



State of Illinois
Department of Public Health

Annual Report Illinois Health and Hazardous Substances Registry

July 2024 through June 2025

February 2026



Annual Report
Illinois Health and Hazardous Substances Registry
July 2024 through June 2025



A Report to Gov. JB Pritzker
and the 103rd General Assembly
from the
Illinois Department of Public Health
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Prepared by the
Division of Epidemiologic Studies
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Acronyms

Acronyms used in the Illinois Health and Hazardous Substances Registry Annual Report

ABLR	Adult Blood Lead Registry
ACS	American Cancer Society
AHRQ	Agency for Healthcare Research Quality
APORS	Adverse Pregnancy Outcomes Reporting System
ATSDR	Agency for Toxic Substances and Disease Registry
BLS	Bureau of Labor Statistics (U.S. Department of Labor)
CDC	U.S. Centers for Disease Control and Prevention
CFOI	Census of Fatal Occupational Injuries
FY	Fiscal Year
IBCCP	Illinois Breast and Cervical Cancer Program
ICCCP	Illinois Comprehensive Cancer Control Program
IDCFS	Illinois Department of Children and Family Services
IDHFS	Illinois Department of Healthcare and Family Services
IDPH	Illinois Department of Public Health
IHDDI	Illinois Health Data Dissemination Initiative
IHHSR	Illinois Health and Hazardous Substances Registry
IMMB	IDPH's Illinois Morbidity and Mortality Bulletin
IOSP	Illinois Occupational Surveillance Program
IRB	Institutional Review Board
ISCR	Illinois State Cancer Registry
NAACCR	North American Association of Central Cancer Registries
NAD	North American Datum
NAS	Neonatal Abstinence Syndrome
NBDPN	National Birth Defects Prevention Network
NCCR	National Childhood Cancer Registry
NCI	National Cancer Institute
NIH	National Institutes of Health
NIOSH	National Institute of Occupational Safety and Health
NPCR	National Program of Cancer Registries
ODR	Occupational Disease Registry
OSHA	Occupational Safety and Health Administration
SEER	Surveillance, Epidemiology, and End Results
SOII	Survey of Occupational Injuries and Illnesses
VA	Veteran's Administration
VR	Division of Vital Records

1. Executive Summary

The Illinois Department of Public Health's (IDPH) Division of Epidemiologic Studies develops and manages the Illinois Health and Hazardous Substances Registry (IHHSR). The Illinois Health and Hazardous Substances Registry Act (410 ILCS 525/1 et seq.), enacted on September 10, 1984, established the registry and its three major components: the Illinois State Cancer Registry (ISCR), the Adverse Pregnancy Outcomes Reporting System (APORS), and the Occupational Disease Registry (ODR). ODR includes the Adult Blood Lead Registry (ABLR), the Census of Fatal Occupational Injuries (CFOI), and the Survey of Occupational Injuries and Illnesses (SOII). This 38th annual report highlights major registry activities and accomplishments from July 2024 through June 2025 (FY25).

The mission of the IHHSR includes:

- Collect and maintain statewide reports on the incidence of cancer, adverse pregnancy outcomes, and occupational diseases and injuries.
- Conduct epidemiologic analyses and health assessments at the state and local levels.
- Provide a source of information for the public.
- Monitor changes in incidence to detect potential public health problems, trends, and progress.
- Use data to help target intervention resources for communities, patients, and their families.
- Inform health professionals and citizens about risks, early detection, and treatment of cancer in their communities.
- Promote high-quality research to provide better information for disease prevention and control.

1.1 Illinois Health and Hazardous Substances Registry (IHHSR) Goal

The basic goal of the registry, according to the Act, is to develop and maintain a unified system for the collection and compilation of statewide information on cancer incidence, adverse pregnancy outcomes, occupational diseases and injuries, and hazardous exposures; to assist with correlation and analysis of information on public health outcomes and hazardous substances; and to use these data to support decision-making and public health policy development.

1.2 Fiscal Year 2025 Highlights

- Received \$3.3 million in federal funds and \$57,288 from other non-general state revenue sources, mostly through competitive processes, to support activities of the Division of Epidemiologic Studies.
- Collected detailed case reports on Illinois residents with 72,603 newly diagnosed cancer cases (2022), 14,180 children with adverse pregnancy outcomes (2024), 1,904 adult lead poisoning cases (2023), 7,970 representative non-fatal occupational disease and injury sample records (2023), and 145 fatal occupational injuries (2023).

- Dr. Jane Fornoff, the Division Chief, officially retired in May 2025.
- Responded to five requests for general information about the registry, 14 requests for epidemiologic reports and registry data, and two special data requests or collaborations from outside researchers.
- Responded to nine inquiries about perceived cancer excesses in local communities and neighborhoods.
- Four reports released in the Epidemiologic Report Series and prepared three written reports for quality control studies of registry data.
- Submitted collected data to federal and other collaborating agencies and organizations to add to various national and international health surveillance data systems.
- Actively participated in national and statewide health programs; provided data, information, and epidemiologic support as needed.
- Referred Illinois children with adverse birth outcomes to programs that provide follow-up services.
- Referred 54 employees from 319 employers with elevated blood lead levels to the U.S. Occupational Safety and Health Administration (OSHA) which led to 10 onsite inspection and 3 citations.
- Delivered presentations at three professional meetings.

1.3 Goals for Fiscal Year 2026

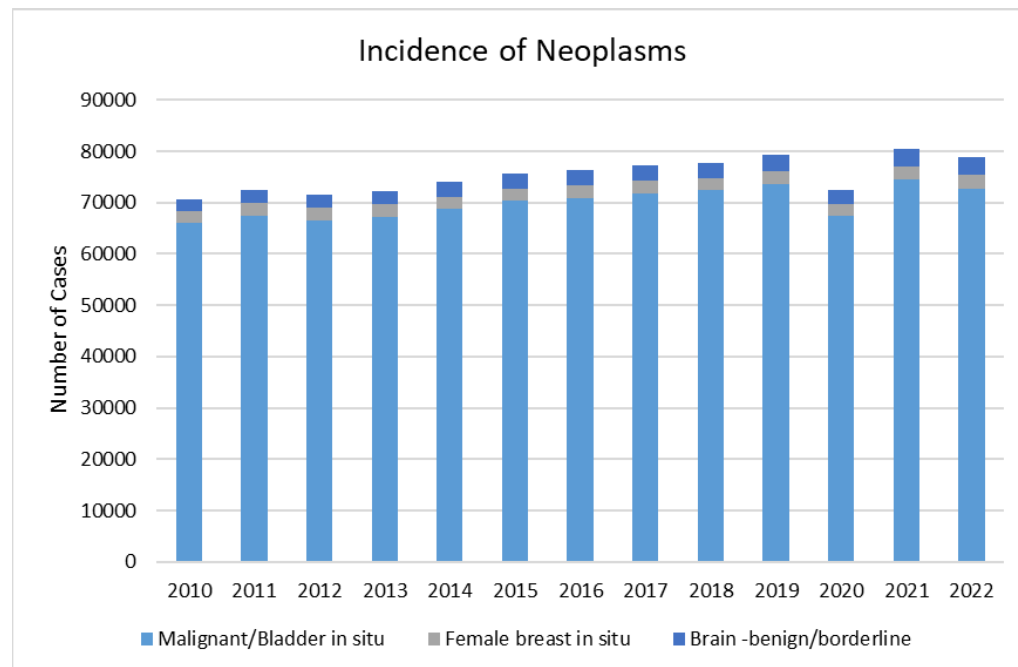
1. Continue to collect complete, timely, and high-quality data to monitor disease distributions and trends among Illinois residents.
2. Engage partners, stakeholders, and communities in data dissemination and utilization to support health research and programs.
3. Respond to public concerns about disease clusters in Illinois with registry data and information.
4. Carry out activities required under federal cooperative agreements, research grants, and contracts.
5. Conduct epidemiologic studies with registry data to provide information to the public health community and to policy makers.
6. Provide epidemiological data and information to federal, state, and local health education and intervention programs.
7. Work through IDPH's Institutional Review Board (IRB) to provide researchers with high-quality and timely registry data to support research advancing scientific knowledge and improving public health.
8. Provide health regulatory agencies with health surveillance information to enhance their intervention and regulatory programs and to improve public health and safety.
9. Participate in national registry certification and data submission activities to maintain the registry's certification status and data utilization.

2. Program Data

Figures in Section 2.1 summarize the registry's data collection and dissemination activities for fiscal year 2025 and compare them with previous years. To align with common reporting practices, Table 2.1 presents numbers by the calendar year in which cases were diagnosed or identified. Because it can take up to two years for IHHSR to receive or identify nearly all cases from a given year, the totals shown may differ from those published previously. These figures reflect the cases the registry has processed or estimated as of the date of this report. They do not represent rate calculations, which require population denominators, or case-completeness assessments, which require independent evaluations. The section also includes projections for the upcoming year.

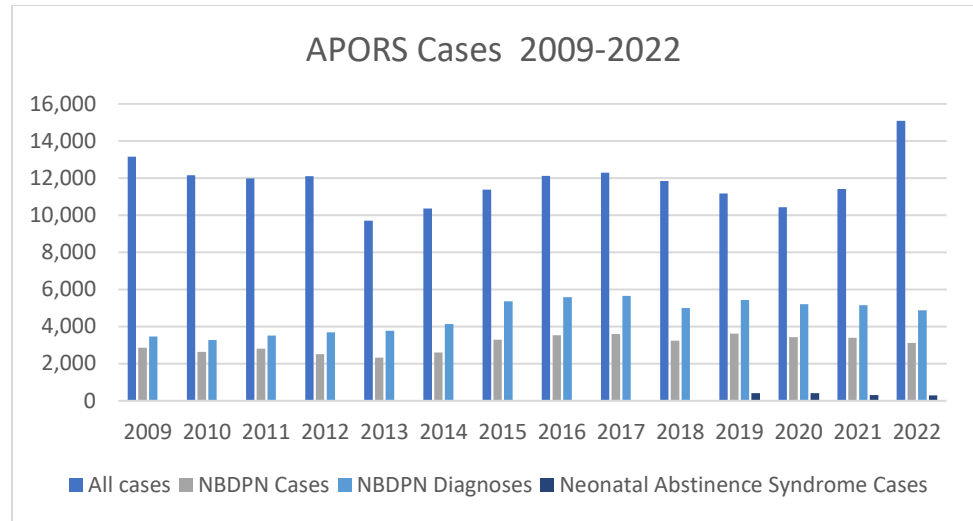
2.1 ISCR Data Collection

As the only population-based source of cancer incidence information in Illinois, the Illinois State Cancer Registry (ISCR) collects data through mandated reporting from hospitals, ambulatory surgical treatment centers, non-hospital-affiliated radiation therapy treatment centers, independent pathology laboratories, and physicians. ISCR also strengthens its data collection by voluntarily exchanging cancer case information with 11 other states.



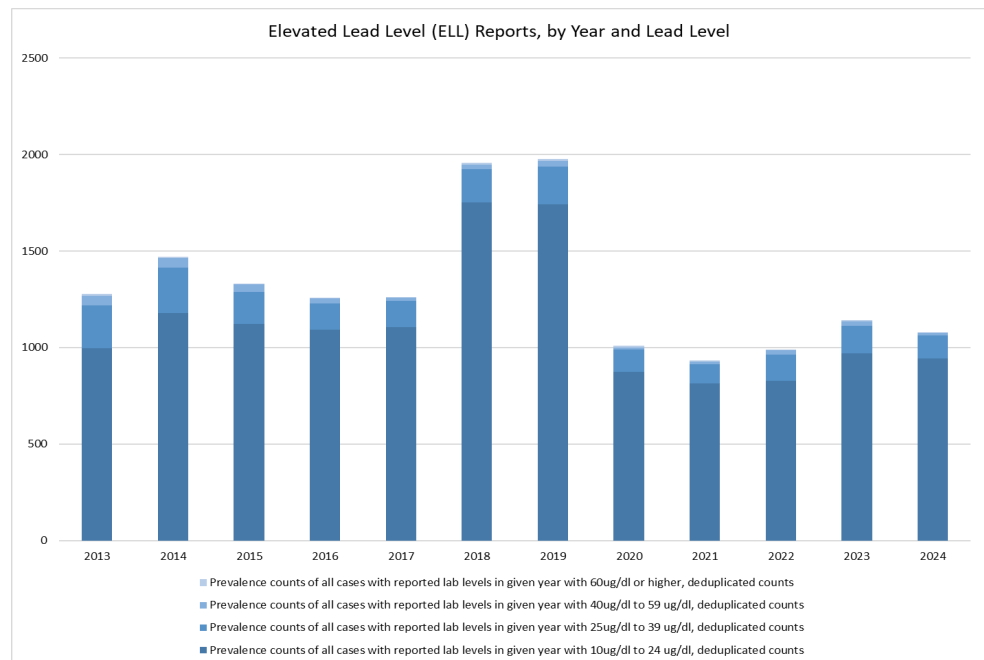
2.2 APORS Data Collection

The Adverse Pregnancy Outcomes Reporting System (APORS) collects information on Illinois infants and young children born with birth defects or other abnormal conditions. APORS staff review medical records to ensure complete and high-quality records for newborns diagnosed with neonatal abstinence syndrome (NAS) and for birth defects that the National Birth Defects Prevention Network (NBDPN) classifies as core, recommended, or extended surveillance conditions. APORS began routinely reviewing medical records for infants with NAS in 2019.



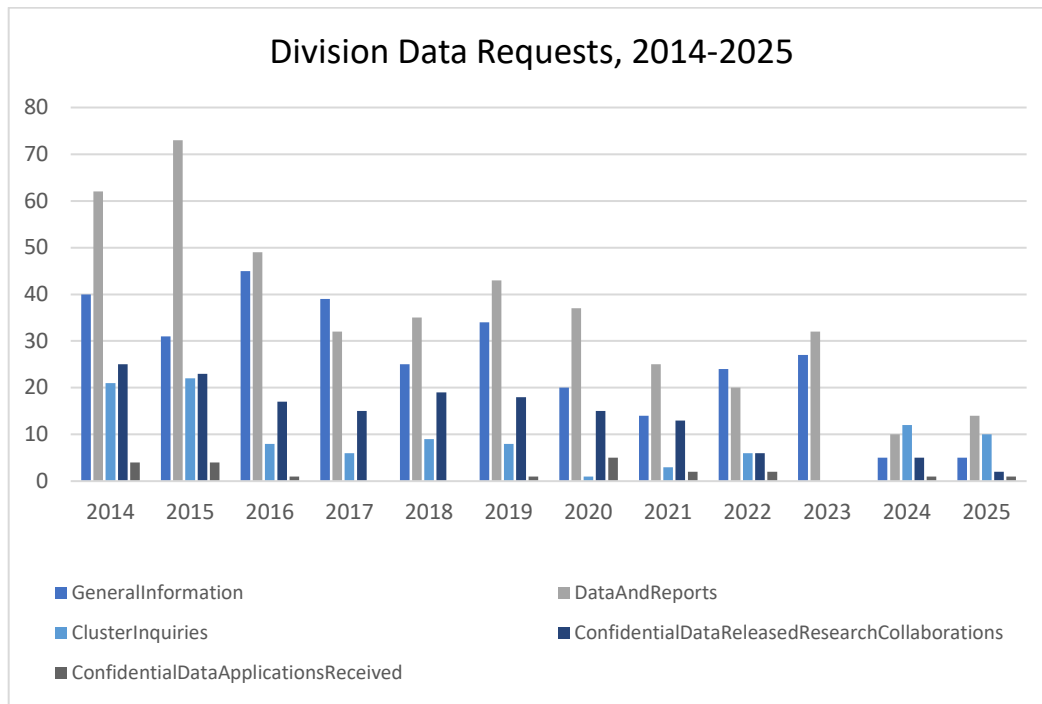
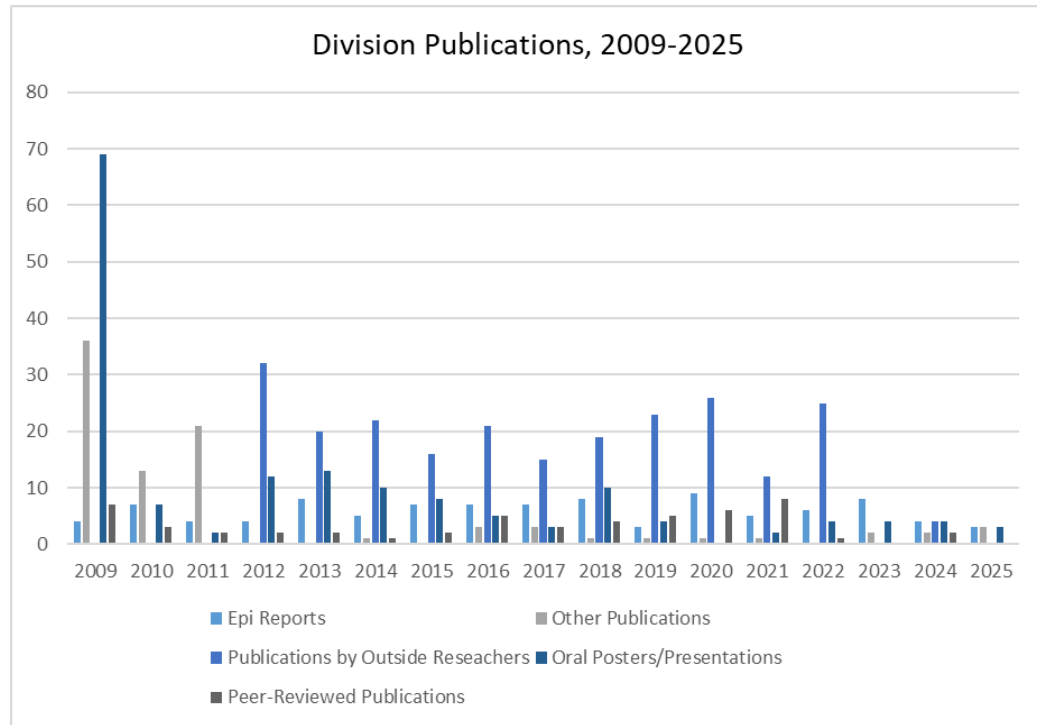
2.3 ODR Data Collection

The Occupational Disease Registry (ODR) has three components: the Adult Blood Lead Registry (ABLR), the Census of Fatal Occupational Injuries (CFOI), and the Survey of Occupational Injuries and Illnesses (SOII). ABLR is a population-based surveillance program of laboratory-reported adult blood levels. ABLR collects data on cases of elevated blood lead levels of 10 micrograms per deciliter (mcg/dL) and above for adults 16 years of age and older and notifies federal enforcement agencies to trigger inspections and/or interventions. Last, employees from 319 Illinois companies reported elevated blood lead levels to ABLR. CFOI documents all fatal work injuries in Illinois, collecting information on the circumstances of each fatality and on the characteristics of each decedent. SOII surveys a sample of about 6,500 employers on non-fatal workplace injuries and illnesses, and the total number of employees and hours worked.



2.4 Registry Data Dissemination, Reports, and Publications

Division staff publish data in a variety of formats, and external researchers also rely on IHHSR data for their work. The Division of Epidemiologic Studies receives a variety of data requests, including requests for existing reports as well as for non-confidential and confidential data.



3. Illinois State Cancer Registry

As the only population-based source for cancer incidence information in Illinois, the Illinois State Cancer Registry (ISCR) collects cancer incidence information through mandated reporting from hospitals, ambulatory surgical treatment centers, non-hospital affiliated radiation therapy treatment centers, independent pathology labs, physicians, and through the voluntary exchange of cancer patient data with 11 other states. For the year 2022 diagnosis, ISCR received reports from one Veteran's Administration (VA) facility in Illinois.

ISCR continues to require all reporting facilities to submit data electronically. Illinois currently has 176 reporting hospitals, and each one reports through electronic systems. ISCR also provides dermatologists and pathology laboratories with access to a web-based reporting platform. Ambulatory centers and radiation therapy centers submit data using either the free SEER*Abs reporting software, the Web-Plus online system, or vendor-purchased software.

ISCR staff continue to work in a hybrid work status, receiving, processing, and producing cancer data. Ongoing registry tasks, including quality control and assurance activities, data linkage for database enhancement, and training for both ISCR staff and cancer registrars at reporting facilities around the state. ISCR is on track for submission of 2023 diagnosis year data to the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results Program (SEER), the U.S. Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR), and the North American Association of Central Cancer Registries (NAACCR) in November 2025.

ISCR joined the NCI's SEER Program in March 2021 and received a seven-year contract totaling \$22,752,223. Under this contract, ISCR submits data twice each year—once in October and again in February—to support national cancer surveillance statistics. ISCR also sends data from the October submission to the NCI's National Childhood Cancer Registry.

3.1 Review and Evaluation of Fiscal Year 2025 Goals

3.1.1 Maintain Completeness and Timeliness of Reporting of Cancer Incidence Cases to the Illinois State Cancer Registry

- Maintained case reporting via electronic audits and timeliness reviews of reporting facilities. Field staff conducted 26 in-person case-finding audits for non-responsive reporting facilities which identified 528 missed cases and reiterated reporting requirements.
- Completed interstate data exchange and transmitted 2,810 de-duplicated, edited state-specific cases to 11 states and received and processed 12,713 cases from 11 states.
- Completed death clearance for the 2021 death year and maintained a death certificate only rate of 0.9%. In total, ISCR followed 3,485 cancer diagnoses with 368 letters or lists mailed to hospitals, physicians, nursing homes, and hospice centers.
- Added 96.5% of cases for the 2023 diagnosis year to the ISCR database by December 2024.

- Added 100% of cases for the 2022 diagnosis year to the ISCR database by December 2024.

3.1.2 Maintain and Enhance Activities Related to Physician and Pathology Reporting

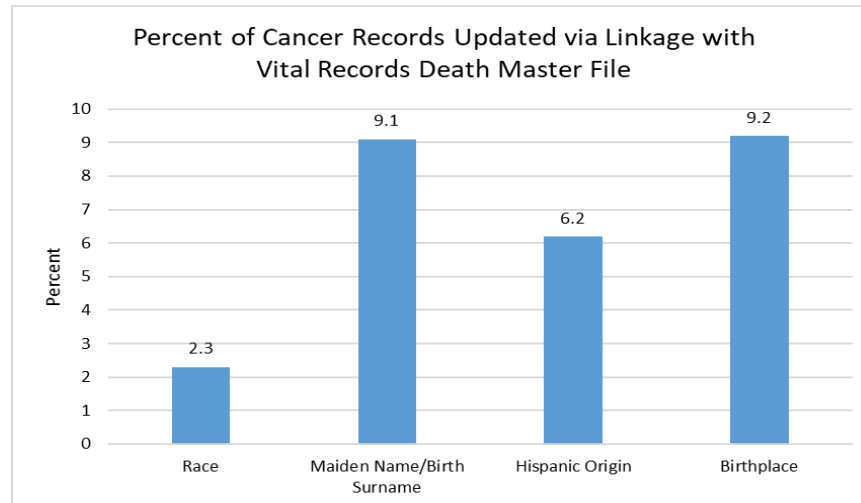
- Maintained reporting from physicians and pathology labs.
- Assisted national labs reporting to ISCR in transitioning to the Association of Public Health Laboratories Informatics Messaging Services platform (APHL-AIMS) for submission of pathology data using the NAACCR Standards for Cancer Registries, Volume 5 Laboratory Electronic Reporting for Pathology, Version 5.0 standard.

3.1.3 Provide Training for Reporting Facilities and for Central Registry Staff

- Provided on-demand access to 39 training webinars on a variety of topics through the ISCR training website, including access to cancer site-specific coding training from NAACCR.
- Provided on-demand access to a nine-part "Introduction to Cancer Reporting" webinar training series available to cancer reporters across the state.
- Provided on-demand access to SEER*Abs Introductory Training which covers free cancer registry reporting software available to facilities. Provided individual phone or email support for 1,803 requests related to technical support and reporting issues.
- Attended the national educational conferences of the National Cancer Registrars Association and the NAACCR, along with the SEER Advanced Workshops and the SEER Principal Investigators meeting.
- Provided limited individual training, which the quality control field staff conducted, as needed.
- Provided ongoing educational opportunities for central registry staff through participation in 12 nationally broadcast education webinars.
- Held a joint in-person educational conference with the state professional association, Cancer Registrars of Illinois, which provided 5 continuing education credits to attendees from around the state.

3.1.4 Ensure Data Quality

- Maintained a duplicate rate of fewer than 1 per 1,000 primary cases.
- Met NPCR/NAACCR/SEER standards for data quality.
- Matched vital records death data to the ISCR database to update unknown values in the latter.



- Applied GenEDITS metafiles to the ISCR database, ran all standard setter-required edits, and performed reconciliation for identified errors.
- Added census tract information to the cancer database. All records were geocoded using the Geocodio interface within SEER*DMS; 94.0% of the addresses were geocoded to an address specific level.
- Ensured override flags were within the NPCR average by reviewing the NPCR Data Evaluation Reports. The percentage of override flags in the ISCR submission file were lower for all associated edits than the NPCR median.

3.1.5 Maintain Data Use Activities

- Produced annual cancer statistics, including public use data files, annual state cancer incidence and mortality reports, annual county cancer incidence report, and updated the cancer query system.
- Provided general cancer information for cancer inquiries and conducted cancer incidence investigations when known environmental carcinogenic exposures were documented.
- Provided data for the Illinois Comprehensive Cancer Control Program (ICCCP).
- Provided data for the Illinois Breast and Cervical Cancer Program (IBCCP).
- Updated incidence projections.
- Submitted 2,002,175 cases to NPCR and NAACCR for the 1995-2022 diagnosis years call for data in November 2024.
- Submitted 1,708,122 cases to SEER for the 2000-2022 diagnosis years call for data in November 2024.
- Submitted 77,128 cases to NPCR and NAACCR for the 2023 diagnosis year call for data in November 2024.
- Submitted 117,800 cases to SEER for the National Childhood Cancer Registry 1995-2022 diagnosis years call for data in November 2024.

- Submitted 1,792,462 cases to SEER for the 2000-2023 diagnosis years call for data in February 2025.

3.1.6 Provide Adequate Program Management

- Kept registry staff informed of grant progress, standards change, and reporting issues through monthly staff meetings.
- Monitored registry operations activities to meet grant objectives and contract deliverables via electronic tracking and an internal database dashboard.

3.2 Fiscal Year 2025 Major Accomplishments

3.2.1 North American Association of Central Cancer Registries Gold Certification

For the 27th consecutive year, ISCR achieved the gold standard, the highest level of registry certification. To earn this recognition, a registry must meet strict criteria, including at least 95% completeness of case reporting; 98% validity of information recorded for selected data variables such as age, sex, race, and state/county; fewer than 3% death-certificate-only cases; fewer than 1 duplicate per 1,000 primary cases; 100% of records passing NAACCR EDITS without error; and completion of data submission within 24 months of the close of the accession year.

3.2.2 National Program of Cancer Registries (NPCR) Registry of Excellence

NPCR again suspended the Registry of Excellence recognition for the 2024 data submission due to the COVID-19 pandemic. However, ISCR met all the standards for the Registry of Distinction, demonstrating that its data remain complete, timely, and high-quality for cancer control activities.

3.2.3 Collaboration with State and National Organizations

3.2.3.1 Illinois Comprehensive Cancer Control Program - Illinois Department of Public Health (IDPH)

IDPH has implemented the Comprehensive Cancer Control State Plan, which identified cancer prevention and control priorities for Illinois. Several Division of Epidemiologic Studies staff provided technical and operational support for the program through committee participation.

3.2.3.2 Division of Vital Records (IDPH)

The VR death file also contributes to the data quality and item-specific completeness of the ISCR database through a matching protocol. Known information from the VR death file is imported into the ISCR database (when unknown on the ISCR database) for the following variables: race, birthplace, Hispanic origin, and maiden name.

The program ensures continuous record matching between death certificate data from the Division of Vital Records (VR) and the registry database. Staff conduct follow-back on cancer cases that do not match and add death information to cases that do match. The VR also uses its death file to populate a secure, password-protected online death query system. Hospital-based cancer registrars use this system to obtain follow-up information on cancer patients treated at their facilities.

The VR death file also enhances data quality and item-specific completeness in the ISCR database through a structured matching protocol. When the ISCR database is missing information such as race, birthplace, Hispanic origin, or maiden name, staff import the verified data from the VR death file.

3.2.3.3 North American Association of Central Cancer Registries

ISCR provided comprehensive data from 1995–2022 to NAACCR in response to the call for data and the registry certification process. Researchers used these data to support studies and develop cancer descriptions in North America publications. Staff also served on various NAACCR committees and workgroups, contributing their knowledge and expertise to this volunteer organization.

3.2.3.4 National Program of Cancer Registries (NPCR)

ISCR submitted comprehensive data from 1995-2022 to the CDC NPCR call for data. All malignant tumors, whether *in situ* or invasive, were included. The annual submission satisfies the program requirements for reporting registry progress to CDC and contributes information to the national cancer surveillance effort.

3.2.3.5 NCI's Surveillance, Epidemiology, and End Results (SEER) Program

ISCR submitted comprehensive data from 2000-2022 to the SEER call for data in November 2024 and again for diagnosis years 2000-2023 in February 2025 in accordance with the NCI/SEER contract. These bi-annual data submissions contribute Illinois data to the national cancer surveillance effort and include Illinois in all SEER data products.

3.2.3.6 NCI's National Childhood Cancer Registry (NCCR)

The NCCR is a public health surveillance data resource with the primary goal to better understand the causes, outcomes, effective treatments, and the later effects of cancer among children, adolescents, and young adults in the U.S. ISCR submitted data from 1995-2022 to this effort for the November 2024 call for data.

3.2.3.7 Illinois Breast and Cervical Cancer Program (IBCCP)

ISCR provided data support for this state and federally funded program, which focuses on developing comprehensive education, outreach, and screening for breast and cervical cancer.

3.2.3.8 CDC Agency for Toxic Substances and Disease Registry (ATSDR)

ISCR is participating in the pilot of a multi-site investigation into cancer incidence in people living near ethylene oxide emitters. This is in conjunction with CDC and ATSDR.

3.2.4 Quality Control Reports

3.2.4.1 Redeford B. *Assessment of Duplicate Records for 1995-2023 Diagnosis Years*. Quality Control Report Series 24:04. Springfield, Ill.: Illinois Department of Public Health, October 2023.

3.2.4.2 Squires, K. *Linking Illinois State Cancer Registry Records with Vital Records Death Master File to Enhance Data Completeness*. Quality Control Report Series 24:03. Springfield, Ill.: Illinois Department of Public Health, August 2024.

3.3 Goals for Fiscal Year 2026

3.3.1 Maintain Completeness and Timeliness of Reporting of Cancer Incidence Cases to the Illinois State Cancer Registry

- Perform limited facility case finding for the 2023 diagnosis year at selected reporting facilities in Illinois and track identified missed cases to ensure reporting.
- Maintain interstate data exchange and complete exchanges by October 2025.
- Continue death certificate clearance and maintain a death certificate only rate of less than 1.5%.
- Achieve 98% case reporting for the 2024 diagnosis year by February 2026.
- Achieve 100% case reporting for the 2023 diagnosis year by October 2025.

3.3.2 Provide Training for Reporting Facilities and for Central Registry Staff

- Update and maintain a cancer reporting training website for Illinois cancer reporters.
- Provide individual phone support for technical and operational issues from cancer incidence reporters and reporting facilities.
- Provide monthly advanced training workshops via the web, utilizing established seminars.
- Provide on-demand basic training webinars for cancer reporting.
- Provide on-demand staging training webinars for cancer reporting.
- Provide ongoing educational opportunities for central registry staff through webinars and attendance at relevant regional and national association and grant meetings.
- Update membership status in national associations.

3.3.3 Ensure Data Quality

- Maintain duplicate rate of less than 0.01% using MatchPro to review submissions for duplicate tumor reports and apply NAACCR duplicate protocol.
- Meet SEER/NPCR/NAACCR standards for data quality and override flags.
- Perform sex verification using established ISCR procedure.
- Apply SEER, NPCR, NAACCR, and Illinois-specific GenEDITS metafiles to ISCR database for reconciliation of inter- and intra-record inconsistencies.
- Update ISCR unknown variables and case vital status by linking to the IDPH's death master file.
- Geocode all records on the ISCR database.
- Update case vital status via linkage with the National Death Index.

3.3.4 Maintain Data Use Activities

- Produce public use data set files, annual state and county incidence reports, annual state mortality report, and update cancer query system.
- Respond to cluster inquiries.
- Provide data and support for IBCCP and ICCCP.
- Perform linkage with IBCCP and update data files.
- Produce two epidemiologic reports.
- Produce a publication for the layperson on cancer in Illinois.
- Perform linkage with Indian Health Services and update code for Native American race.
- Process applications for confidential data.
- Update incidence and mortality projections.
- Provide data to the National Childhood Cancer Registry and participate in associated linkage and research activities.
- Submit the 1995-2023 SEER/NPCR/NAACCR/NCCR data files and the preliminary NPCR 2024 data file for the annual call for data in October/November 2025. Submit the preliminary 2023 data file for SEER call for data in February 2026.

3.3.5 Provide Adequate Program Management

- Hold monthly staff meetings.
- Monitor grant and contract activities.
- Update advisory committee and funding agencies on grant and contract progress and activities.

4. Adverse Pregnancy Outcomes Reporting System

The Adverse Pregnancy Outcomes Reporting System (APORS) collects information on Illinois infants and young children born with birth defects or other abnormal conditions. The purpose of APORS is to conduct surveillance on birth defects, to guide public health policy in the reduction of adverse pregnancy outcomes, and to identify and to refer children who require special services to correct and to prevent developmental problems and other disabling conditions.

APORS cases meet one or more of the following criteria:

- The infant is diagnosed prior to hospital discharge as having a positive drug toxicity for any drug; shows signs and symptoms of drug toxicity or withdrawal; or the mother admits to illegal drug use, or cannabis use, during the pregnancy.
- The infant was born at less than 31 completed weeks of gestation.
- A neonatal or fetal death has occurred.
- The infant or young child (less than 2 years of age) is diagnosed with a congenital anomaly; a congenital infection; an endocrine, metabolic, or immune disorder; a blood disorder; or another high-risk medical condition.
- Mandated statewide data collection began in August 1988. Licensed Illinois hospitals are required to report adverse pregnancy outcomes to APORS. In addition, APORS receives reports from four hospitals in St. Louis that are part of the Southern Illinois Perinatal Network.

Shelly Reeter, the new APORS Manager, was hired on March 1, 2024.

4.1 Review and Evaluation of Fiscal Year 2025 Goals

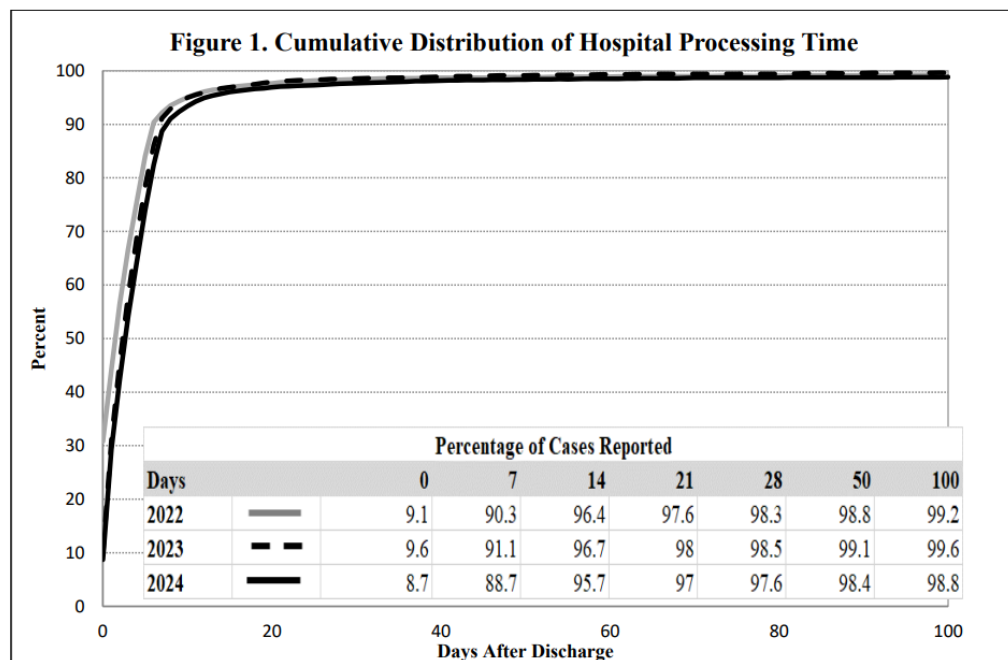
Improve Case Finding

- While webinars were suspended during the COVID-19 pandemic emergency declaration, training in APORS reporting continued through formal on-line trainings, use of the SharePoint® site for hospital staff, computer-based trainings, conversations with hospital staffs, and responses to emailed questions.
- Provided 59 training courses by phone or WebEx call and held 1,356 consultations via telephone or email with Illinois hospitals to improve APORS reporting.
- Provided 239 consultations to Local Health Departments via telephone or email to improve APORS follow-up.
- Updated the SharePoint® site with revised manuals and appendices and the most recent of the quality control reports; reminders were posted when patterns of problems are identified.
- In FY25, four genetic clinics reported 94 mothers carrying babies with prenatally suspected significant birth defects.
- Reviewed the medical records of 9,029 infants identified from hospital discharge data; 97.99 % of these cases were found to have conditions that meet the APORS review criteria.

- Reviewed charts of 1,389 mothers who experienced a fetal death to determine whether any birth defects were associated with the fetus. Of the reviewed charts, 4.9% were confirmed to be cases meeting the APORS case criteria.
- The IVRS data surveillance system underwent a significant upgrade and transitioned to a new platform, which officially went live in June 2025. This modernization effort has been in development for several years and marks a major milestone in enhancing data management and reporting capabilities.
- CDC has updated its bi-annual data submission requirements. Effective immediately, all submissions must be provided in Excel format, replacing the previously accepted SAS format.

Improve Quality of APORS Data

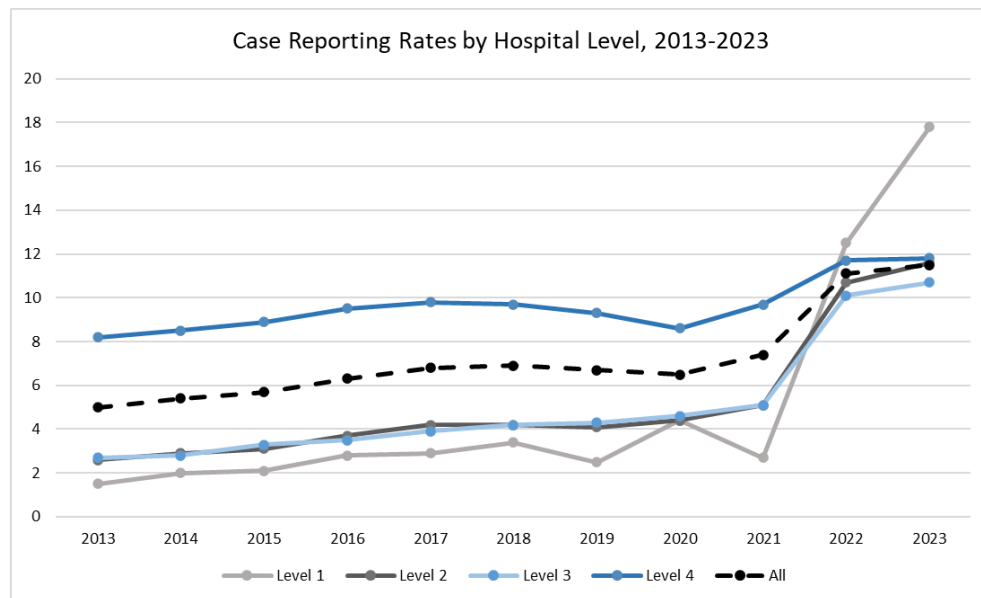
- Data collection for the 2021 and 2022 birth cohorts was completed and submitted in September 2025. Evaluated the timeliness of hospital reporting for cases reported in 2023; provided hospital-specific feedback and used results to identify hospital training needs. In 2023, 91.1% of hospitals met the APORS timeliness standard of reporting cases within seven days of infants’ hospital discharge, with 45.5% of hospitals reporting within 2 days. Hospitals are notified twice yearly of their timeliness status and provide more intensive education to facilities that are non-compliant.



- Abstractors reviewed 648 charts of infants suspected to have neonatal abstinence syndrome (NAS), following the Council of State and Territorial Epidemiologists’ recommendations. Of these, 43 were suspect cases, 265 were not a case and 340 were confirmed to have NAS. Abstractors reviewed 43 cCMV charts to find: 7

confirmed infection cases, 8 confirmed disease cases, 2 probable cases, and 26 were not a case.

- Abstractors reviewed 1,002 charts of infants suspected to be stillbirth. Of these 708 were confirmed, 49 need autopsies, 175 were terminations, 11 were live births, 43 were less than 20 weeks, and 16 other conditions.
- Hospitals are contacted if a report is incomplete or is internally contradictory. These contacts are used as training opportunities when appropriate. If hospital staff are unaware that reports have been automatically generated by the APORS database, APORS staff notify them and request that the reports be completed.
- Evaluated the rates of hospital reporting in 2022. The highest number of cases were reported by Level 1 hospitals. The change in rates and pattern of reporting are results of collecting case data for infants prenatally exposed to cannabis. This data collection began on March 1, 2022.



Improve Program Effectiveness

- The APORS SharePoint® sites have been updated with revised manuals for the new IVR NX application, appendices, and quality control reports. Hospitals and local health departments can also access the forms to request additional materials.
- Maintained linkages with key organizations, such as the Illinois perinatal networks and the National Birth Defects Prevention Network and provided data to these organizations for use in their efforts to promote birth defect prevention.
- The APORS program worked with IDPH, state, and local programs to ensure the ongoing provision of perinatal services for high-risk infants.
- A surveillance report examining the prevalence of birth defects and other adverse pregnancy outcomes was published to the Division of Epidemiologic Studies website.

4.2 Fiscal Year 2025 Major Accomplishments

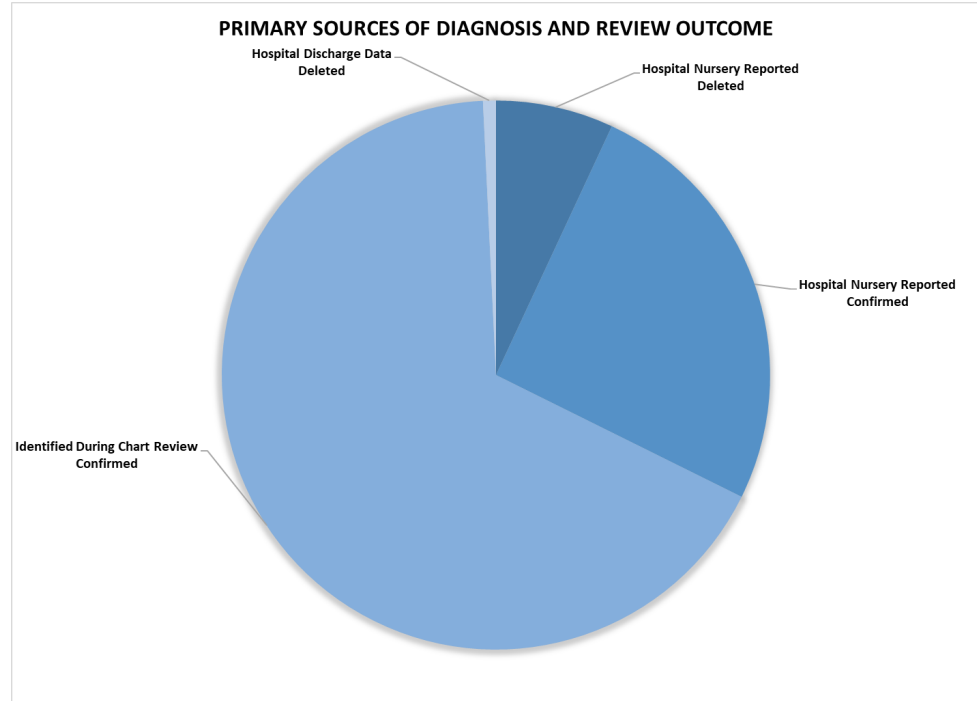
4.2.1 Enhancement of the APORS Database

Upgrading the APORS Database

APORS staff have worked with Vital Records and NetSmart to upgrade the APORS database, a module of the Illinois Vital Records System (IVRS). In addition to modernizing the interface, APORS staff will now be able to enter finding from medical records review into the same database as the reported data. This will be a much more efficient process than is currently in place. The system will also automatically generate APORS cases from fetal death certificates, reducing the need for data entry. The updated version went live on schedule in June 2025.

4.2.2 Improved Birth Defects Surveillance

Hospital-reported cases are a starting point for birth defect surveillance. Potential birth defect cases were provided electronically to abstractor staff members, who then reviewed the infants’ medical charts, verified the presence of birth defects, eliminated false positives, and collected additional diagnoses. In FY25, the abstractors reviewed reports of 4,131 birth defects submitted by hospitals. The charts show, for FY25, the disposition of the conditions reviewed or identified by the APORS staff, and the reasons for reported defects were deleted. In addition to the data collected from IVRS PILLARS is also obtaining potential cases from hospital discharge data and fetal death certificates.



4.2.3 Evaluation of Case Management Services Provided to APORS Cases

Home nursing visits were suspended during the COVID-19 pandemic. In-person visits slowly began again when the emergency response was lifted in FY23. A survey to evaluate case management services was not undertaken this year.

4.2.4 Linkages with Other Programs and Activities

- **4.2.4.1 Illinois Department of Human Services High-risk Infant Follow-up.** APORS continued to identify infants for the Illinois Department of Human Services (IDHS) perinatal management and high-risk infant tracking program, which has been replaced by two grant initiatives: Better Birth Outcomes (BBO) and Family Connects. Most (14,180) infants were referred for contacts by local health department nurses. Counseling for parents is provided through the nurse visits, and referrals to necessary services were offered where possible. Included are 38 children with neural tube defects, whose families were referred for prevention counseling.
- 4.2.4.2 IDPH Office of Disease Control.** APORS identified infants for this Office's sexually transmitted disease (82 newborns), HIV program (68 newborns), and perinatal hepatitis B and C programs (300 newborns), which ensure infants with prenatally exposed to syphilis, HIV or hepatitis B or C infection are offered services.
- 4.2.4.3 IDPH Craniofacial Anomaly Program.** Data on infants born with cleft lip and/or palate (162 newborns) were supplied to the IDPH Division of Oral Health Craniofacial Anomaly Program to ensure these infants receive appropriate services at multidisciplinary clinics throughout the state.
- 4.2.4.4 University of Illinois at Chicago Division of Specialized Care for Children (DSCC).** APORS refers newborns to the DSCC for free diagnostic services and assistance with medical treatment. The infants have, or are suspected of having, a treatable chronic medical condition. The conditions include orthopedic, visual, auditory, craniofacial, heart, and urinary defects. In FY25, APORS referred 3,595 cases.
- 4.2.4.5 Illinois Department of Human Services Early Intervention Program (EI).** APORS refers newborns to the EI for free developmental services. The infants have, or are suspected of having, a condition that will impact their intellectual or physical development. The conditions include brain, spinal, visual, auditory, craniofacial, and chromosomal defects. In FY25, APORS referred 1,768 cases.
- 4.2.4.6 IDPH's Newborn Metabolic Screening (NMS) Program.** APORS refers newborns reported to the program with possible metabolic conditions to IDPH's NMS Program. This program assures children receive timely follow-up for these severe conditions. Several children with hypothyroidism, previously unknown to the NMS program, have been identified. In FY25, APORS referred 113 cases.

- 4.2.4.7 Illinois Department of Children and Family Services (DCFS).** Data are provided to DCFS monthly through the IHFS data warehouse. The data are pulled into individual eHealth Passports that travel with children in DCFS custody as they move between placements. This helps ensure children receive the services they need in a timely manner.
- 4.2.4.8 Illinois Department of Healthcare and Family Services (IDHFS).** APORS data are provided monthly to IDHFS for inclusion in the Enterprise Data Warehouse. This links APORS surveillance data to case management and public aid data.
- 4.2.4.9 CDC Pregnant People-Infant Linked Longitudinal Surveillance (PILLARS).** CDC determined that Illinois Department of Public Health (IDPH) would undertake longitudinal surveillance on three of the proposed outcomes: congenital cytomegalovirus (cCMV), neonatal abstinence syndrome (NAS), and stillbirths (SB). Potential cases will be ascertained from a variety of sources. APORS staff have attended all meetings scheduled by the CDC, data collection is ongoing.
- 4.2.4.10 National Birth Defects Prevention Network (NBDPN).** APORS staff contributed data to and participated in a number of analyses. APORS staff co-authored on a journal article about national population-based estimates for major birth defects. The APORS data manager, Theresa Sandidge, served on the NBDPN Data Committee. The new APORS Manager, Shelly Reeter, joined the Program and Professional Development Committee.
- 4.2.4.11 Perinatal Networks.** APORS maintained communications with the perinatal network administrators to facilitate hospital reporting of APORS cases. Timeliness for APORS reporting is used as one quality measure for hospitals' annual perinatal assessment. Administrators also were kept notified about the need to provide remote access to electronic medical records and the APORS data system.
- 4.2.4.12 Pregnancy Risk Assessment Monitoring System (PRAMS).** The APORS data manager served on the PRAMS Steering Committee. The committee provided recommendations about the questions that should be retained, added, or dropped from the PRAMS questionnaire.
- 4.2.4.13 IDPH Master Data Use Agreement.** The APORS data manager served on the DUA Steering Committee. The committee provided recommendations about the different levels of data usage and mechanisms on how data can be released and used by local health departments who have agreed to the DUA terms.

4.2.5 Quality Control Reports

- 4.2.6.1** Lingleo L, Sandidge T. *Timeliness Study – Hospital Reports of Adverse Pregnancy Outcomes Received in 2023*. Quality Control Report Series 25:01. Springfield, Ill.: Illinois Department of Public Health, January 2025

4.2.6.2 Sandidge T. *Rates of Hospital Reporting of Adverse Pregnancy Outcomes in 2023*. Quality Control Report Series 24:02. Springfield, Ill.: Illinois Department of Public Health, May 2025

4.3 Goals for Fiscal Year 2026

Improve Case Finding

- Train and support hospitals in the use of the APORS database to ensure cases automatically generated by the database (premature infants, triplet, or higher order births and those with birth defects marked on the birth certificate) are completed in a timely manner.
- Enhance the SharePoint® site for hospital staff to include materials that supplement face-to-face and telephone consultation and training offered by APORS staff.
- Match information from bi-annual hospital discharge information reports to the APORS newborn cases and identify potential birth defect cases and NAS cases.
- Review medical reports of infants identified in hospital discharge matching to ascertain and collect new birth defect cases.
- Explore the use of hospital discharge data to ascertain infants with prenatal birth defect diagnoses, and women with early induction of labor or excessive vaginal bleeding to ascertain new birth defect cases. Review maternal medical records where the pregnancy ended with a fetal death to ascertain and collect new birth defect and NAS cases.
- Recruit additional genetic clinics to increase prenatal case findings.

Improve Quality of APORS Data

- Evaluate the accuracy of hospital reporting in terms of timeliness, completeness, and accuracy; provide hospital-specific feedback and use results to identify hospital training needs.
- Evaluate the quality of the active case verification process in terms of timeliness and accuracy, provide individual-specific feedback, and use results to identify staff training needs.
- Provide consultations and supplemental training to hospitals identified as problem reporters in terms of timeliness, accuracy, or case completeness.
- Obtain hospital discharge data for infants with NAS to identify additional cases for chart review for infants suspected of having NAS to improve surveillance.
- Implement an annual training plan for APORS abstractors.

Improve Program Effectiveness

- Work with Vital Records and Netsmart to test and roll out the new APORS module in IVRS. Train APORS staff, hospital reporters, and BBO and Family Connects providers in the use of the new system.
- Enhance SharePoint® sites for hospitals and community health agencies that contain relevant reference and training materials for the different groups.

- Maintain linkages with key organizations, such as the Illinois perinatal networks and the National Birth Defects Prevention Network.
- Collaborate with IDPH, state, and local health department programs to assure the provision of perinatal services for high-risk infants.
- Produce statewide and county surveillance reports.

5. Occupational Disease Registry

The Occupational Disease Registry (ODR) has three components: the Adult Blood Lead Registry (ABLR), the Census of Fatal Occupational Injuries (CFOI), and the Survey of Occupational Injuries and Illnesses (SOII).

The ODR staff continue to work remotely, though several staff return to the central office to maintain the ODR hotline. ODR staff have been provided cell phones, laptops, and additional monitors (if needed) to perform all duties from a home office. The Bureau of Labor Statistics (BLS) have moved all activities to a web-based platform, so all activities relating to SOII and CFOI can be completed remotely. The ABLR program is currently maintained by the University of Illinois at Chicago (UIC), School of Public Health, Environmental and Occupational Health Sciences. UIC began maintaining the ABLR program in November 2022.

5.1 Adult Blood Lead Registry (ABLR)

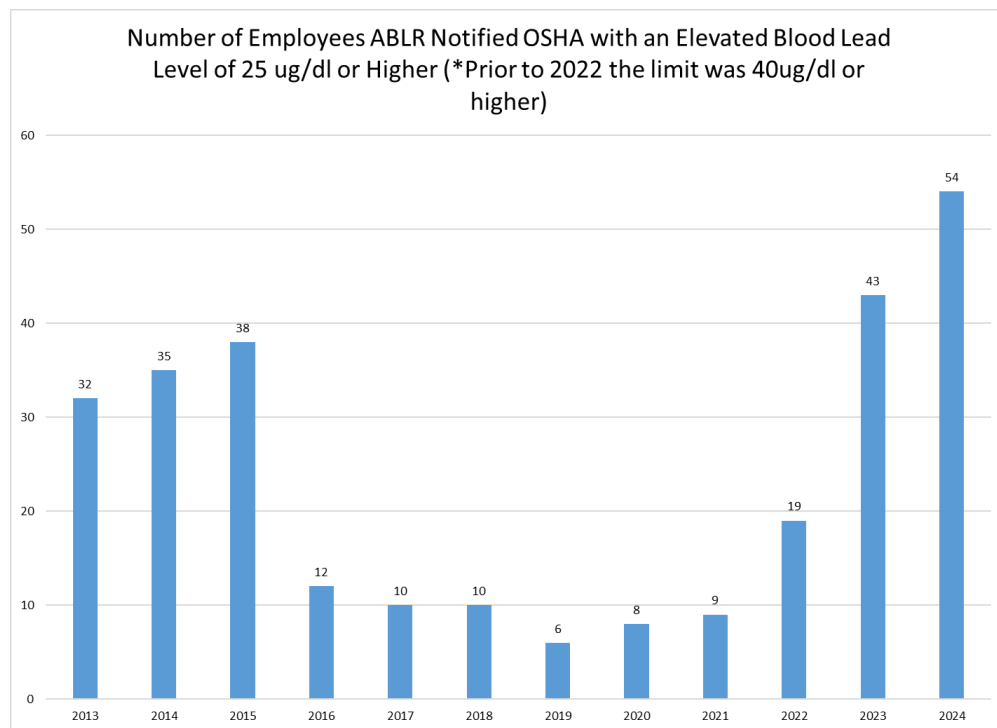
ABLR collects data on all cases of elevated blood lead levels for adults 16 years of age and older and notifies federal enforcement agencies to trigger site inspections and/or interventions. The Illinois Administrative Code 77 Ill Adm Code 840 defines elevated blood levels as 10 ug/dL or higher. Laboratories are mandated to report results at or above this level. ABLR staff maintain a database of blood lead levels of 10 ug/dL and higher and refer employers with an employee with blood lead levels of at least 25 µg/dL to OSHA in accordance with the memorandum of understanding. In calendar year 2024, 1,077 Illinois residents 16 years and older had blood lead levels of 10 ug/dL and higher. Among these 1,077 Illinois residents, 943 had blood lead levels between 10 and 24.9 ug/dl, 120 had blood lead levels between 25 and 39.9 ug/dl, 13 had blood lead levels between 40 and 59.9 ug/dl, and one had extremely high blood lead levels of 60 ug/dl or higher.

In 2024, 319 facilities reported emissions of qualified lead alloys into the environment. Lead is classified as a persistent bio-accumulative toxic (PBT) chemical by the Environmental Protection Agency. The 319 facilities in Illinois reported releasing 975,983 total pounds of lead alloys via on-site releases and off-site releases (disposal). Emissions from 67 of the 319 facilities accounted for 99.8% of all lead alloy environmental emissions. Of the 67 companies, only eight of the 67 companies participate in medical surveillance by submitting results of blood lead testing to the ABLR program.

5.1.1 Fiscal Year 2025 Accomplishments

- The ABLR program made 54 referrals to OSHA for work-related lead exposures in 2024, of which 52 referrals were for workers with blood lead levels between 25 and 39.9 ug/dl. An additional two workers had blood lead levels exceeding 40ug/dL. No workers were identified with blood lead levels of 60 µg/dL or higher.

- In accordance with reporting requirements, OSHA was notified within 24 hours of identifying zero cases with a blood lead level $\geq 60 \mu\text{g/dL}$.
- The single case reported to ABLR in 2024 with a blood lead level $\geq 60 \mu\text{g/dL}$ was determined to be the result of non-occupational exposures. As such, it was not reportable to OSHA, which holds authority only over work-related exposures requiring remediation.
- Referrals made to OSHA in 2023 led to ten inspections resulting in three citations for violations of the OSH Act.



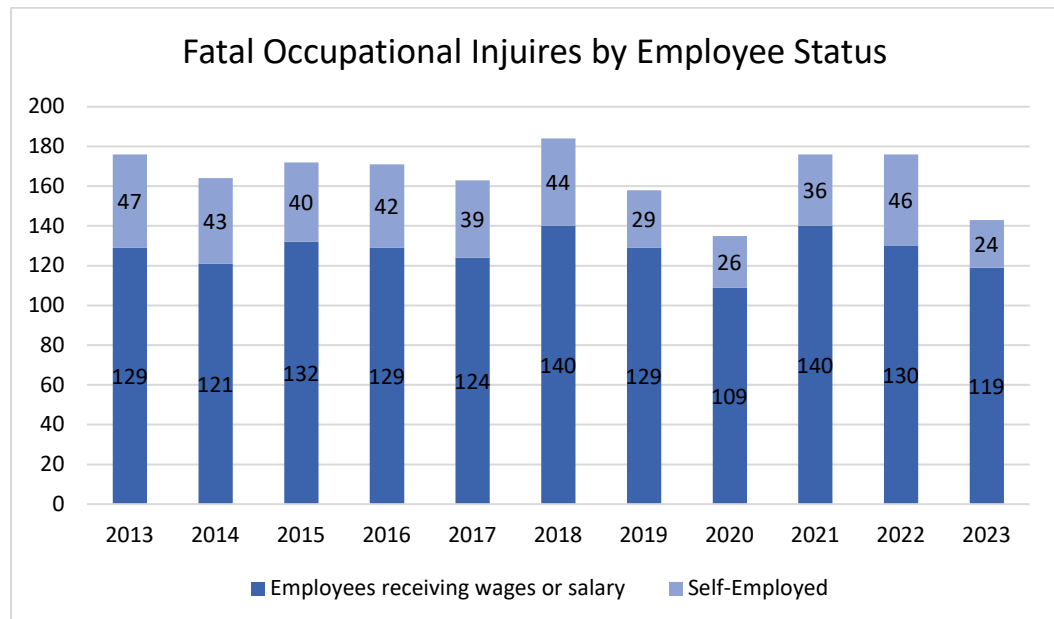
5.1.2 Goals for Fiscal Year 2026

- UIC will notify OSHA quarterly of any company that has employees with elevated blood lead levels equal to or greater than $25 \mu\text{g/dL}$.
- UIC will notify OSHA within 24 hours of any case with an elevated blood lead level equal to or greater than $60 \mu\text{g/dL}$.
- UIC in collaboration with the Illinois Department of Labor is working to proactively reach out to all 68 companies identified in the EPA Toxic Release Inventory database that have high lead emissions into the environment to recommend medical surveillance for their workforces. Medical surveillance of workers exposed to lead is proven to mitigate adverse health effects related to lead exposure and reduce cumulative occupational exposures to lead by identifying potential preventative controls.

5.2 Census of Fatal Occupational Injuries and Illnesses (CFOI)

The U.S. Bureau of Labor Statistics (BLS) developed CFOI as a cooperative venture between the states and the federal government to gather data about these events. IDPH has participated in CFOI since 1993. The data compiled by CFOI are published each year and contain information on the workers involved and the events surrounding each fatality.

In 2023, Illinois CFOI recorded 145 work related deaths. CFOI staff currently use several methods of capturing data for the annual reporting of injuries. They currently use a news reporting service that scours local news agencies for potential workplace death; the Illinois Vital Records, which flags and reports any death certificate that are marked workplace injury; quarterly OSHA reports provided by BLS; National Highway Transportation and Safety Administration annual spreadsheet; and coroner and medical examiner case fatality form.



Source: U.S. Bureau of Labor Statistics, 2021.

5.2.1 Review and Evaluation of Fiscal Year 2025 Goals

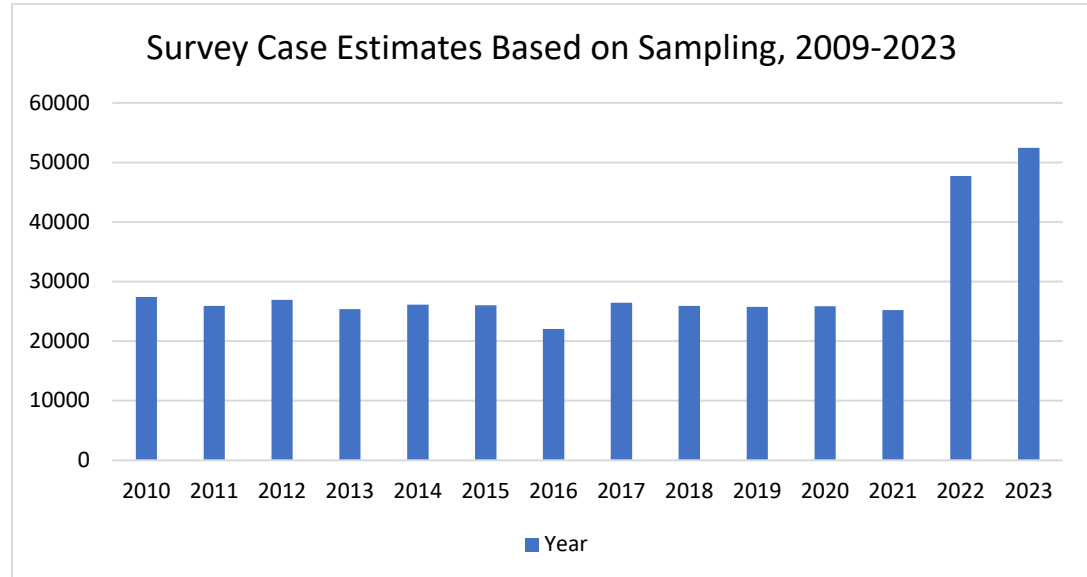
- Completed the summary report of the 2024 fatal occupational injury data. The report is currently under IDPH review.
- Provided information on fatal occupational injuries to the BLS, the funding source, in accordance with the required schedule.

5.2.2 Goals for Fiscal Year 2026

- Publish an enhanced summary report of the 2024 fatal occupational injury data.
- Meet the deadlines for data completion required by BLS.

5.3 Survey of Occupational Injuries and Illnesses (SOII)

SOII focuses on surveillance of non-fatal workplace injuries and illnesses. The Illinois SOII is supported through a cooperative agreement between the state and the BLS. The Illinois data are pooled with data collected by other states to provide the total injury and illness rate for each industrial group at the national level. Because of Illinois' participation, the data also are published annually and specifically for Illinois to give information on incidence rates for the type of injury, body part of the injury, the source of the injury, and the event causing the injury.



Source: U.S. Bureau of Labor Statistics, 2021.

- Prior to 2022, BLS only required days away from work (DAFW) cases to be reported. In 2022, BLS started requiring in addition to the DAFW cases, the reporting of job transfer and restriction (DJTR).

5.3.1 Review and Evaluation of Fiscal Year 2025 Goals

- Submitted data files on all reported occupational injuries and illnesses of the surveyed companies to the BLS.
- Collected, coded, and entered all 2024 data prior to BLS deadlines.

5.3.2 Survey Process and Achievements for Fiscal Year 2025

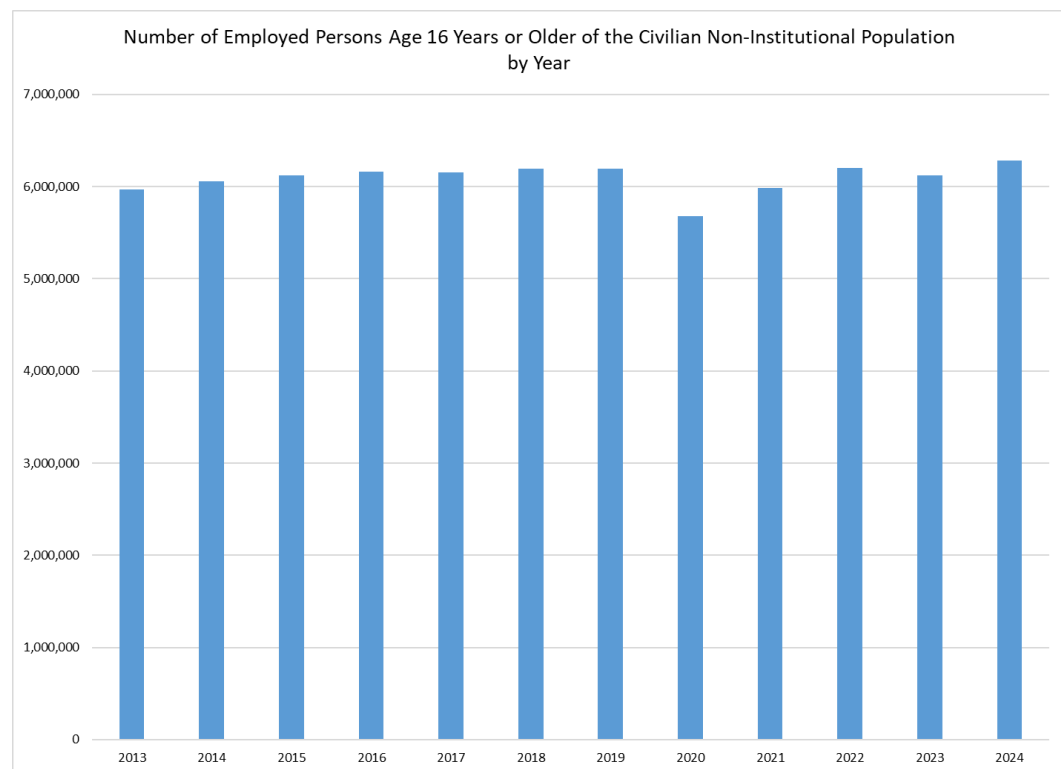
- In January 2025, BLS and ODR sent survey forms to a sample of 5,978 private and 370 public employers for 2024 data. A second request for data was sent in February, a third request was sent in April, a fourth request was sent in May, and a fifth request was sent in June. Non-responding companies were then contacted by telephone and email to solicit data. The final, overall survey response rate was 85.48%, which met the cooperative agreement minimum requirement for data publication at the time of this report.

5.3.3 Goals for Fiscal Year 2026

- Continue all data collection activities in FY26 and maintain the high standards achieved by the program.
- Complete the descriptive report of 2025 Survey of Occupational Injuries and Illnesses.
- Meet the deadlines assigned by BLS.

5.4 Illinois Occupational Surveillance Program (IOSP)

The Illinois Occupational Surveillance Program (IOSP; <https://illinoisinjuryprevention.uic.edu/>) is a NIOSH-funded worker surveillance program housed at UIC School of Public Health that operates in collaboration with IDPH and other state agencies. IOSP serves as the bona fide agent of IDPH for this grant program. IOSP is ending the fourth year of funding of a five-year cycle and will continue to collaborate with the Occupational Surveillance Program, as well as the Illinois Partnership for Safety, managed by IDPH under the CDC's Injury and Violence Prevention program. While the number of employed persons aged 16 years or older has remained relatively stable in Illinois over the past 10 years (excluding the decline during the first 12 months of the COVID pandemic), More current data relating to employment in high morbidity industries are unavailable because the sampling methods for the data source (US Census Bureau County Business Patterns Survey) has changed.



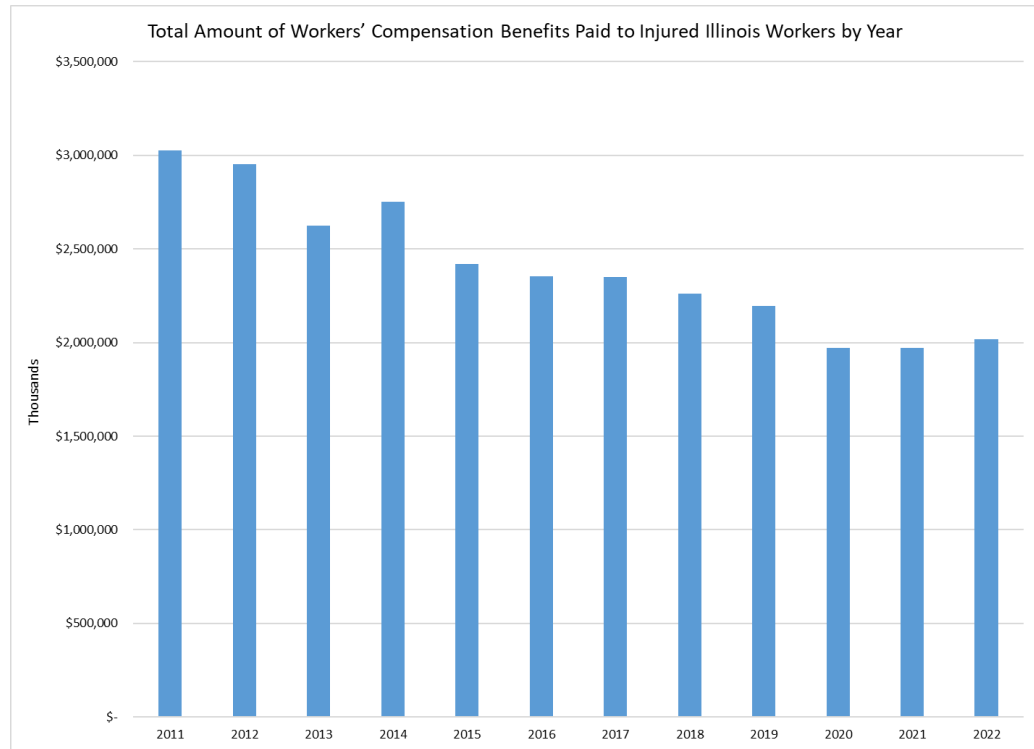
The number of employees in high morbidity employment is a very general proxy measure used by NIOSH and the surveillance states to provide a gross estimate of at-risk

workers. These employment numbers represent numbers within a specific NAICS industry and do not include all workers or any of the workers who may have subsequent occupational morbidity. More current data is unavailable because the sampling methods for the data source have changed (US Census Bureau County Business Patterns Survey).



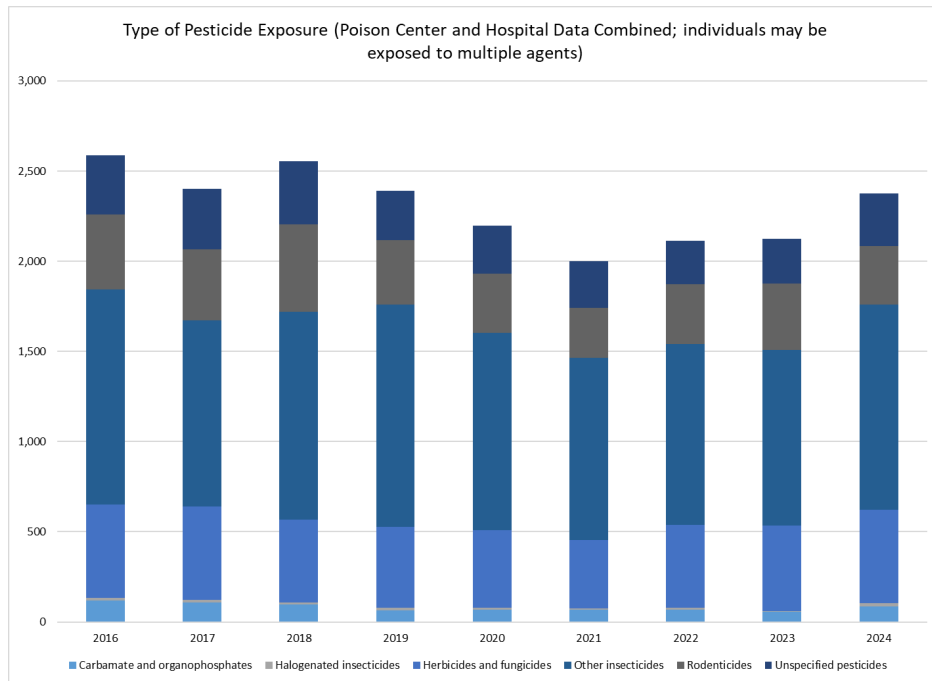
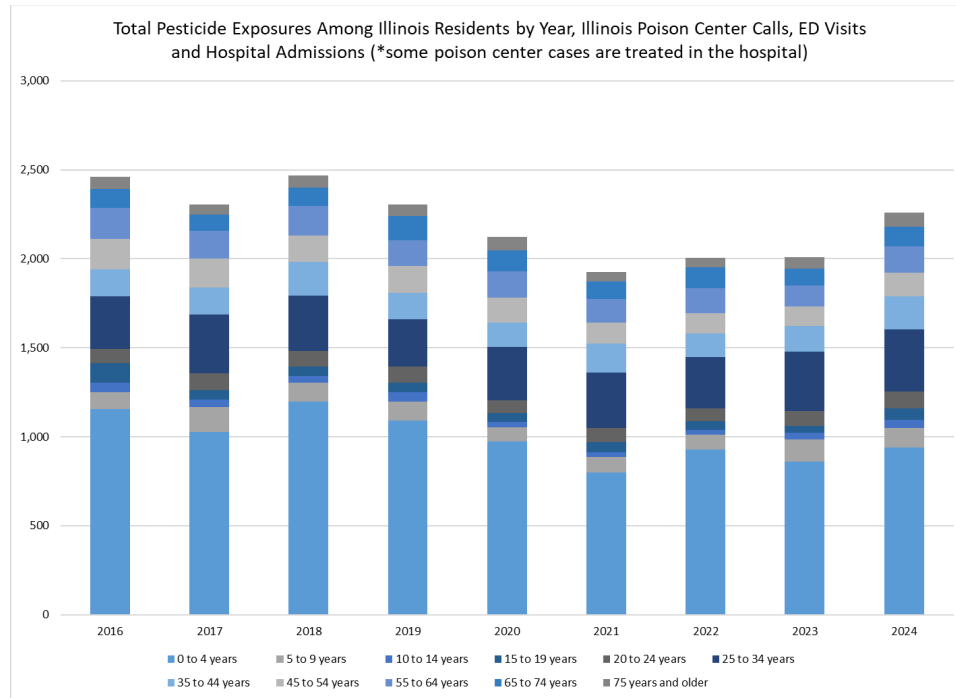
5.4.1 Occupational Health Indicators

The number of employees forming the baseline for the occupational health indicators does change from year to year. The COVID-19 pandemic had a particularly large impact, substantially reducing the number of employees in 2020 and 2021.



More than 2,000 pesticide exposures are reported in Illinois each year which result in acute symptoms or require hospital care. However, a very low percentage of pesticide poisonings are work-related (based on the case definition of acute pesticide related illness by NIOSH). Approximately 3-5% of all pesticide exposures involving Illinois residents are identified as work-related each year. Most work-related exposures involve people between the ages of 25 and 74 years.

In contrast, young children (<5) are disproportionately exposed to pesticides. These poisonings are preventable and usually result from failure to secure pesticides in child-proof containers and store them in child-proof cabinets above ground level. In contrast, many exposures in those 25-34 years of age involve self-harm or suicide attempts.



6. Hazardous Substances Registry

The Hazardous Substances Registry component of the IHHSR is not funded. As a result, only geocoding activities are performed through support from other funded components to create value-added registry data. The geocodes assigned to cancer and birth defect incident reports form the basis for development of a comprehensive geographic information system capacity within the IHHSR system.

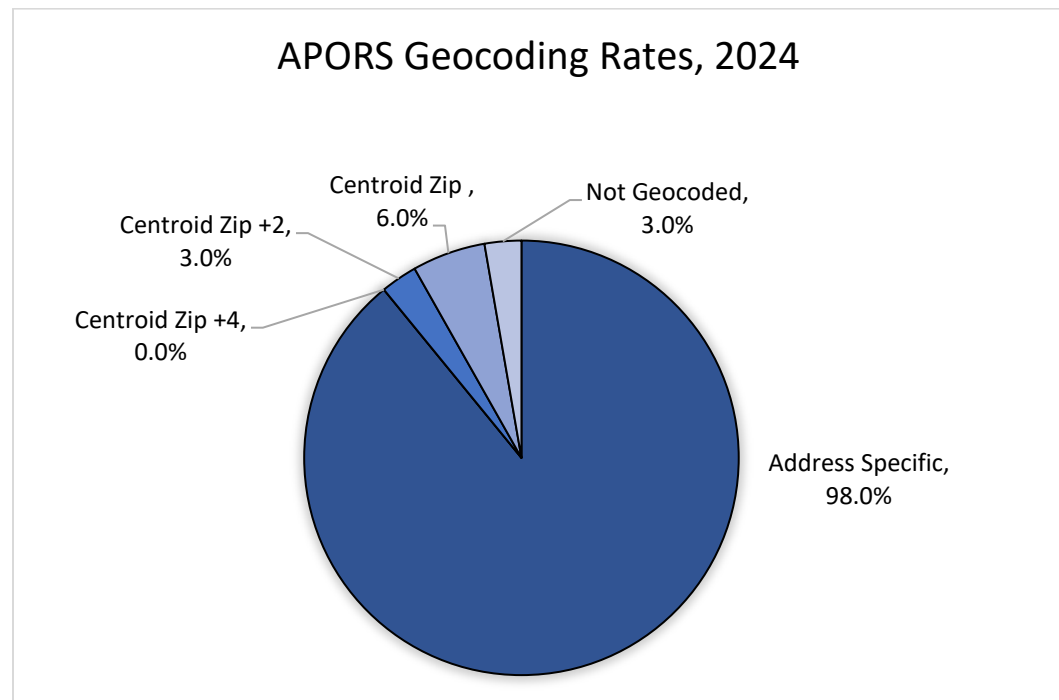
6.1 Geocoding Process and Accomplishments

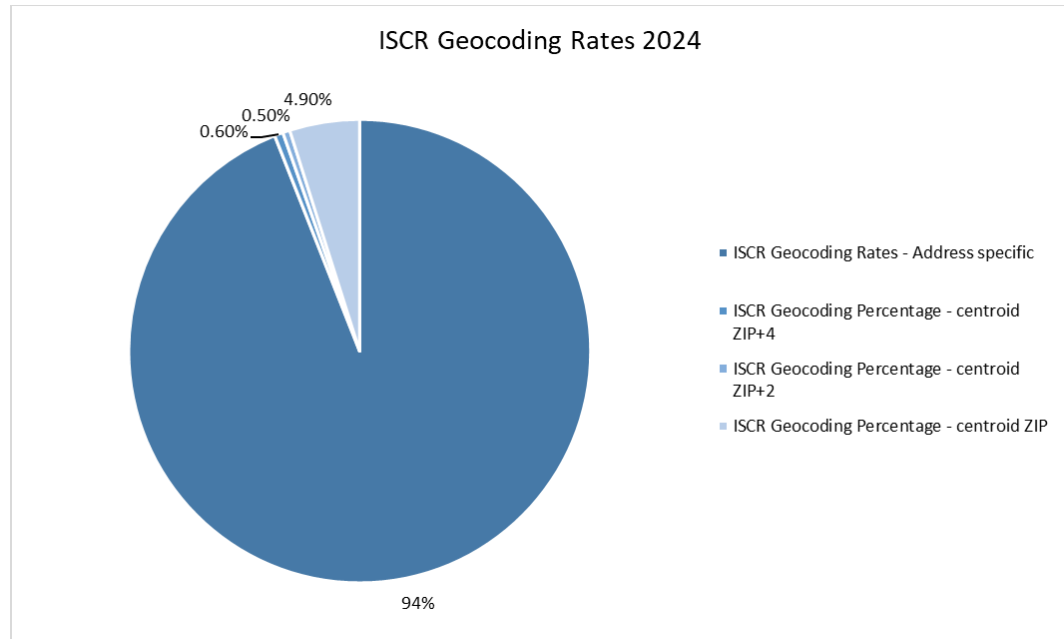
Population-based data for the Illinois State Cancer Registry were geocoded using the Geocodio geocoder interface within SEER*DMS and the Adverse Pregnancy Outcomes Reporting System were geocoded in-house using software program Map Marker USA v.31®.

The records were assigned geocodes using the North American Datum (NAD) 83 standard, which is the most recent available. NAD is the base set of coordinate readings used to assign latitude and longitude coordinates in the United States.

The process includes address standardization, verification of ZIP code based on city, and assignment of ZIP+4 based on address and assignment of latitude and longitude codes, including specificity level of the code or reason the record could not be coded.

The level of completeness for each geocode element varies little by year of diagnosis. A detailed quality assessment of the geocoding results for cancer data has been completed and serves as a reference document for researchers using geocoded registry data.





6.2 Goals for Fiscal Year 2026

- Continue to geocode new records submitted to ISCR and APORS.

7. Cluster Inquiries and Assessments

7.1 Review and Evaluation of Fiscal Year 2025 Goals

Responded to all inquiries with information and educational materials regarding cancer diseases.

7.2 Fiscal Year 2025 Accomplishments

In FY25, IDPH received nine requests for assistance concerning perceived cancer excesses. The response protocol requires staff to first discuss general epidemiologic information about cancer with the caller, explain the cluster protocol and expected outcomes, and send educational materials when appropriate. Staff used published cancer rates by county, epidemiologic reports, and data from the public data files or general information about the frequency of cancer or causes of cancer to help address caller concerns.

7.3 Fiscal Year 2026 Objectives

Respond to all inquiries with information and educational materials regarding cancer diseases.

Complete cluster assessments within 12 months of the written request if there is a known carcinogenic exposure and a cancer assessment is launched.

8. Research Program

The research section of the IHHSR provides a crucial link between data collection and data dissemination and between raw data and information. Through various formats, registry data were summarized, tabulated, analyzed, presented, and disseminated to policy makers, health professionals, and the public.

8.1 Fiscal Year 2025 Major Accomplishments

8.1.1 Provision of Epidemiologic Support to IDPH Committees and Workgroups

Division of Epidemiologic Studies staff continued to co-chair, chair and participate in IDPH IRB, opioids projects/databases, IDPH Academic Partnership, IVRS Steering Committee, and Internal Data Sharing Workgroup.

8.1.2 Provision of Peer-Review Service to Scientific Publication

Division of Epidemiologic Studies staff provided professional reviews to journals.

8.1.3 Provision of Epidemiologic Supervision and Tutoring

Division of Epidemiologic Studies staff provided supervisor roles and other assistance to a Graduate Public Service Intern in FY25.

8.1.4 Publication of the IDPH Illinois Morbidity and Mortality Bulletin (IMMB)

Publication of the IMMB has been postponed indefinitely.

8.1.5 Technical Assistance

Technical assistance has been provided by staff to various IDPH offices and divisions in the areas of statistics/epidemiology, research methods, data confidentiality review, Freedom of Information Act (FOIA) and media requests, data linkage, SAS® programming, data analysis and interpretation, data de-duplication, surveillance system evaluation, quality control, and research data requests. Division of Epidemiologic Studies researchers were frequently called upon by the IDPH Office of the Director, the Institutional Review Board (IRB), and other IDPH programs for expertise on different technical and research issues, such as program evaluation, and de-identification of individual data records. Division staff also provided interviews and responses to medical requests on various disease issues.

8.1.6 IDPH Institutional Review Board

The Division of Epidemiologic Studies continued to staff the IDPH IRB, with one staff member serving as the IRB manager, one as vice-chair, and one serving on the board. A number of data requests from outside researchers and organizations were processed and fulfilled. The IRB also serves as a link between outside researchers and IDPH responsible individuals (RIs) in various programs.

8.2 Scientific Publications in Fiscal Year 2025

No scientific publications recorded this year.

8.3 Peer-Reviewed Articles That Used Registry Data

No peer-reviewed articles recorded this year.

8.4 Other Recent Reports or Publications That Used Registry Data

- 8.4.1 American Cancer Society. *Cancer Facts & Figures 2025*. Atlanta, GA.: American Cancer Society; 2025]. Available from: [HYPERLINK](#)
- 8.4.2 SEER Cancer Stat Facts: Cancer of Any Site. National Cancer Institute. Bethesda, MD, <https://seer.cancer.gov/statfacts/html/all.html>
- 8.4.3 U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2024 submission data (1999-2022): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released June 2025.
- 8.4.4 CiNA Explorer: An interactive tool for quick access to key NAACCR cancer statistics based on the Cancer in North American (CiNA) dataset from the North American Association of Central Cancer Registries. Available from <https://apps.naacr.org/explorer> 2025.
- 8.4.5 SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; 2025 Jul 2.cited 2025 Nov 4]. Available from: <https://seer.cancer.gov/statistics-network/explorer/>. Data source(s): SEER Incidence Data, November 2024 Submission (1975-2022), SEER 22 registries.
- 8.4.6 National Program of Cancer Registries and Surveillance, Epidemiology, and End Results Program SEER*Stat Database: NPCR and SEER Incidence – U.S. Cancer Statistics 2001–2022 Public Use Research Database, 2024 submission (2001–2022), United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Released June 2025. Available at www.cdc.gov/cancer/uscs/public-use.
- 8.4.7 U.S. Centers for Disease Control and Prevention. *State Cancer Profiles*. Interactive query available at <http://statecancerprofiles.cancer.gov/>; U.S. Department of Health and Human Services, U.S. Centers for Disease Control and Prevention.

8.5 Epidemiologic Report Series

The following reports were released in IDPH's Epidemiologic Report Series; all reports are available to the public on the Division of Epidemiologic Studies' website:

- 8.5.1 Garner K, Roy S, Koch L, Fornoff J. Examination of Illinois Lung Cancer Trends after the 2013 United States Preventative Services Task Force Recommendations for Low-Dose CT Screenings. Epidemiologic Report Series 25:03. Springfield, Ill.: Illinois Department of Public Health, January 2025.

- 8.5.2 Roy S, Koch L. Illinois County Cancer Statistics Review Incidence, 2018-2022. Epidemiologic Report Series 25:06. Springfield, Ill.: Illinois Department of Public Health, June 2025.
- 8.5.3 Roy S, Koch L. Illinois State Cancer Incidence Review and Update, 1986-2022. Epidemiologic Report Series 25:04. Springfield, Ill.: Illinois Department of Public Health, June 2025.
- 8.5.4 Roy S, Koch L. Illinois Cancer Mortality Review and Update, 1986-2022. Epidemiologic Report Series 2:05. Springfield, Ill.: Illinois Department of Public Health, June 2025.
- 8.5.5 Garner K, Roy S, Koch L, Fornoff J. Examination of Prostate Cancer Trends During a Period of Changing Recommendations on PSA Screening. Epidemiologic Report Series 25:03. Springfield, Ill.: Illinois Department of Public Health, January 2025

8.6 FY 2025 Presentations by IDPH Division of Epidemiologic Studies Staff

Title	Event	Date
Men's Health in Illinois	Illinois Cancer Partnership, Men's Health Conference	January 2025
Using Cancer Registry Data to Examine the Cancer Burden for Illinois Women	Illinois Cancer Partnership, Women's Health Conference	April 2025
Colorectal Cancer in Illinois	Illinois Cancer Partnership Colorectal Roundtable, by WebEx	March 2025
Cancer Burden in Illinois	Illinois Cancer Partnership Annual Meeting, by WebEx	May 2025
Transitioning to the SEER Program, The Illinois State Cancer Registry Experience	SEER Principal Investigator's Meeting, virtual	September 2024
Succession Planning to Ensure Continuing Data Quality	SEER Principal Investigator's Meeting, virtual	September 2024
Illinois Cancer Statistics	Illinois Breast and Cervical Cancer's Lead Agencies meeting, virtual	September 2024
ISCR Updates and Common Coding Errors Explained	Cancer Registrars of Illinois Joint Educational Meeting, Springfield, IL	October 2024

8.7 Research Data Release and Collaborations

Principal Investigator (Affiliation)	Title	Date	Funding Source
Alpa V. Patel, Ph.D. American Cancer Society	Cancer Prevention Study II	1995, ongoing	ACS
Audrey French, M.D. Women's Interagency HIV Study	Women's Interagency HIV Study	2000, ongoing	NIH
Meir Stampfer, M.D. Channing Laboratory Brigham and Women's Hospital	Health Professionals Follow-up Study/Nurses' Health Study I and II	January 2004, ongoing	NIH
Lynn Rosenberg, Sc.D., M.S. Sloan Epidemiology Center Boston University	Black Women's Health Study	February 2007, ongoing	NIH/NCI
Mark Canfield Texas Department of State Health Services	Study of Selected Birth Defects Among Minorities 1999-2007	July 2012, ongoing	
Gretchen Gierach Benson, Ph.D. National Cancer Institute	Infertility Follow-up Study	2012, ongoing	NCI
Garth Rauscher, Ph.D. University of Illinois at Chicago	Comparative Effectiveness of Breast Imaging Modalities: A Natural Experiment	2013, ongoing	Agency for Health Research and Quality
Herbert Chen, M.D.	Medullary Thyroid Carcinoma Surveillance Study – A Case- Series Registry	2014, ongoing	The MTC Registry Consortium
Alpa V. Patel, Ph.D.	Cancer Prevention Study III	2015, ongoing	ACS
Gary Fraser, M.D., Ph.D.	Adventist Health Study II	2015, ongoing	NCI
Eric Engels, Ph.D. National Cancer Institute	Transplant Cancer Match Study	2016, ongoing	NCI
Dr. Frank Bove, Sc.D.	Cancer Incidence Study of Marines/Navy Personnel and Civilian Employees Exposed to Contaminated Drinking Water at USMC Base Camp Lejeune	2020, ongoing	Agency for Toxic Substances and Disease Registry
Dr. Mayris Webber, DrPH & David Prezant, MD	Maintenance and Extension of a Cohort of Career Firefighters as a Non-WTC Exposed Comparison for the FDNY Firefighter Cohort	2020, ongoing	National Institute for Occupational Safety and Health

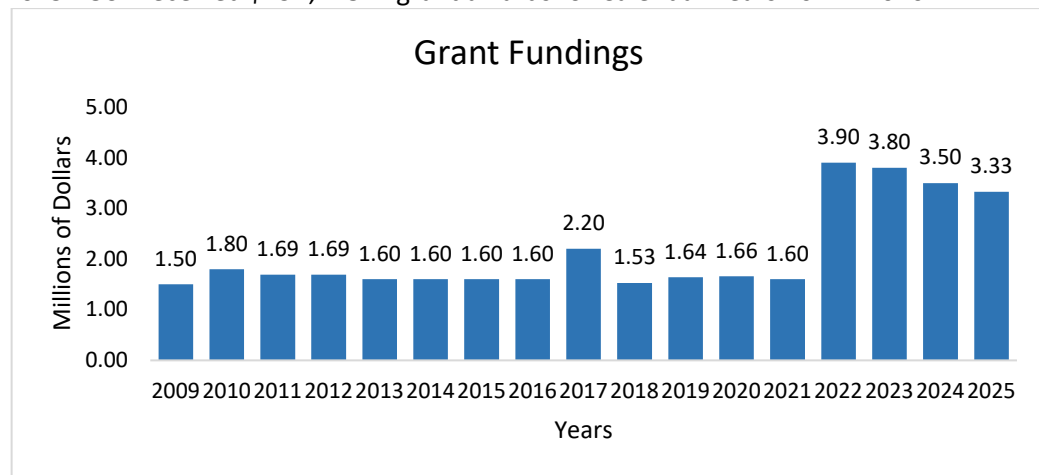
Humberto Parada, Jr., PhD, MPH San Diego State University	Characterizing the Burden of Cancer among Adults from the Hispanic Community Health Study/Study of Latinos	2022, ongoing	San Diego State University HealthLINK Center for Transdisciplinary Research
Joyce Woo Ann and Robert H. Lurie Children's Hospital of Chicago	Effects of Illinois perinatal regionalization policy for infants born with congenital heart disease	2022, ongoing	Stanley Manne Children's Research Institute
Wendy Nembhard University of Arkansas for Medical Sciences	Mortality and Causes of Death among Children with and without Birth Defects in the United States	2022, ongoing	
Natalie Wells, MD, MPH and Shauna Stahlman, PhD, MPH	Study on the Incidence of Cancer Diagnoses and Mortality in Military Aviators and Aviation Support Personnel	2023, ongoing	Armed Forces Health Surveillance Division, Dept. of Defense
John Kaufman, PhD, MPH	Multi-site Cancer Incidence Assessment in Response to Community Concerns about Residential Ethylene Oxide (EtO) Exposure Associated with Medical Sterilization Facilities	2023, ongoing	Agency for Toxic Substances and Disease Registry, CDC
Keith T. Beam, MD, MPH, FACP	Cancer Incidence and Mortality among AD DAF, 1 January 1976- 31 December 2021.	2025, ongoing	US Department of Air Force
NOTE: Following are definitions of acronyms used in the above table: American Cancer Society (ACS), National Cancer Institute (NCI), National Institutes of Health (NIH)			

9. Grants and Contracts The table below summarizes the IDPH Division of Epidemiologic Studies grant awards for FY25.

Grant or Contract	Agency	Status	Amount	Grant Period
Occupational and Health Survey in Illinois (continuation)	BLS	Funded September 2024	\$128,110	10/1/24 – 9/30/25
Census of Fatal Occupational Injuries in Illinois (continuation)	BLS	Funded September 2024	\$108,120	10/1/24– 9/30/25
National Cancer Prevention and Control Program-National Program of Cancer Care (continuation)	CDC	Funded June 2024	\$950,000	7/1/24 – 6/29/25
Surveillance, Epidemiology, and End Results	NCI	Funded March 2021	\$2,503,5663	5/1/24 – 4/30/25
Perinatal Hepatitis B Program (submitted by IDPH Division of Infectious Diseases) (continuation)	CDC	Funded 2018	\$50,000	7/1/24 – 6/30/25
Illinois Pregnant People – Infant Linked Longitudinal Surveillance	CDC	Funded September 2023	\$768,000	9/30/24-09/29/25
Illinois Occupational Surveillance Program (IOSP)	NIOSH	Funded July 2021	\$497,218	7/1/21 – 6/30/26
NOTE: Full titles of acronyms used in the above table are U.S. Centers for Disease Control and Prevention (CDC), U.S. Bureau of Labor Statistics (BLS), National Institute of Occupational Safety and Health (NIOSH), and Illinois Department of Public Health (IDPH).				

9.1 Funded Grants and Contracts

The IDPH Division of Epidemiologic Studies received \$3.3 million in grants for Fiscal Year 2025. IOSP received \$497,218 in grant awards for Calendar Years 2021 - 2026.



9.1.1 National Cancer Prevention and Control Program

In June 2023, CDC awarded IDPH \$7.81 million in funding for the second year of a five-year project period of the National Cancer Prevention and Control Program. This grant combined two previous grants: the National Comprehensive Cancer Control Program and the National Program of Cancer Registries (NPCR). The Division of Epidemiologic Studies received \$950,000 for the NPCR component, which is in its 31st year. The progress for this project is described in Section 3.

9.1.2 Surveillance, Epidemiology, and End Results

In March of 2021, NCI announced Illinois had been chosen for the SEER program and awarded the state a contract totaling \$22,752,223 including state matching funds, over seven years. Becoming a SEER registry has been an objective of the Illinois State Cancer Registry for many years, although funding opportunities for new states to become SEER registries occur infrequently. This achievement is significant and places Illinois in the top echelon of population-based cancer registries. Illinois' participation in the SEER program will significantly expand ISCR's cancer surveillance activities in Illinois to include patient follow-up, enhanced data collection, rigorous quality control of cancer data, and increased opportunities to participate in research projects and collaborations.

9.1.3 Perinatal Hepatitis B Program

The Division of Epidemiologic Studies received \$50,000 in January 2024 to continue expansion of APORS surveillance and data collection (27th year) to include perinatal hepatitis B and to enhance a tracking system that identifies newborn infants requiring follow-up immunization services. The progress for this project is described in Section 4.

9.1.4 Illinois Pregnant People – Infant Linked Longitudinal Surveillance

In September 2023, the Division of Epidemiologic Studies received \$800,000 from the CDC to continue expansion of APORS longitudinal surveillance. This project is described in Section 4.

9.1.5 Survey of Occupational Injuries and Illnesses in Illinois

IDPH received \$128,110 in September 2024 from BLS to support the 27th year of the Survey of Occupational Injuries and Illnesses, (formerly the Occupational Safety and Health Survey) in Illinois. This project is described in Section 5.

9.1.6 Census of Fatal Occupational Injuries in Illinois

IDPH received \$108,120 in September 2024 from BLS to support the 33rd year of the Census of Fatal Occupational Injuries (CFOI) in Illinois. This project is described in Section 5.

9.1.7 Illinois Occupational Surveillance Program

IOSP received \$497,218 from NIOSH to submit the 25 Occupational Health Indicators for 2021-2026 by calendar year, support the Adult Blood Lead Registry, conduct active surveillance of occupational injuries and illnesses with an emphasis on underserved and precarious workers, expand occupational health informatics in Illinois, translate research to practice, and train future occupational health researchers. In addition to the basic program (providing indicators, four separate programs were funded: Linking Occupational Surveillance Data, Work Practices, and OSHA Enforcement Activities; Pesticide Related Illness Surveillance Program; COVID-19 Supplemental Project to Address Vaccine Hesitancy among Essential Workers (one year only); COVID-19 Cases in the Illinois Workers' Compensation Claims (one year only). IOSP has actively developed partnerships between the University of Illinois Chicago and the Illinois Department of Public Health, local municipal and county health departments (e.g. Chicago, Cook County and other agencies across the state), the Illinois Workers' Compensation Commission, the Illinois Department of Labor, the Illinois Environmental Protection Agency, the Illinois Poison Center, the regional and area OSHA offices, state and regional attorney generals, legislators, employers, worker centers, labor attorneys, community advocacy groups and other stakeholders.

