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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690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
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<td>Arboviral Infections (Including, but Not Limited to, Chikungunya Fever, California Encephalitis, St. Louis Encephalitis, Dengue Fever and West Nile Virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<tr>
<td>690.325</td>
<td>Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)</td>
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<td>690.327</td>
<td>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)</td>
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<tr>
<td>690.330</td>
<td>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)</td>
</tr>
<tr>
<td>690.335</td>
<td>Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)</td>
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<tr>
<td>690.336</td>
<td>Cholera (Toxigenic Vibrio cholerae O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)</td>
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<tr>
<td>690.361</td>
<td>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)</td>
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<td>690.365</td>
<td>Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.366</td>
<td>Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven days)</td>
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<tr>
<td>690.370</td>
<td>Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)</td>
</tr>
<tr>
<td>690.380</td>
<td>Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order)</td>
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<tr>
<td>690.385</td>
<td>Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)</td>
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<tr>
<td>690.386</td>
<td>Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)</td>
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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)
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)
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690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

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 mail, telephone, facsimile or electronically as soon as possible, within seven days)

690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days) (Repealed)

690.540 Meningococcemia (Reportable by telephone as soon as possible) (Repealed)

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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 seven 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)

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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) (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 24 hours) (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) (Repealed)
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Section 690.1100 The Control of Sexually Transmitted Diseases (Repealed)

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<td>Availability of Information</td>
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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].


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) Diphtheria 690.380

7) Influenza A, Novel Virus 690.469

8) Plague* 690.570

9) Poliomyelitis 890.580

10) Q-fever* (if suspected to be a bioterrorist event or part of an outbreak) 690.595

11) Severe Acute Respiratory Syndrome 690.635

11) Smallpox 690.650
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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
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<td>Influenza admissions into intensive care unit</td>
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<td>11</td>
<td>Measles</td>
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<td>12</td>
<td>Mumps</td>
<td>690.520</td>
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<tr>
<td>13</td>
<td>Neisseria meningitidis, meningitis and invasive disease*</td>
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<td>14</td>
<td>Outbreaks of public health significance (including, but not limited to, foodborne and waterborne outbreaks)</td>
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<tr>
<td>15</td>
<td>Pertussis* (whooping cough)</td>
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<tr>
<td>16</td>
<td>Q-fever due to Coxiella burnetii* (if not suspected to be a bioterrorist event or part of an outbreak)</td>
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</tr>
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<td>Rabies, human</td>
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<tr>
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<td>Rabies, potential human exposure and animal rabies</td>
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<td>Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin*</td>
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<td>24</td>
<td>Typhoid fever*</td>
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<td>25</td>
<td>Typhus</td>
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### 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 Chlamyda psittaci 690.590

14) Salmonellosis* (other than typhoid fever) 690.630

15) Shigellosis* 690.640
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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
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5) Giardiasis
6) Hepatitis, viral, other
7) Leprosy (Hansen's Disease)
8) Meningitis, aseptic
9) Severe Acute Respiratory Syndrome (SARS)
10) Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, clusters of two or more laboratory confirmed cases occurring in community settings
11) Staphylococcus aureus, Methicillin Resistant (MRSA), any occurrence in an infant less than 61 days of age
12) Streptococcal infections, group B, invasive disease, of the newborn
13) 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)
ILLINOIS REGISTER

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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:
DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS

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)