**Section 690.200 Reporting**

a) Reporting Entities and Manner of Reporting

1) Each of the following persons or any other person having knowledge of a known or suspect case or carrier of a disease or condition or death from a notifiable disease or condition shall report the case, suspect case, carrier or death in humans within the time frames set forth in Section 690.100:

A) Physicians

B) Physician assistants

C) Nurses and advanced practice nurses

D) Nursing assistants

E) Dentists

F) Health care practitioners

G) Emergency medical services personnel

H) Infection Preventionists

I) Laboratory personnel

J) Long-term care personnel

K) Any institution, school, college/university, child care facility or camp personnel

L) Pharmacists and pharmacy technicians

M) Poison control center personnel

N) Blood bank and organ transplant personnel

O) Coroners, funeral directors, morticians and embalmers

P) Medical examiners

Q) Veterinarians

R) Correctional facility personnel

S) Food service management personnel

T) The master, pilot or any other person in charge of any bus, train, ship or boat, and the commander, pilot or any other person in charge of any aircraft within the jurisdiction of the State

U) Researchers

V) Animal control or animal shelter employees

W) Any other person having knowledge of a known or suspected case or carrier of a notifiable disease or condition or disease or condition-related death.

2) An individual required to report notifiable diseases or conditions who is unsure whether the case meets the definition of a suspect case shall make a report if the suspect disease, infection or condition is one that is required to be reported immediately, is highly transmissible, or could result in health consequences to others.

3) A health care provider who attends to a case, carrier or suspect case shall inform the case, carrier or suspect case and the case's, carrier's or suspect case's contacts of the applicable requirements of isolation, exclusion, quarantine, screening, treatment or prophylactic measures and other precautions necessary to prevent the spread of disease.

4) Laboratories shall report certain positive test results and provide clinical materials as specified in Subpart D or if requested. Upon request of the local health authority, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory shall comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department. Laboratories shall report negative or indeterminate test results as requested by the Department, when necessary for the investigation, monitoring, control and prevention of diseases dangerous to the public health.

5) The reports shall be submitted electronically through the Electronic Disease Surveillance System (EDSS) web-based system or by mail, telephone, facsimile, other secure electronic system integrated with EDSS, or other Department designated registry to the local health authority in whose jurisdiction the reporter is located.

A) The method of reporting shall be as described in the individual Section for the notifiable disease or condition.

B) Laboratories shall submit data electronically through EDSS in accordance with HL7 Version 2.5.1 (or higher) Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 and with Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine (SNOMED) codes to specify testing information and results, respectively. Laboratories can request an exemption based on small case volumes, and the Department will evaluate the request against past testing volumes. Prior to establishing electronic reporting, laboratories shall report via browser-based data entry into EDSS.

C) Providers shall establish a data linkage and submit electronic case report data through the Association of Public Health Laboratories Informatics Messaging Service (AIMS) platform in accordance with CMS Promoting Interoperability standards.

D) The Department will electronically route these reports to the local health authority in whose jurisdiction the patient is located. If this information is not available, then the record will be routed to the jurisdiction of the ordering provider. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.

E) The reporter shall provide, when available, disease or condition, name, age, date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and name and telephone number of the attending medical provider. When requested, on paper forms provided by the Department or electronically through EDSS or AIMS, clinical and laboratory findings in support of the diagnosis, epidemiological facts relevant to the source of the infection or condition, and possible hazard of transmission of the infection or condition shall also be reported.

F) A laboratory or provider that is required to report data electronically shall have a State-approved continuity of operations plan for reporting continuity in emergency situations that disrupt electronic communications. At least two alternative methodologies shall be incorporated, such as facsimile, mail or courier services.

6) During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying location and contact information for those individuals believed to be associated with the outbreak.

7) Any party receiving the reports shall notify the local health authority where the patient resides immediately by phone (within three hours) for Class I(a) diseases and conditions, within 24 hours (during normal business hours) for Class I(b) diseases and conditions and within three days for Class II diseases or conditions. When a case of a notifiable disease or condition is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case shall be transferred electronically in EDSS with additional relevant information supplied to the other jurisdiction. If a known or suspect case or carrier of a notifiable disease or condition is hospitalized or examined in a hospital or long-term care facility, the administrator of the health care facility shall ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

8) Veterinarians, animal control officials, animal holding facility personnel, retail stores selling animals and wildlife professionals shall report any zoonotic disease outbreak in persons including location and contact information for the owner of the animals suspected of causing the outbreak, as well as any new or emerging zoonotic disease illness in a single person or any human contacts to the infected animals.

b) Upon receipt of this report, the local health authority shall report cases to the Department as specified in this Section. Local health authorities shall report cases to the Department using EDSS according to the time frames specified in Section 690.100. The processing of electronic laboratory reports in EDSS or via AIMS is equivalent to reporting a case to the Department. If EDSS becomes temporarily non-functional, the local health authority may report to the Department by secure email, mail, telephone or facsimile.

c) The report to the Department and local health authority shall provide the following information: disease or condition, name, age, date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and telephone number and name of the attending physician. When requested, on paper forms provided by the Department or electronically through the EDSS, clinical and laboratory findings in support of the diagnosis, epidemiological facts relevant to the source of the infection, and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall be required.

d) Confidentiality

1) The Department will maintain the confidentiality of information that would identify individual patients, including, but not limited to, the identity or any group of facts that tends to lead to the identity of any facility or of any person whose condition or treatment is submitted to the Department or local health authority. The following data elements, alone or in combination, may be considered confidential: name, sex, social security number, address (including street, city and county), email address, telephone number, facsimile number, dates (other than year) directly related to an individual, medical record number, health insurance beneficiary numbers, certificate or license number, reporting source (unless permitted by the reporting facility), age (unless aggregated for five or more years), age greater than 89, and zip code (unless aggregated for five or more years). Data defined by geographic area that are smaller than zip code, such as census tract or census block groups, may be considered confidential.

2) The Department and local health authority will maintain the confidentiality of recipes, and vendor and distributor information collected as part of an outbreak or illness investigation. The Department or local health authority will share such information with public health partners as necessary for the purposes of an outbreak or illness investigation.

3) Epidemiologic information (including, but not limited to epidemiologic line listings), documents and correspondence between the Department, local health authority, the CDC and other state and federal agencies is considered confidential. The Department will share such information with public health partners as necessary for the purposes of an outbreak or illness investigation.

4) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of notifiable diseases or conditions to any government agency or officer, the reports shall be confidential. Any medical practitioner or other person who provides a report of a disease or condition in good faith shall have immunity from suit for slander or libel for statements made in the report. The identity of any individual contained in a report of a notifiable disease or condition or an investigation conducted pursuant to a report of a disease or condition shall be confidential, and the individual's identity shall not be disclosed publicly in an action of any kind in any court or before any tribunal, board or agency. The individual, his/her legal guardian or his/her estate, with proper consent, may have his/her information released as requested.

5) As outlined in the Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health information may be disclosed to public health authorities when required by federal, tribal, state, or local laws. This includes the requirements set forth in this Part that provide for reporting a disease or condition or conducting public health surveillance, investigation, or intervention. For disclosures not required by law, a public health authority may collect or receive information for the purpose of preventing or controlling disease or a condition.

6) To prevent the spread of a disease or condition, the Department, local boards of health, and local health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with each other. In addition, the Department and local health authorities may share confidential health information contained in surveillance reports and other individually identifiable health information with health care facilities and health care providers, to the extent necessary for treatment, prevention or control of a disease or condition. The Department will share the information in a secure manner that protects the confidentiality of the protected health information.

7) Subsections (d)(1) through (5) shall not prevent the Director or authorized personnel of the Department from furnishing what the Department determines to be appropriate information to a physician or institution providing examination or treatment to a person suspected of or affected with a disease or condition, including carrier status, of public health interest, or to any person or institution when necessary for the protection of public health. Only the minimum information necessary for the intended purpose shall be disclosed. A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the information so as to disclose the identity of the person to whom the information or record relates, except as necessary for the treatment of a case or carrier or for the protection of the health of others.

8) To prevent the spread of a disease or condition, the Department, local boards of health, local health authorities, and other state agencies involved with direct care and service provisions to individuals shall have emergency access to medical or health information or records or data upon the condition that the Department, local boards of health, and local health authorities protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to Section 2 of the Department of Public Health Act, in accordance with federal and State law. Any medical or health information or records or data shall be exempt from inspection and copying under the Freedom of Information Act. Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might result, except in the event of willful and wanton misconduct. The privileged quality of communication between any professional person or any facility shall not constitute grounds for failure to provide emergency access.

9) The Department will provide information pertaining to human or animal cases of zoonotic disease to another State or federal agency, including but not limited to the Centers for Disease Control and Prevention, Federal Drug Administration and U.S. Department of Agriculture, Illinois Department of Agriculture, and Illinois Department of Natural Resources only if the disease is reportable to the agency or if another agency is assisting with control of an outbreak.

10) Information contained in EDSS and other Department registries shall be confidential and not subject to inspection by persons other than authorized personnel or agents of the Department, certified local health authorities, and other authorized persons or agencies authorized in this Part.

A) In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permitting a health care provider to disclose protected health information about an individual, without the individual's authorization, to another health care provider for that provider's health care treatment of the individual (see HIPAA 45 CFR 164.506 and the definition of "treatment" at HIPAA 45 CFR 164.501), the Department may disclose information contained in EDSS and other Department registries, and the Department may permit access to the information by a licensed health care worker or health care institution that is treating or testing the individual to whom the information relates for the protection of the individual's health or the public's health, including prevention purposes.

B) The Department may also disclose what it considers to be appropriate and necessary information from EDSS and other Department registries to a licensed health care provider or health care institution or congregate living facility when:

i) the licensed health care provider or health care institution or congregate living facility has received security approval from the Department to access EDSS or the other registries and provides identifying information satisfactory to the Department to determine that the person to whom the information relates is currently being treated by or under the care of the licensed health care provider or health care institution; and

ii) the disclosure of the EDSS or other registries' information is in the best interests of the person to whom treatment or care is being provided or will contribute to the protection of the public health.

C) Disclosure may take place using electronic means compliant with HIPAA security and privacy standards. The Department will prescribe the use of a health information exchange to achieve these purposes when a health information exchange is available.

D) A person or institution to whom information is furnished or to whom access to records has been given shall not divulge any part of the records so as to disclose the identity of the person to whom the information or record relates, except as necessary for the treatment of a case or carrier or for the protection of the health of others.

e) Section 8-2101 of the Code of Civil Procedure explains the confidential character of reports obtained for medical studies. The Department and other agencies specified in that Section may collect certain information and require reporting of certain diseases and conditions for medical studies. The law provides for confidentiality of these reports, prohibits disclosure of all data obtained except that which is necessary for the purpose of the specific study, provides that data shall not be admissible as evidence, and provides that the furnishing of information in the course of a medical study shall not subject any informant to any action for damages. *No patient, patient's relatives, or patient's friends named in any medical study shall be interviewed for the purpose of* the *study unless consent of the attending physician and surgeon is first obtained.* (Section 8-2104 of the Code of Civil Procedure)

f) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made by telephone within three hours after the order is issued unless the Department directs otherwise.

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

h)Procedures Involving Emergency Care Provider

Every person, employer or local government employing persons rendering emergency care shall designate a contact person or "designated officer" to receive reports from the local health authority. The employer shall assure that the designated officer has sufficient training to carry out the duties described in subsection (i), which shall include appropriate procedures for follow-up after occupational exposures to specific diseases specified in subsection (i).

i)The following apply to meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (Yersinia pestis), rabies, hemorrhagic fevers (e.g., Lassa, Marburg, monkeypox, and Ebola) or an environmental infectious disease risk, such as hantavirus or histoplasmosis, in the location where the patient was attended to:

1) Health care providers and health care facilities shall, when reporting these diseases, determine and include as part of their report whether an emergency care provider was involved in pre-hospital care for the patient.

2) Health care providers and health care facilities shall report to the local health authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified in subsection (i)(3), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.

3) Upon receiving a report of a notifiable disease or condition as defined in this subsection (i), the designated officer shall notify all out-of-hospital care providers, including, but not limited to: emergency medical personnel, firefighters, law enforcement officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease.

4) The designated officer shall inform the personnel only of the reportable disease, the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the person having the reportable disease or otherwise refer specifically to the person.

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