

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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- Virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
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- 690.400 Escherichia coli Infections (E. coli O157:H7 and Other Shiga Toxin Producing E. coli) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
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- possible, within 24 hours) (Repealed)
- 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
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- 690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)

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- 690.505 Lyme Disease (See Tickborne Disease)
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- 690.650 Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)

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- 690.745 Vibriosis (Other than Toxigenic *Vibrio cholera* O1 or O139) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
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- 690.EXHIBIT A Typhoid Fever Agreement (Repealed)

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

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045,

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effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008; amended at 37 Ill. Reg. 12063, effective July 15, 2013; recodified at 38 Ill. Reg. 5408; amended at 38 Ill. Reg. 5533, effective February 11, 2014; emergency amendment at 38 Ill. Reg. 21954, effective November 5, 2014, for a maximum of 150 days; amended at 39 Ill. Reg. 4116, effective March 9, 2015; amended at 39 Ill. Reg. 11063, effective July 24, 2015; amended at 39 Ill. Reg. 12586, effective August 26, 2015; amended at 40 Ill. Reg. 7146, effective April 21, 2016; amended at 43 Ill. Reg. 2386, effective February 8, 2019; emergency amendment at 44 Ill. Reg. 9282, effective May 15, 2020, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 44 Ill. Reg. 10000, effective May 20, 2020; emergency amendment at 44 Ill. Reg. 13473, effective August 3, 2020, for a maximum of 150 days; amended at 44 Ill. Reg. 20145, effective December 9, 2020; emergency amendment at 44 Ill. Reg. 13807, effective August 7, 2020, for a maximum of 150 days; emergency rule expired January 3, 2021; emergency amendment at 45 Ill. Reg. 987, effective January 4, 2021, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 45 Ill. Reg. 6777, effective May 17, 2021, for the remainder of the 150 days; emergency amendment at 45 Ill. Reg. _____, effective SEP 17 2021 for a maximum of 150 days.

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SUBPART A: GENERAL PROVISIONS

Section 690.10 Definitions
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"Acceptable Laboratory" – A laboratory that is certified under the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493), which implements the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263).

"Act" – The Department of Public Health Act of the Civil Administrative Code of Illinois [20 ILCS 2305].

"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 µm or smaller in size)) (see Section 690.20(a)(7)).

"Authenticated Fecal Specimen" – A specimen for which a public health authority or a person authorized by a public health authority has observed either or both the patient producing the specimen or conditions under which no one other than the case, carrier or contact could be the source of the specimen.

"Bioterrorist Threat or Event" – The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any microorganism, virus, infectious substance, or biological product, to cause death, disease or other biological malfunction in a human, an animal, a plant or another living organism.

"Business" – A person, partnership or corporation engaged in commerce, manufacturing or a service.

"Carbapenem Antibiotics" – A class of broad-spectrum beta-lactam antibiotics.

"Carrier" – A living or deceased person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for others.

"Case" – Any living or deceased person having a recent illness due to a communicable disease.

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"Confirmed Case" – A case that is classified as confirmed in accordance with federal or State case definitions.

"Probable Case" – A case that is classified as probable in accordance with federal or State case definitions.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Certified Local Health Department" – A local health authority that is certified pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Adm. Code 600).

"Chain of Custody" – The methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results.

"Child Care Facility" – A center, private home, or drop-in facility open on a regular basis where children are enrolled for care or education.

"Cleaning" – The removal of visible soil (organic and inorganic material) from objects and surfaces, normally accomplished by manual or mechanical means using water with detergents or enzymatic products.

"Clinical Materials" – A clinical isolate containing the infectious agent, or other material containing the infectious agent or evidence of the infectious agent.

"Cluster" – Two or more persons with a similar illness, usually associated by place or time, unless defined otherwise in Subpart D.

"Communicable Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment.

"Contact" – Any person known to have been sufficiently associated with a case or carrier of a communicable disease to have been the source of infection for that person or to have been sufficiently associated with the case or carrier of a

communicable disease to have become infected by the case or carrier; and, in the opinion of the Department, there is a risk of the individual contracting the contagious disease. A contact can be a household or non-household contact.

"Contact Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the patient or indirect contact with potentially infectious items or surfaces (see Section 690.20(a)(7)).

"Contagious Disease" – An infectious disease that can be transmitted from person to person by direct or indirect contact.

"Dangerously Contagious or Infectious Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, a vector or the inanimate environment, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.

"Decontamination" – A procedure that removes pathogenic microorganisms from objects so they are safe to handle, use or discard.

"Department" – The Illinois Department of Public Health or designated agent.

"Diarrhea" – The occurrence of three or more loose stools within a 24-hour period.

"Director" – The Director of the Department, or his or her duly designated officer or agent.

"Disinfection" – A process, generally less lethal than sterilization, that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores).

"Droplet Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.20(a)(7)).

"Emergency" – An occurrence or imminent threat of an illness or health condition that:

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is believed to be caused by any of the following:

bioterrorism;

the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

a large number of serious or long-term disabilities in the affected population; or

widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

"Emergency Care" – The performance of rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Emergency Care Provider" – A person who provides rapid acts or procedures under emergency conditions, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma, in the observation, care and counsel of persons who are ill or injured or who have disabilities.

"Epidemic" – The occurrence in a community or region of cases of a communicable disease (or an outbreak) clearly in excess of expectancy.

"Exclusion" – Removal of individuals from a setting in which the possibility of disease transmission exists. For a food handler, this means to prevent a person from working as an employee in a food establishment or entering a food establishment as an employee.

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"Extensively Drug-Resistant Organisms" or "XDRO" – A pathogen that is difficult to treat because it is non-susceptible to all or nearly all antibiotics.

"Fever" – The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

"First Responder" – Individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 USC 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" – Any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food. Any person who dispenses medications by hand, assists in feeding, or provides mouth care shall be considered a food handler for the purpose of this Part. In health care facilities, this includes persons who set up meals for patients to eat, feed or assist patients in eating, give oral medications, or give mouth/denture care. In day care facilities, schools and community residential programs, this includes persons who prepare food, feed or assist attendees in eating, or give oral medications to attendees.

"Health Care" – Care, services and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, and counseling, among other services. Health care also includes the sale and dispensing of prescription drugs or devices.

"Health Care Facility" – Any institution, building or agency, or portion of an institution, building or agency, whether public or private (for-profit or nonprofit), that is used, operated or designed to provide health services, medical treatment or nursing, rehabilitative or preventive care to any person or persons. This includes, but is not limited to, ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers.

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"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, long-term care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers

"Health Care Worker" – Any person who is employed by (or volunteers his or her services to) a health care facility to provide direct personal services to others. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

"Health Information Exchange" – The mobilization of healthcare information electronically across organizations within a region, community or hospital system; or, for purposes of this Part, an electronic network whose purpose is to accomplish the exchange, or an organization that oversees and governs the network.

"Health Level Seven" – Health Level Seven International or "HL7" is a not-for-profit, American National Standards Institute (ANSI)-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7 produces standards for message formats, such as HL7 2.5.1, that are adopted for use in public health data exchange between health care providers and public health.

"Illinois' National Electronic Disease Surveillance System" or "I-NEDSS" – A secure, web-based electronic disease surveillance application utilized by health care providers, laboratories and State and local health department staff to report infectious diseases and conditions, and to collect and analyze additional demographic, epidemiological and medical information for surveillance purposes and outbreak detection.

"Immediate Care" – The delivery of ambulatory care in a facility dedicated to the delivery of medical care outside of a hospital emergency department, usually on an unscheduled, walk-in basis. Immediate care facilities are primarily used to treat patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department.

"Incubation Period" – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

"Infectious Disease" – A disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, prion, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Institution" – An established organization or foundation, especially one dedicated to education, public service, or culture, or a place for the care of persons who are destitute, disabled, or mentally ill.

"Isolation" – The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

"Isolation Precautions" – Infection control measures for preventing the transmission of infectious agents, i.e., standard precautions, airborne precautions (also known as airborne infection isolation precautions), contact precautions, and droplet precautions (see Section 690.20(a)(7)).

"Least Restrictive" – The minimal limitation of the freedom of movement and communication of a person or group of persons while under an order of isolation or an order of quarantine, which also effectively protects unexposed and susceptible persons from disease transmission.

"Local Health Authority" – The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of those boards, or any person legally authorized to act for the local health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Medical Record" – A written or electronic account of a patient's medical history, current illness, diagnosis, details of treatments, chronological progress notes, and discharge recommendations.

"Monitoring" – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. Monitoring may also include the institution of community-level social distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Community-level social distancing monitoring measures may include, but are not limited to, reporting of

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geographic location for a period of time, restricted use of public transportation, recommended or mandatory mask use, temperature screening prior to entering public buildings or attending public gatherings.

"Non-Duplicative Isolate – The first isolate obtained from any source during each unique patient/resident encounter, including those obtained for active surveillance or clinical decision making.

"Observation" – The practice of close medical or other supervision of contacts to promote prompt recognition of infection or illness.

"Observation and Monitoring" – Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

"Outbreak" – The occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations. The number of cases indicating presence of an outbreak is disease specific.

"Premises" – The physical portion of a building or other structure and its surrounding area designated by the Director of the Department, his or her authorized representative, or the local health authority.

"Public Health Order" – A written or verbal command, directive, instruction or proclamation issued or delivered by the Department or certified local health department.

"Public Transportation" – Any form of transportation that sets fares and is available for public use, such as taxis; multiple-occupancy car, van or shuttle services; airplanes; buses; trains; subways; ferries; and boats.

"Quarantine" – The physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms.

"Recombinant Organism" – A microbe with nucleic acid molecules that have been synthesized, amplified or modified.

"REDCap" – Research electronic data capture (REDCap) is a mature, secure web application for building and managing online surveys and databases. It is used by

state and local health authorities to collect data from persons associated with an outbreak and can be administered directly to exposed persons via a weblink.

"Registry" – A data collection and information system that is designed to support organized care.

"Restrict from Work" – For food handlers, this means to limit the activity of a food handler so that there is no risk of transmitting a disease by making sure that the food handler does not work with food, cleaning equipment, utensils, dishes, linens or unwrapped single service or single use articles or in the preparation of food.

"Sensitive Occupation" – An occupation involving the direct care of others, especially young children and the elderly, or any other occupation designated by the Department or the local health authority, including, but not limited to, health care workers and child care facility personnel.

"Sentinel Surveillance" – A means of monitoring the prevalence or incidence of infectious disease or syndromes through reporting of cases, suspect cases, or carriers or submission of clinical materials by selected sites.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.20(a)(7)).

"Sterilization" – The use of a physical or chemical process to destroy all microbial life, including large numbers of highly resistant bacterial endospores.

"Susceptible (non-immune)" – A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent developing infection or disease if or when exposed to the agent.

"Suspect Case" – A case whose medical history or symptoms suggest that the person may have or may be developing a communicable disease and who does not yet meet the definition of a probable or confirmed case.

"Syndromic Surveillance" – Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case, event or outbreak to warrant further public health response.

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"Tests" – Include, but are not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the public's health, safety and welfare.

"Transmission" – Any mechanism by which an infectious agent is spread from a source or reservoir to a person, including direct, indirect and airborne transmission.

"Treatment" – The provision of health care by one or more health care providers. Treatment includes any consultation, referral or other exchanges of information to manage a patient's care.

"Voluntary Compliance" – Deliberate consented compliance of a person or group of persons that occurs at the request of the Department or local health authority prior to instituting a mandatory order for isolation, quarantine, closure, physical examination, testing, collection of laboratory specimens, observation, monitoring or medical treatment pursuant to this Subpart.

"Zoonotic Disease" – Any disease that is transmitted from animals to people.

(Source: Amended by emergency rulemaking at 45 Ill. Reg. _____, effective SEP 17 2021, for a maximum of 150 days)

Section 690.361 Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS), and Middle Eastern Respiratory Syndrome (MERS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

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- a) Control of Case.
 - 1) All cases, including suspect cases, should be isolated at home or alternative setting for housing in accordance with Subpart I.
 - 2) Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a health care facility.
 - 3) When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.20(a)(4).
 - 4) Cleaning and disinfection procedures shall comply with the guidelines referenced in Section 690.1010(a)(4).
- b) Control of Contacts.
 - 1) Contacts of cases shall be placed under surveillance, with close observation for fever and COVID-like respiratory symptoms in consultation with the Department or local health authority on public health management of contacts. Observation and monitoring procedures shall comply with Section 690.20(a)(4).
 - 2) Close contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart I and Section 690.20(a)(4).
- c) Laboratory Reporting.
 - 1) Laboratories and other facilities performing lab services that provide tests for screening, diagnosis, or monitoring of coronavirus disease shall report all laboratory results, including positive, negative, and indeterminate results for coronavirus tests, including, but not limited to, all molecular, antigen, and serological tests, including rapid tests, to the Department via the Department's electronic lab reporting (ELR) system in a manner and on a schedule prescribed by the Department. Laboratories unable to

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submit results to the Department via the Department's ELR shall contact the Department for instructions on how to submit results.

- 2) Positive results shall be reported to the Department immediately, within 3 hours.
 - 3) In addition to the ELR submission required in subsection 361(c)(1), laboratories shall submit all test results and corresponding data, including, but not limited to, the test type, specimen source and patient demographic data, including but not limited to race, ethnicity, sex and address information, to the Department via the Illinois National Electronic Disease Surveillance System (I-NEDSS) within 24 hours after testing until the file is ready for production.
 - 4) Laboratories and other facilities performing lab services shall instruct their clients that patient demographic information must be submitted with the order request.
 - 5) Laboratories shall only submit results for tests they have performed. Laboratories shall not submit results on referred specimens.
 - 6) If deemed necessary by the Department or local health authority, laboratories shall forward clinical specimens to the Department's laboratory for further testing.
- d) Schools
- 1) Definitions
 - A) For purposes of this section, "Close Contact" means an individual who was within 6 feet for at least 15 minutes with a Confirmed Case or Probable Case in a 24 hour period. The term Close Contact does not include a student who was within 3-6 feet of a Confirmed or Probable Case in a classroom setting if both Confirmed Case or Probable Case and Close Contact were consistently masked for the entire exposure period. Close Contact does not include individuals who are fully vaccinated or who tested positive for COVID-19 within prior 90 days and are currently asymptomatic.
 - B) For purposes of this section, "Confirmed Case" means a person with a positive molecular amplification detection test result on a

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COVID-19 diagnostic test (e.g., Polymerase Chain Reaction (PCR) test), irrespective of clinical signs and symptoms.

- C) For purposes of this section, “Probable Case” means a person with a positive antigen diagnostic test for COVID-19, irrespective of clinical signs and symptoms, or COVID-19 like symptoms who was exposed to a Confirmed or Probable Case.
- D) For purposes of this section, “Exclude” means a School’s obligation to refuse admittance to the School premises, extracurricular events, or any other event organized by the School regardless of whether an isolation or quarantine order issued by a local health department has expired or has not been issued. Exclusion from a School shall not be considered isolation or quarantine.
- E) For purposes of this section, “School” means any public or nonpublic elementary or secondary school, including charter schools, serving students in pre-kindergarten through 12th grade. The term “School” does not include the residential component of any residential schools, including any State-operated residential schools such as the Philip J. Rock Center and School, the Illinois School for the Visually Impaired, the Illinois School for the Deaf, and the Illinois Mathematics and Science Academy. The term “School” does not include schools operated by the Illinois Department of Juvenile Justice.
- F) For purposes of this section, “School Personnel” means any person who (1) is employed by, volunteers for, or is contracted to provide services for a School or school district serving students in pre-kindergarten through 12th grade, or who is employed by an entity contracted to provide services to a School, school district, or students of a School , and (2) is in close contact (fewer than 6 feet) with students of the School or other School Personnel for more than 15 minutes at least once a week on a regular basis as determined by the School. The term “School Personnel” does not include any person who is present at the School for only a short period of time and whose moments of close physical proximity to others on site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly enter a site to pick up a shipment).

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- G) For purposes of this Section, "Student" means an adolescent or child enrolled in a School.
- 2) Schools shall investigate the occurrence of cases and suspect cases in Schools and identify Close Contacts for purposes of determining whether Students or School Personnel must be Excluded consistent with this section.
 - 3) Schools shall Exclude any Student or School Personnel who is a Confirmed Case or Probable Case for at least 10 days following date of positive test if asymptomatic or following onset of symptoms if symptomatic, or as otherwise directed by the local health authority.
 - 4) Schools shall Exclude any Student or School Personnel who is a Close Contact to a Confirmed or Probable Case for a minimum of 14 days or as otherwise directed by the local health authority, which may recommend options such as 10 days or 7 days with a negative test result on day 6. As an alternative to Exclusion if both the Confirmed Case or Probable Case and contact were masked for the entire exposure period, schools may permit Close Contacts who are asymptomatic to attend in-person instruction provided the Close Contact tests negative on days 1, 3, 5 and 7 following the exposure to a Confirmed or Probable Case.
 - 5) Schools shall exclude any Student or School Personnel that exhibit symptoms of COVID-19, as defined by the CDC, (1) until they test negative for COVID-19 or for a minimum of 10 days, (2) until they are fever free for 24 hours and (3) until 48 hours after diarrhea and vomiting have ceased.
 - 6) Requiring vaccination, testing, or the wearing of masks, or excluding a Student or School Personnel consistent with this subsection shall not constitute isolation or quarantine under the Act, 20 ILCS 2305/1.1 et. seq., and may be done without a court order or order by a local health authority.

(Source: Amended by emergency rulemaking at 45 Ill. Reg. _____, effective SEP 17 2021, for a maximum of 150 days)

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**Section 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens
EMERGENCY**

- a) *The Department or certified local health department may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(d) of the Act)*
- b) Persons who are subject to physical examination, tests and collection of laboratory specimens shall report for physical examinations, tests, and collection of laboratory specimens and comply with other conditions of examinations, tests, and collection as the Department or certified local health department orders.
- c) *An individual may refuse to consent to a physical examination, test, or collection of laboratory specimens, but shall remain subject to isolation or quarantine, provided that, if those persons are isolated or quarantined, they may request a hearing in accordance with this Subpart. (Section 2(d) of the Act)*
- d) *An individual shall be given a written notice that shall include notice of the following:*
 - 1) *That the individual may refuse to consent to physical examination, test, or collection of laboratory specimens;*
 - 2) *That if the individual consents to physical examination, tests, or collection of laboratory specimens, the results of that examination, test, or collection of laboratory specimens may subject the individual to isolation or quarantine pursuant to the provisions of this Subpart;*
 - 3) *That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and that refusal results in uncertainty regarding whether he or she has been exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's health, the individual may be subject to isolation or quarantine pursuant to the provisions of this Subpart; and*
 - 4) *That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart. (Section 2(d) of the Act)*
- e) All specimens collected shall be clearly marked.

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- f) Specimen collection, handling, storage, and transport to the testing site shall be performed in a manner that will reasonably preclude specimen contamination or adulteration and provide for the safe collection, storage, handling, and transport of the specimen.
- g) Any person authorized to collect specimens or perform tests shall use chain of custody procedures to ensure proper record keeping, handling, labeling, and identification of specimens to be tested. This requirement applies to all specimens, including specimens collected using on-site testing kits.
- h) Nothing in this Section shall be construed to limit the Department or certified local health department's ability to conduct physical examinations and tests or to collect laboratory specimens on a voluntary basis or from engaging in other methods of voluntary disease surveillance.
- i) Nothing in this Section shall be construed to limit the ability of schools, employers, or other institutions to conduct or require physical examinations and tests or to collect laboratory specimens, or to exclude an individual who does not consent to such examinations, tests, or collection of laboratory specimens consistent with applicable law.

(Source: Amended by emergency rulemaking at 45 Ill. Reg. _____, effective ~~SEP 17 2021~~ for a maximum of 150 days)

**Section 690.1385 Vaccinations, Medications, or Other Treatments
EMERGENCY**

- a) *The Department or certified local health department may order the administration of vaccinations, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease. (Section 2(e) of the Act)*
- b) Persons who are required to receive treatment, including, but not limited to, vaccination and medication, shall comply with other conditions of vaccination, medication, or other treatment as the Department or certified local health department orders.
- c) *An individual may refuse to receive vaccinations, medications, or other treatments, but shall remain subject to isolation or quarantine, provided that, if the individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart. (Section 2(e) of the Act)*
- d) *An individual shall be given a written notice that shall include notice of the following:*
 - 1) *That the individual may refuse to consent to vaccinations, medications, or other treatments;*
 - 2) *That if the individual refuses to receive vaccinations, medications, or other treatments, the individual may be subject to isolation or quarantine pursuant to the provisions of this Subpart; and*
 - 3) *That if the individual refuses to receive vaccinations, medications, or other treatments and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of this Subpart. (Section 2(f) of the Act)*
- e) Nothing in this Section shall be construed to limit the Department's or certified local health department's ability to administer vaccinations, medications, or other treatments on a voluntary basis or to prohibit the Department or certified local health department from engaging in other methods of voluntary disease surveillance.
- f) Nothing in this Section shall be construed to limit the ability of schools, employers, or other institutions to require vaccinations or to exclude individuals who do not consent to vaccination consistent with applicable law.

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(Source: Amended by emergency rulemaking at 45 Ill. Reg. _____, effective
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