**Section 690.200 Reporting**

a) Reporting Entities and Manner of Reporting.

1) Each of the following persons or any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death shall report the case, suspected case, carrier or death in humans within the time frames set forth in Section 690.100 of this Part:

A) Physicians

B) Physician assistants

C) Nurses

D) Nurse aides

E) Dentists

F) Health care practitioners

G) Emergency medical services personnel

H) Laboratory personnel

I) Long-term care personnel

J) Any institution, school, college/university, child care facility or camp personnel

K) Pharmacists

L) Poison control center personnel

M) Blood bank and organ transplant personnel

N) Coroners

O) Medical Examiners

P) Veterinarians

Q) Correctional facility personnel

R) Food service management personnel

S) Any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death

2) Laboratories shall report certain positive test results and provide clinical materials as specified in Subpart C of this Part or if requested. Upon request of the local health department, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory retains the duty to comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department.

3) The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone, facsimile or other secure electronic system integrated with I-NEDSS to the local health authority in whose jurisdiction the reporter is located. The reporter shall provide, when available, the case name, contact information and physician of the case. During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying locating information for those individuals believed to be associated with the outbreak. Any party receiving the reports shall notify the local health authority where the patient resides within 3 hours following notification for Class I(a) diseases, within 24 hours (during normal business hours) following notification for Class I(b) diseases and within 7 days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case should be transferred electronically in I-NEDSS with additional relevant information supplied to the other jurisdiction. If a known or suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility to ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

b) Upon receipt of this report, the local health authority shall report cases to the Department as specified in this subsection. Local health authorities shall report cases to the Department using the I-NEDSS web-based system according to the time frames specified in Section 690.100. In the event that I-NEDSS becomes temporarily non-functional, the local health authority may report to the Department by mail, telephone or facsimile. Prior to an I-NEDSS disease-specific module becoming operational statewide, the local health authority shall submit demographic and morbidity information electronically through I-NEDSS and additional case report information by mail or facsimile to the Department according to the time frames specified in Section 690.100.

c) The report to the Department shall provide the following information: name, age, date of birth, sex, race, ethnicity, address of the case (including zip code), telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the I-NEDSS web-based system, clinical and laboratory findings in support of the diagnosis and epidemiological facts relevant to the source and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required.

d) Confidentiality.

1) It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.

2) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of communicable disease to any governmental agency or officer, such communicable disease reports shall be confidential. Any medical practitioner or other person who provides a report of communicable disease in good faith shall have immunity from suit for slander or libel upon statements made in the report. The identity of any individual contained in a report of communicable disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease or foodborne illness shall be confidential and the individual's identity shall not be disclosed publicly in an action of any kind in any court or before any tribunal, board or agency. The individual, his/her legal guardian or his/her estate, with proper consent, may have his/her information released as requested.

3) As outlined in the Privacy Rule (45 CFR 164.512(a), (b)) (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health information may be disclosed to public health authorities when required by federal, tribal, state, or local laws. This includes the requirements set forth in this Part that provide for reporting of disease or conducting public health surveillance, investigation, or intervention. For disclosures not required by law, a public health authority may collect or receive information for the purpose of preventing or controlling disease.

4) To prevent the spread of a contagious disease, or a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the condition that the Department, local boards of health, and local public health authorities protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to Section 2 of the Department of Public Health Act [20 ILCS 2305/2] in accordance with federal and State law. Additionally, any such medical or health information or records or data shall be exempt from inspection and copying under the Freedom of Information Act. Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might otherwise result by reason of these actions, except in the event of willful and wanton misconduct. The privileged quality of communication between any professional person or any facility shall not constitute grounds for failure to provide emergency access.

5) Information pertaining to human or animal cases of zoonotic disease will be provided by the Department to another State or federal agency only if the disease is reportable to the agency or if another agency is assisting with control of an outbreak.

e) Section 8-2101 of the Code of Civil Procedure [735 ILCS 5/8-2101] explains the confidential character of reports obtained for research projects. The Department, and other agencies specified in this Section, may collect certain information and require reporting of certain diseases and conditions for research projects. The law provides for confidentiality of these reports, prohibits disclosure of all data so obtained except that which is necessary for the purpose of the specific study, and provides that such data shall not be admissible as evidence, and that the furnishing of such information in the course of a research project shall not subject any informant to any action for damages.

f) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made telephonically within 3 hours after issuance of the order unless otherwise directed by the Department.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)