**Section 693.40 Counseling and Partner Services**

Upon receipt of a reportable STI report from a health care professional or laboratory, a local health department, designated agent or the Department, as applicable, shall conduct a counseling session and offer partner services in accordance with guidelines established by the Centers for Disease Control and Prevention of the U.S. Public Health Service, Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, as follows:

a) Counseling and partner services shall be provided only by staff of a local health department, designated agent or the Department, as applicable, who have completed a Department-approved training, or a training approved by the local health department in cities with a population of 1,000,000 or more.

b) Any person diagnosed with early syphilis or HIV/AIDS by any health care professional, or any person diagnosed with gonorrhea or chlamydia by a local health department or designated agent shall be counseled and offered partner services by the local health department, designated agent, or Department, as applicable. "Early syphilis" means primary, secondary or early non-primary non-secondary (NPNS) syphilis of less than one year's duration.

c) Any person diagnosed with chlamydia or gonorrhea by a health care professional other than a local health department shall be counseled and offered partner services as resources permit and within the discretion of the local health department, designated agent or Department, as applicable.

d) Counseling of reportable STI cases and partner services shall be conducted in a confidential manner, and shall be documented either in electronic format or on forms furnished by the Department, or by the local health department in cities with a population of 1,000,000 or more.

e) All records regarding counseling of reportable STI cases and partner services shall be confidential, and shall at all times be maintained in the same manner as those maintained for reported cases of STIs as required in Section 693.100 of this Part.

f) For reportable STI cases, counseling and partner services shall be provided by the local health department, designated agent or the Department, as applicable, and shall include the following:

1) An offer of assistance, with the consent of the infected person, in locating and referring contacts for counseling, testing and treatment, if indicated. All infected persons refusing assistance shall be strongly encouraged to notify their critical period sex and needle-sharing (HIV/AIDS) contacts of their possible exposure to STI, and to refer these contacts for counseling, testing and treatment, if indicated.

2) For each identified contact, the counselor shall discuss with the infected person the time period of exposure and the likelihood of STI transmission based on the type of sexual or needle-sharing practice involved. Notification and referral shall be provided to contacts for whom sufficient information to identify and notify the person is available. When contacts can be linked to a website encounter, the counselor will be authorized to implement an Internet Notification Protocol to confer with and refer for clinical services contacts linked to an infected person. Internet Partner Notification (IPN) services shall be provided only by staff of a local health department, designated agent, or the Department, when applicable, who have completed Department-approved IPN training, or IPN training approved by the local health department in cities with a population of 1,000,000 or more.

3) Persons choosing to self-refer their contacts shall receive intensive individualized instruction and counseling in methods to provide this notification and referral.

4) STI contacts identified through the counseling and partner services process shall be counseled confidentially regarding the possibility of infection and methods to prevent the spread of infection, and shall be referred for testing and treatment, if indicated.

5) For STIs, if the person is legally unable to agree to counseling because of age or legal incompetence, consent and participation in counseling shall be requested of the individual's parent or legal guardian. If, in the professional judgment of the counselor, the person is legally able to agree to, but appears to be incapable of understanding and competently acting on, the counseling, participation in counseling shall be requested of a parent or other person chosen by the client.

g) For the interview and investigation process concerning health care contacts:

1) Patients

A) An individual who has had exposure-prone invasive procedures performed on him or her shall be provided an explanation of the potential risks of HIV transmission to health care professionals during the performance of invasive procedures and the legal requirements for notification of the health care professionals who have performed invasive procedures on that individual;

B) The individual shall be asked to identify the specific invasive procedures that have been performed on him or her, along with the name of the facility or location at which the procedure was performed, and the name, address and telephone number of the health care professional who performed the procedure; and

C) The individual shall be offered the opportunity to self-notify those health care professionals within 45 days, in accordance with the notification procedures described in Section 693.45 of this Part. If the individual declines the opportunity to self-notify his or her health care professionals, or fails to do so in accordance with the requirements of this Part, the case shall be referred to the Department for notification of contacts. The Department will notify contacts in a timely manner.

2) Health Care Professionals

A) An individual who is a health care professional or has worked as a health care professional shall be interviewed to determine whether the type of health care practiced by the individual involves the performance of invasive procedures, and whether the individual has or is likely to have performed invasive procedures;

B) If the individual's type of health care practice involves the performance of invasive procedures but the individual has not or is not likely to have performed invasive procedures, he or she shall be provided with written information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The individual shall also be advised to refrain from performing exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel that has been convened pursuant to the Centers for Disease Control and Prevention's Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures (see Section 693.15(c)(3) of this Part);

C) If the individual has or is likely to have performed invasive procedures, the local health department shall refer the case to the Department for risk assessment and follow-up;

D) The Department will interview the health care professional or the professional's estate to complete the investigation and assess the potential risk of HIV transmission from the professional to his or her patients, based on the professional's practice and the types and frequencies of invasive procedures performed. Others may be interviewed as necessary to complete the investigation and assess the potential risk of HIV transmission from the professional to his or her patients;

E) The Department will provide the health care professional with an explanation of the potential risks of HIV transmission to patients during the performance of invasive procedures and the legal requirements for notification of patients whom the Department determines may have been at risk of HIV transmission from the health care professional;

F) If the invasive procedures performed by the health care professional were not exposure-prone invasive procedures, and no other potential risk of transmission was identified by the Department, the entity performing the investigation process shall provide the health care professional with information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The health care professional shall also be advised to refrain from any future performance of exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures (see Section 693.15(c)(3) of this Part);

G) If any of the invasive procedures performed by the health care professional were exposure-prone invasive procedures, or the Department identifies any other potential risk of transmission to patients, the Department will advise the health care professional that these patients must be notified of their potential risk of exposure to HIV. The health care professional shall be given the opportunity to submit any information and comments to the Department concerning the notification, and shall be offered the opportunity to self-notify his or her patients within 45 days, in accordance with the notification procedures described in Section 693.45 of this Part;

H) If the health care professional declines the opportunity to self-notify his or her patients, or fails to do so in accordance with the requirements of this Part, he or she shall provide the Department with complete and immediate access to any records that identify or may lead to the identification of his or her patients and the actual health care that was rendered. The Department will review but will not copy or seize the provider's records. The Department will identify and notify in a timely manner all patients who received exposure-prone invasive procedures or have otherwise been determined by the Department to have been at risk for HIV transmission; and

I) The health care professional shall also be advised to discontinue performance of exposure-prone invasive procedures except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures (see Section 693.15(c)(3) of this Part).

(Source: Amended at 46 Ill. Reg. 20063, effective December 2, 2022)