necessary by the Department or local health authority, laboratories shall forward clinical specimens to the Department's laboratory for further testing.

(Source: Added by emergency rulemaking at 44 Ill Reg. _____, effective _____ for a maximum of 150 days)

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

~~a)~~ ~~Control of Case.~~

~~1)~~ ~~Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a health care facility. The local health authority shall be notified immediately if Airborne Infection Isolation rooms are not available. These precautions shall comply with the guidelines referenced in Section 690.1010(a)(4). When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.1010(a)(4).~~

~~2)~~ ~~Cleaning and disinfection procedures shall comply with the guidelines referenced in Section 690.1010(a)(4).~~

~~b)~~ ~~Control of Contacts.~~

~~1)~~ ~~Contacts of SARS cases shall be placed under surveillance, with close observation for fever and respiratory symptoms for the 10 days following the last exposure. Observation and monitoring procedures shall comply with Section 690.1010(a)(4).~~

~~2)~~ ~~Contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart H and Section 690.1010(a)(4).~~

~~c)~~ ~~Laboratory Reporting.~~ ~~Laboratories shall report all persons with SARS (suspected or confirmed) to the local health authority. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting SARS virus.~~

(Source: Repealed by emergency rulemaking at 44 Ill Reg. _____, effective _____ for a maximum of 150 days)