**Section 840.230 Referral of APORS Cases**

Based on information reported pursuant to Section 840.210, infants diagnosed with the following conditions shall be referred for follow-up services and public health surveillance:

a) APORS staff will report infants diagnosed with the following craniofacial anomalies to the Department's Division of Oral Health, Craniofacial Anomaly Program, for referral to follow-up medical services:

1) Cleft lip;

3) Cleft palate; and

3) Cleft palate with cleft lip.

b) APORS staff will refer all infants meeting APORS reporting criteria (see Section 840.200) to the local health department or health agency in the county where the infant resides for services, except those with prenatal exposure to human immunodeficiency virus. The services provided by the local health department or health agency are not mandatory, and parents or legal guardians of the infant may decline follow-up services.

c) APORS staff will refer infants diagnosed with selected conditions to DSCC. DSCC will determine these conditions in consultation with APORS. Referrals will be made at an interval and in a format that is agreed upon by APORS and DSCC. The services offered by DSCC are not mandatory, and parents or legal guardians of the infant may decline follow-up services. The conditions will include, but are not limited to:

1) Newborn metabolic disorders;

2) Severe retinopathy of prematurity;

3) Spina bifida;

4) Congenital hydrocephalus;

5) Cataracts;

6) Ear defects causing hearing impairment;

7) Transposition of the great vessels;

8) Tetralogy of Fallot;

9) Ventricular septal defects;

10) Heart valve atresia or stenosis;

11) Cleft lip or palate;

12) Clubfoot; and

13) Limb reduction defects.

d) APORS staff will refer infants diagnosed with selected conditions to the DHS Early Intervention Program. The Early Intervention Program will determine these conditions in consultation with APORS. Referrals will be made at an interval and in a format that is agreed upon by APORS and the Early Intervention Program. The services provided (or offered) by the Early Intervention Program are not mandatory, and parents or legal guardians of the infant may decline follow-up services. The conditions will include, but are not limited to:

1) Newborn metabolic disorders;

2) Retinopathy of prematurity;

3) Spina bifida;

4) Congenital hydrocephalus;

5) Brain anomalies;

6) Microphthalmos;

7) Cataract;

8) Cleft lip or palate; and

9) Trisomy 13, 18 or 21.

e) APORS staff will refer infants diagnosed with the following congenital infections to the Department's Division of Infectious Diseases within seven days after the information is entered into the APORS data system:

1) Prenatal exposure to syphilis or a diagnosis of congenital syphilis;

2) Prenatal exposure to hepatitis B;

3) Prenatal exposure to chlamydia or a diagnosis of a chlamydial infection;

4) Prenatal exposure to herpes or a diagnosis of congenital herpes;

5) Prenatal exposure to human immunodeficiency virus; or

6) Gonococcal conjunctivitis (neonatorum).

(Source: Amended at 46 Ill. Reg. 2971, effective February 1, 2022)