TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Reporting Method</th>
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<tr>
<td>690.442</td>
<td>Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)</td>
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<td>690.444</td>
<td>Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)</td>
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<td>690.450</td>
<td>Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)</td>
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<td>690.451</td>
<td>Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven days)</td>
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<td>690.452</td>
<td>Hepatitis C, Acute Infection and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven days)</td>
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<td>690.453</td>
<td>Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)</td>
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<td>690.460</td>
<td>Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.465</td>
<td>Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)</td>
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<td>690.468</td>
<td>Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)</td>
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<td>690.469</td>
<td>Influenza A, Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)</td>
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<td>690.470</td>
<td>Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)</td>
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<td>690.475</td>
<td>Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.480</td>
<td>Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days) (Repealed)</td>
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<td>690.490</td>
<td>Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.495</td>
<td>Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.500</td>
<td>Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)</td>
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<td>690.505</td>
<td>Lyme Disease (See Tickborne Disease)</td>
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<td>690.510</td>
<td>Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.520</td>
<td>Measles (Reportable by telephone as soon as possible, within 24 hours)</td>
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<td>690.530</td>
<td>Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)</td>
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<tr>
<td>690.540</td>
<td>Meningococcemia (Reportable by telephone as soon as possible) (Repealed)</td>
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<td>Code</td>
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<tr>
<td>690.550</td>
<td>Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)</td>
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<td>690.555</td>
<td>Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)</td>
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<td>690.560</td>
<td>Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)</td>
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<td>690.565</td>
<td>Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)</td>
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<td>690.570</td>
<td>Plague (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)</td>
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<td>690.580</td>
<td>Poliomyelitis (Reportable by telephone immediately, within three hours) upon initial clinical suspicion of the disease)</td>
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<td>690.590</td>
<td>Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.595</td>
<td>Q-fever Due to Coxiella burnetii (Reportable by telephone as soon as possible, within 24 Hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)</td>
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<td>690.600</td>
<td>Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)</td>
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<td>690.601</td>
<td>Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)</td>
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<td>690.610</td>
<td>Rocky Mountain Spotted Fever (See Tickborne Disease)</td>
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<td>690.620</td>
<td>Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)</td>
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<td>690.630</td>
<td>Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.635</td>
<td>Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)</td>
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<td>690.640</td>
<td>Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)</td>
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<td>690.650</td>
<td>Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)</td>
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<td>690.655</td>
<td>Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours)</td>
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<td>690.658</td>
<td>Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)</td>
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<tr>
<td>690.660</td>
<td>Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours) (Repealed)</td>
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Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)

Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) (Reportable by telephone or facsimile, within 24 hours)

Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

Syphilis (Repealed)

Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

Tickborne Disease (Includes Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile or electronically, within seven days)

Trachoma (Repealed)

Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

Tuberculosis (Repealed)

Tularemia (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours))

Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)

Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)

Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)

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AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].


SUBPART A: GENERAL PROVISIONS

**EMERGENCY**

a) *The State Department of Public Health has general supervision of the interests of the health and lives of the people of the State.* As part of that general supervision, the Department has jurisdiction to address dangerously contagious or infectious disease outbreaks to protect the health and lives of the people of the State. *The Department shall take means it considers necessary to restrict and suppress dangerously contagious or infectious diseases, especially when existing in epidemic form.* (Section 2(a) of the Act).

b) *The Department shall have the general authority to delegate to certified local health departments the duties and powers under those Acts it is authorized to enforce for the purpose of local administration and enforcement.* 20 ILCS 2310/15).

c) In order to restrict and suppress the novel coronavirus SARS-CoV-2 that causes the coronavirus disease 2019 (COVID-19), a dangerously contagious and infectious respiratory disease in the form of a pandemic or epidemic, which is spread person to person in respiratory droplets released by a person infected with the disease, the Department implements the following restrictions and requirements:

1) *Any individual who is over age two and able to medically tolerate a face covering (a mask or cloth face covering) shall be required to cover their nose and mouth with a face covering when in a public place and unable to maintain at least a six-foot social distance.* This requirement applies whether in an indoor space, such as a store, or in an outdoor space.

2) *Any business, service, facility or organization open to the public or employees shall require employees, customers, and other individuals on the premises who are over age two and able to medically tolerate a face covering to cover their nose and mouth with a face covering when on premises. Businesses, services, facilities or organizations that offer food or beverages for in-person consumption may permit employees, customers, and other individuals to remove their face coverings while eating or drinking, but must require face coverings at all other times.*

3) *Schools, including preschools, public and nonpublic schools that serve students in grades pre-kindergarten through grade 12, institutions of higher education, and vocational programs, and day cares, including day care centers, day care homes, and group day care homes licensed by the*
Department of Children & Family Services (DCFS) and day care centers that are exempt from licensure, shall require students, employees, and other individuals who are over age two and able to medically tolerate a face covering to cover their nose and mouth with a face covering when on premises. Schools and day cares may permit face coverings to be removed while eating or drinking, when individuals are outdoors and social distance is maintained, while playing a musical instrument if necessary, and while using a face shield when necessary to allow for facial visualization during instruction and communication.

4) Gatherings of more than 50 people (or gatherings of 50% or more of a building’s maximum occupancy as determined by the authority having jurisdiction, if 50% of a building maximum occupancy is less than 50 people) are prohibited unless exempted by law or Executive Order. Public and nonpublic schools serving pre-kindergarten through 12th grade students must limit the number of people in one space to fifty or fewer.

d) Pursuant to 20 ILCS 2305/2(a) the Department, all local boards of health, health authorities and officers, police officers, sheriffs, and all other officers and employees of the State or any locality, including certified local health departments under 20 ILCS 2310/15, (“enforcing entities”), shall enforce this rule as follows:

1) Enforcement against a business, service, facility or organization open to the public. This rule shall be enforced for businesses, services, facilities or organizations open to the public by enforcing entities in the following manner:

i) First, businesses, services, facilities or organizations open to the public shall be given a written notice of non-compliance by an enforcing entity and a reasonable opportunity to take prompt actions to comply with subsection (c). The reasonableness of the time period to take prompt action will be determined by the enforcing entity depending on the facts and circumstances, including but not limited to the nature of the activity taking place, whether the activity is being conducted indoors or outdoors, the public health risk, the number of individuals at risk of exposure to COVID-19, and the size of the building and crowd occupying the building. Examples of actions that might be taken include but are not limited to promptly distributing face coverings to patrons and/or employees, or in instances where a business, service, non-profit or other entity open to the public is too crowded, reducing the number of persons on-site by placing an employee at the entrance to limit the number of people entering until the occupancy is in compliance with subsection (c)(4). Enforcing entities may observe until voluntary compliance is achieved or return
at a later time to ensure that compliance was achieved depending on the time period provided to allow for compliance.

ii) Second, if the enforcing entity concludes that the business, service, facility, or organization open to the public has not voluntarily complied in a reasonable period of time after receiving a written notice pursuant to subsection (d)(1)(i), the enforcing entity may issue a written order to the business, service, facility or organization open to the public to have all or some of the persons on premises disperse ("order to disperse") in order to restrict and suppress COVID-19, until such time as the business or establishment is in compliance with subsection (c).

iii) Third, if the business, service, facility or organization open to the public refuses to comply with a written order to disperse pursuant to subparagraph (d)(1)(ii), that business, service, facility or organization open to the public shall be subject to the penalties set forth in Section 8.1 of the Act. As provided in subparagraph (d)(2) below, no individual may be subject to the penalties set forth in Section 8.1 of the Act for violation of this rule, including an individual owner, officer, principal or employee of a business, service, facility or organization.

iv) A business, service, facility or organization open to the public may also be subject to the penalties set forth in Section 8.1 of the Act in the following circumstances: (1) the business, service, facility or organization open to the public engages in repeated or continued violations after receiving 1 or more written notices of noncompliance pursuant to subparagraph (d)(1)(i), or (2) the business, service, facility or organization open to the public engages in repeated or continued violations after receiving 1 or more written orders to disperse pursuant to subparagraph (d)(ii). As provided in subparagraph (d)(2) below, no individual may be subject to the penalties set forth in Section 8.1 of the Act for violation of this rule, including an individual owner, officer, principal or employee of a business, service, facility or organization.

2) Enforcement against an individual. No individual may be subject to the penalties set forth in Section 8.1 of the Act for violation of this rule. Nothing in this order alters or supersedes an enforcing entity's authority to seek such penalties related to violation of an isolation or quarantine order pursuant to Section 690.1415(b).
3) Enforcement against a school or day care. Enforcing entities may give a written notice of non-compliance and a reasonable opportunity to cure to a school or day care that fails to comply with subparagraph (c)(3) or (c)(4). Under this subparagraph, a reasonable opportunity should be no less than the next business day. If a school or day care fails to comply with subparagraph (c)(3) or (c)(4) after receiving a written notice of non-compliance and a reasonable opportunity to cure, the enforcing entity shall notify the certified local health department, the local board of health or health authorities (if enforcing entity is other than the local board of health or health authorities), the local school district, and the Illinois State Board of Education, Illinois Board of Higher Education, the Illinois Community College Board, or DCFS, as appropriate. Upon receipt of a notice of non-compliance, a school or day care must notify parents in writing that a notice of non-compliance was issued and disclose its plan to comply. The local board of health, local health authorities or certified local health department shall take action to ensure a school or day care complies with the rules and regulations issued by the Department pursuant to this Section. Pursuant to Section 2(a) of the Act, the Department of Public Health may take necessary measures to ensure compliance with subparagraph (c)(3) if the certified local health department, local board of health or local health authorities neglect or refuse to promptly do so.

4) The Department shall post on its website and provide to all certified local health departments a sample written notice of non-compliance and a sample written order to disperse.

e) Pursuant to Section 690.30(a), the Department and local health authorities may investigate the occurrence of cases, suspect cases or carriers of COVID-19 in a public or private place for the purposes of verifying the existence of the disease, locating and evaluating contacts of cases, identifying those at risk of disease, and determining necessary control measures. Such investigations may include entering a place of employment for purposes of conducting investigations of those conditions within the place of employment that are relevant, pertinent and necessary to the investigation. When two or more suspected cases of COVID-19 occur in any business, organization, institution, or health care facility, the business owner, or the person in charge of the establishment shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks. Section 690.30(a)(5).

f) Pursuant to the procedures set forth in Section 690.1300 through 690.1415, the Department or a certified local health department may order the closure of a business, service, facility or organization open to the public, school or day care, upon the identification of an outbreak of two or more confirmed cases of COVID-19 occurring in that business, service, non-profit or other entity open to the public. For purposes of a school or day care, the occurrence of two or more confirmed
cases of COVID-19 among students or staff may constitute an emergency consistent with Section 690.30(c), and closure should result in shifting to remote instruction as opposed to in-person instruction.

g) Unless expressly indicated in this rule, a violation of the provisions of this Section shall not be subject to the penalties set forth in Section 8.1 of the Act.

h) Nothing in this rule supersedes any provisions of an Executive Order or guidance issued pursuant to an Executive Order.

i) Nothing in this rule supersedes any authority of an enforcing entity to enforce a local rule, ordinance or order.

(Source: Added by emergency rulemaking at 44 Ill Reg. __________, effective _______ for a maximum of 150 days)