**Section 690.30 General Procedures for the Control of Notifiable Diseases and Conditions, Including Outbreaks**

This Section establishes routine measures for the control of notifiable diseases, conditions and outbreaks by the Department or local health authorities and health care providers, and establishes progressive initiatives to ensure that appropriate measures are implemented to control the spread and occurrence of notifiable diseases, conditions and outbreaks. This Section does not apply to infectious or non-infectious diseases and conditions for which reporting requirements are specified elsewhere in the Illinois Administrative Code, such as sexually transmissible infections, which are regulated under the Control of Sexually Transmissible Infections Code, the HIV/AIDS Confidentiality and Testing Code, and the Perinatal HIV Prevention Code.

a) Investigation

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

2) The Department shall *make investigations and inquiries with respect to the causes of disease*, health conditions, *and death; investigate the effect of environment, including conditions of employment and other conditions that may affect health; and to make other investigations that it may deem necessary for the preservation and improvement of health.* (Section 510 of the Public Health Powers and Duties Law)

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

4) The Department or local health authority may investigate the occurrence of cases, suspect cases, or carriers of diseases or conditions or unusual disease or condition occurrences in a public or private place for the purposes of verifying the existence of a disease or condition; ascertaining the source of the disease or condition-causing agent; identifying unreported cases; locating and evaluating contacts of cases and suspect cases; identifying those at risk of disease or the condition; determining necessary control measures, including isolation and quarantine; and informing the public if necessary.

5) When the Director determines that a certain disease or condition warrants investigation, the Director may declare the disease or condition to be the subject of a medical investigation and require hospitals, physicians, health care facilities, etc., to submit information, data and reports, and allow review and examination of medical records as necessary for the purpose of the investigation. No practitioner or person shall be liable in any action at law for permitting examination and review. The data obtained shall be held confidential in accordance with the Communicable Disease Report Act.

6) When two or more cases of a suspected or notifiable disease or condition, including, but not limited to confirmed health care associated infection or colonization, or single case with public health significance occur in any business, organization, institution, health care facility, school, child care center or provider, residential facility, or private home, the business owner, the person in charge of the establishment or the event, or the homeowner shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks. This includes, but is not limited to, release of utilization information about a product used to mitigate spread, including therapeutics; shopper card records; credit card receipts; food preparation methods; menus; environmental specimens; food specimens; clinical specimens, invoices, employee work schedules and work logs, including logs of employee illness or absences; lists of customers, attendees, residents or patients; travel/transportation logs; utilization information about a product used to mitigate spread, including therapeutics, vaccinations or prophylactics; and the name and other pertinent information about employees, guests, members or residents diagnosed with a communicable disease or condition, including infection or colonization as the information relates to the investigation. When outbreaks of infectious disease occur in any business, organization, institution, health care facility or private home, employees of the location under investigation may be considered to be contacts to cases and be required to submit release specimens by the local health authority.

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

8) All reports of an outbreak shall be entered in the Department’s ORS by the local health jurisdiction within 24 hours of receipt of the report. Within 30 days of the end of the outbreak investigation, the final information shall be entered in the Department’s ORS. Supplemental questionnaires may be used during the outbreak investigation, including, but not limited to use of REDCap or other online systems.

9) Under circumstances with highly infectious diseases or other disease or conditions causing extreme harm, including, but not limited to, high risk or high occurrence of death or complication, and when normal attempts to make contact have failed, the Department, local health authority, or law enforcement may obtain and review any cell phone, computer, mobile device or other communication device, from a case for the purpose of the investigation, including, but not limited to, the identification of possible contacts or possible exposures, for the purpose of preventing or controlling disease or the condition.

10) State and local law enforcement authority shall share information with the Department or local health department as requested by either the Department or the local health authority for the treatment, response to, control of, investigation of, or prevention of a notifiable disease, condition or outbreak.

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

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

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

A) Review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; investigation of causes; identification of other cases related to the outbreak or the reported disease (including colonization) or condition in a region, community, or workplace; to conduct epidemiologic studies; to determine whether a patient with a notifiable disease or condition has received adequate treatment to render the patient non-infectious, whether a person exposed to a case has received vaccination or prophylaxis, if appropriate, or infection or environmental control measures have been implemented, if appropriate. Review of records may occur without patient consent and shall be conducted at times and with such notice as is possible under the circumstances;

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

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

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

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

F) Collecting environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or notifiable disease or condition;

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

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

b) Control of Food Products

Whenever a case, a carrier, or a suspect case or carrier of the following diseases exists in a home or establishment where food is produced that is likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of the food items from the home or establishment may be prohibited by the Department or the local health authority as necessary to prevent the transmission of communicable diseases or conditions. These include, but are not limited to, the following diseases:

1) Campylobacteriosis

2) Cholera

3) Cryptosporidiosis

4) Diphtheria

5) E. coli infections (Shiga toxin-producing E. coli)

6) Foodborne or waterborne illness

7) Hepatitis A

8) Norovirus

9) Salmonellosis

10) Shigellosis

11) Smallpox

12) Staphylococcal skin infections

13) Streptococcal infections

14) Typhoid fever

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

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

2) Persons suspected of being infected with a notifiable infectious disease for which isolation is required, or persons with diarrhea or vomiting believed to be infectious in nature, shall be refused admittance to the school or child care facility until fever-free and diarrhea and vomiting free for 24 hours without use of fever reducing, antidiarrheal, or antiemetic medications and other medications.

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

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

5) Identifiable information on a student or staff, such as name and contact information (including current address and phone), seating charts on busses and in the classroom, and rosters for extracurricular activities, shall be reported to the Department or local public health authority for any notifiable disease or condition within the timeframes specified in this Part.

d) Release of Specimens

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

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

3) A local health authority may disclose and require to a food service business owner or the owner’s designee that an employee with a disease that can be transmitted through food cannot return to work until the local health authority lets the business owner know that the employee can return to work.

e) Persons with diarrhea or vomiting of infectious or unknown cause shall not work in sensitive occupations, as a health care worker, or as food handlers until 48 hours after diarrhea and vomiting have resolved without use of antidiarrheal or antiemetic medications and shall adhere to restrictions specified in this Part specific to each etiologic agent.

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

g) Persons with jaundice and the onset of jaundice within seven calendar days shall not work as health care workers, food handlers or in sensitive occupations until seven days after the jaundice ceases, unless the employee provides written documentation from a health care provider that the jaundice is not caused by the hepatitis A virus or other fecal-orally transmitted infection. If the case is confirmed as hepatitis A and jaundice is not present, the health care worker, food handler or person in a sensitive occupation shall be restricted from work for two weeks from the start of the clinical symptoms.

(Source: Amended at 47 Ill. Reg. 18112, effective November 22, 2023)