**Section 696.170 Reporting**

Health care professionals listed in subsection (a)(1) shall report suspected and confirmed cases of active tuberculosis (TB) disease and report laboratory results consistent with TB disease to the local TB control authority or, in the absence of a local TB control authority, to the Department. The local TB control authority shall report to the Department.

a) Reports to the Local TB Control Authority. The reports shall be submitted electronically through the Illinois Disease Surveillance System (IDSS) or other web-based system authorized by the Department, or by facsimile followed up with a telephone call to the local TB control authority in whose jurisdiction the reporter is located. Reports made by facsimile shall be made on forms available from the local TB control authority or the Department.

1) Health Care Professionals Required to Report. Health care professionals including but not limited to physicians, physician assistants, nurses, dentists, coroners, medical examiners, laboratory personnel and the health coordinators of health care settings shall report to the local TB control authority or, in the absence of a local TB control authority, to the Department.

2) Reports of Suspected and Confirmed Cases of TB. Persons required to report under subsection (a)(1) of this Section (except for laboratory personnel) shall, within seven calendar days after the diagnosis of a suspected or confirmed case of TB, notify the local TB control authority of the following:

A) Diagnosis. Information shall be provided about the diagnosis of a suspected or confirmed case of TB, including the dates and results of TB screening tests (Mantoux skin test results shall be recorded in millimeters) and the results of bacteriologic examinations and chest radiographs.

B) Clinical Management Information. Information shall be provided about the clinical management of a suspected or confirmed case of TB, including the determination of the infectious or non-infectious status, isolation precautions taken, treatment regimen and serious adverse medication reactions.

C) Surveillance Information. Reportable demographic and locating information regarding the suspected or confirmed case of TB shall include: the name, address, date of birth, sex, race, ethnic origin, country of origin, and month and year the person arrived in the United States (if applicable). Other data, if available, may include: non-prescribed drug use and excess alcohol use within the year before the date of submission, occupation, address changes, names and addresses of contacts, and any other information required to complete the Centers for Disease Control and Prevention's Report of Verified Case of TB (RVCT) tuberculosis reporting form.

D) Other Information. Any other relevant information requested by the local TB control authority or the Department shall be provided. The information may include hospital discharge plans for out-patient follow-up and the names, locating information, test results and treatment information of all persons considered during a contact investigation.

b) Reports to the Department from Local TB Control Authorities. Local TB control authorities shall report to the Department on the diagnosis, clinical management and surveillance of suspected and confirmed cases of TB and the investigation of contacts, as follows. The local TB control authority shall make its records available for inspection by the Department when requested to carry out the provisions of this Part.

1) Reports of Suspected or Confirmed Cases of TB. Within seven calendar days after a local TB control authority's receipt of a report of a suspected or confirmed case of TB, the local TB control authority shall report available information to the Department electronically through the IDSS or other web-based system authorized by the Department. If the local TB control authority is unable to report electronically, reports shall be made by telephone or facsimile on forms available from the Department. Facsimile reports shall be followed up by telephone call.

2) Reports of Follow-up Information. The Department shall be notified of the status of drug susceptibility test results, contact investigation information, case completion of therapy and other relevant information. The information shall be reported electronically through the IDSS or other web-based system authorized by the Department. If the local TB control authority is unable to report electronically, reports shall be made by telephone, facsimile or mail.

c) Reports from Laboratories. Within one calendar day after obtaining results, laboratories shall report as follows: by telephone followed by mail, facsimile or Department-approved electronic reporting format to the person who ordered the test to be performed and to the local TB control authority; and by mail, facsimile or approved electronic format to the Department. Laboratories shall report the following:

1) Smears positive for acid-fast bacilli;

2) Cultures or other tests positive for M. tuberculosis;

3) Any culture result associated with an AFB-positive smear (even if negative for M. tuberculosiscomplex (MTB complex));

4) Drug susceptibility test results; and

5) Microbiologic test results if specimens were collected.

d) Isolates to State Public Health Laboratory. Laboratories shall send one isolate for each person to the State Public Health Laboratory within seven days after culture results are positive for MTB complex. If specimens are submitted to an out-of-state reference laboratory, the submitter shall ensure that the isolate is sent to the State Public Health Laboratory.

e) Reports Between Jurisdictions. Reports, such as laboratory reports and other pertinent reports, shall be made by one local TB control authority to another local TB control authority when more than one jurisdiction is involved with a case or their contacts, i.e., when the party submitting a specimen for diagnosis is in a different jurisdiction from that in which the patient resides or when a patient or contact resides, works or attends school in, or moves to, a different jurisdiction. Local TB control authorities receiving reports of persons with suspected or active TB disease being discharged or transferred to another jurisdiction shall notify the receiving jurisdiction by telephone, followed by facsimile or mail, prior to the planned discharge or transfer.

f) Reports of Discharge or Transfer. Institutional settings, such as hospitals, long- term care facilities and correctional settings, shall report plans to discharge or transfer persons with suspected or active TB disease prior to discharge or transfer by telephone to the local TB control authority in whose jurisdiction the reporter is located.

g) Confidentiality. Confidentiality of information shall be maintained in accordance with 77 Ill. Adm. Code 690.200(d).

h) Identifiable data may be released to the extent necessary for the treatment, control, investigation and prevention of diseases and conditions dangerous to the public health. Identifiable data can be shared in special circumstances as permitted by the Privacy Rule, the Medical Studies Act, and the Illinois Health Statistics Act. As described in the Illinois Health Statistics Act, a Department-approved Institutional Review Board or its equivalent on the protection of human subjects in research shall review and approve requests from researchers for individually identifiable data.

i) Local TB control authorities can request a letter from the Department indicating they are a delegate of the Department so that information may be shared with federal or military institutions.

j) People with active TB are recommended to seek clearance from the local TB control authority before air travel. The local TB control authority shall report to the Department when a contagious patient intends to travel on commercial airlines and shall provide related information as requested by the Department or CDC. The Department shall report the information to the CDC. The CDC's process for deciding whether such a patient will be placed on its "Do Not Board List" is available at https://www.cdc.gov/port-health/travel-restrictions/index.html.

(Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024)