**Section 615.300 Infectious Diseases**

a) To protect the citizens within its jurisdiction from contracting infectious diseases and to prevent disease transmission, the local health department shall conduct a comprehensive infectious diseases control program.

b) For selected Class I(a), Class I(b) and Class II diseases listed in Section 690.100 of the Control of Communicable Diseases Code, the local health department, in consultation with the Department, shall monitor trends on an annual basis. Disease case counts and disease case rates are important in the framework of measures needed to understand the outcome of disease control efforts, but shall not be interpreted in isolation, since they may be a reflection of circumstances beyond the control or influence of a disease control program. Communicable disease control programs shall include the following tasks:

1) On a regular basis during normal business hours, review Illinois-National Electronic Disease Surveillance System (I-NEDSS) data, and Health Care Provider and Electronic Laboratory Reporting (ELR) reports to recognize changes in disease trends or to identify a possible previously unreported outbreak in Class I(a), Class I(b) and Class II diseases;

2) Report diseases as required in the Control of Communicable Diseases Code within the time frames specified; and

3) Review I-NEDSS-generated data on a quarterly basis and use this information in combination with other program activity measures to assess program performance and to undertake program planning to decrease infectious diseases.

c) The local health department shall undertake the following activities, in accordance with the Control of Communicable Diseases Code , the Control of Tuberculosis Code, the Control of Sexually Transmissible Infections Code, and the HIV/AIDS Confidentiality and Testing Code to control the spread of, reduce the incidence of, and prevent Class I and Class II diseases within its jurisdiction.

1) The local health department shall investigate all reported cases (or suspected cases) of Class I(a) and (b) and Class II diseases in accordance with the Control of Communicable Diseases Code.

2) The local health department shall comply with the reporting requirements of the Control of Communicable Diseases Code.

3) For all reported cases of HIV or early syphilis identified by a health care provider in the local health department's jurisdiction, and for chlamydia or gonorrhea cases identified at a local health department clinic, the local health department shall determine whether a health care provider offered counseling and partner services. If counseling and partner services have not been offered, the local health department shall provide or offer referral for counseling and partner services.

4) Individuals reported with sexually-transmitted infections shall be treated with a course of therapy from the United States Public Health Service Sexually Transmitted Diseases Treatment Guidelines.

5) The local health department shall implement and maintain a system to monitor the status of Class I(a) and (b) and Class II infectious diseases, including reporting, and a system to estimate the incidence, prevalence and demographic characteristics of cases that occur in the community. Diseases shall be monitored using the Department's I-NEDSS reporting system and its reporting modules. This system includes a mechanism to assist the local health department with recognition of normal disease occurrence and the number of cases of a reported disease that may be outside of normal limits, which may suggest an outbreak. A local health department shall also have an internal plan to respond to an outbreak, and this plan may be adjusted as necessary for each unique outbreak situation.

6) Ongoing immunization clinics shall be developed and maintained as a local service as needed. Ongoing clinics shall be of a number and frequency to provide immunizations in accordance with the Recommendations of the Advisory Committee on Immunization Practices (ACIP), and to assist schools to comply with Section 27-8.1 of the School Code. In collaboration with State and federal public health entities, special immunization clinics shall be provided during outbreaks of a number and frequency as needed to control the spread of disease. Vaccinations provided shall be documented through the Department's immunization data registry or through a data system that interfaces with the immunization data registry.

7) Each local health department shall survey the immunization status of the population in the local jurisdiction at least once every five years. Data for the immunization survey may be obtained from the Department's immunization data registry; from the Women, Infants, and Children program; from the Illinois State Board of Education for school-age children; or from local health partners. Survey results shall be used to plan and conduct activities to increase immunization levels to at least 90 percent for all ACIP-recommended vaccines routinely administered to children zero to 18 years of age and measured according to the National Immunization Survey (NIS) age groups (19-35 months and 13-17 years of age), as found at http://www.cdc.gov/nchs/nis.htm. If subsequent surveys show a lower level of immunity, the Department will collaborate with the local health department to develop strategies to increase the level of immunity.

8) Biologics provided by the Department shall be distributed and used in accordance with the National Center for Immunization and Respiratory Diseases Recommendations of ACIP or the United States Public Health Service Sexually Transmitted Diseases Treatment Guidelines.

9) Vaccines provided by the Department shall be accounted for with each new vaccine order in the vaccine ordering and accountability module in the Department's immunization data registry.

10) Procedures shall be implemented at the local level to assure that the amount of State-supplied vaccine unaccounted for or wasted on an annual basis is at or below the limit set by the Department; wasted or expired vaccine shall be returned within six months after the expiration date.

11) All known adverse events following administration of vaccines at local health department clinics shall be investigated and reported online to the Vaccine Adverse Events Reporting System (VAERS).

12) Qualified personnel shall be available to conduct the activities required in this Section. All new staff shall complete the Department's Communicable Disease 101 training module within one month after beginning infectious disease surveillance duties. In addition, all new staff shall complete either the Centers for Disease Control and Prevention self-study course on Principles of Epidemiology in Public Health Practice or nine hours of Department-approved training within 12 months after beginning infectious disease surveillance duties. All other staff with infectious disease surveillance duties shall attend at least 10 hours of Department-approved training each year. Department-approved training may include, but shall not be limited to, classroom training, satellite courses, conference seminars, Department-produced webinars, or Department-produced training modules.

13) Records that contain information that identifies or could lead to the identity of cases, case contacts, counseling clients, screening participants, or vaccine recipients shall be strictly confidential and shall not be released except as provided in applicable State and federal statutes and rules or with written consent of the person to whom the records are related. Protocols directing the secure management of protected health information shall be written, implemented and made available for review, minimally on an annual basis. For HIV, other sexually transmitted infections, tuberculosis and hepatitis surveillance, the United States Department of Health and Human Services Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease and Tuberculosis Programs shall be followed.

14) Contact information for local health department personnel shall be made readily available to the Department and updated no less than quarterly for the purposes of coordinating disease control activities as specified in this Part. This includes, but is not limited to, daytime and after-hours contact information; phone numbers for use by the general public and public health partners in local communities; registration to receive Health Alerts through the Health Alert Network/State of Illinois Rapid Electronic Notification (HAN/SIREN) system; and subscription to alerts through the Department's intranet Web Portal platform.

(Source: Amended at 39 Ill. Reg. 5860, effective April 10, 2015)