

Communicable and Chronic Infectious Disease

7:280-E2 Exhibit - Reporting and Exclusion Requirements for Common Communicable Diseases

March 2024

The following chart contains requirements from rules adopted by the Ill. Dept. of Public Health (IDPH). They provide routine measures for the control of communicable diseases by establishing progressive initiatives for implementing disease-reporting and exclusions measures. School personnel must notify the local health authority if they have knowledge of a known or suspected case or carrier of communicable disease, and such reports must be kept confidential. [77 Ill.Admin.Code §690.200](#).

Diseases and Conditions, [77 Ill.Admin.Code §690.100](#)

The following are declared to be contagious, infectious, or communicable and may be dangerous to the public health. The Section number associated with the listed diseases or conditions indicates the Section of the rules explaining the notifiable disease or condition. Diseases and conditions are listed alphabetically by class. Every class has a different timeframe for mandatory reporting to IDPH.

Standard precautions refers to infection prevention and control measures for healthcare settings that apply to all patients regardless of diagnosis or presumed infection status. [77 Ill.Admin.Code §690.10](#).

Contact precautions refers to infection control measures for healthcare settings designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the suspected or known case or indirect contact with potentially infectious items or surfaces. [77 Ill.Admin.Code §690.10](#).

Droplet precautions refers to infection prevention and control measures for healthcare settings 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. [77 Ill.Admin.Code §690.10](#).

Case refers to any living or deceased person having a recent illness due to a notifiable condition. [77 Ill.Admin.Code §690.10](#).

Class I(a) Diseases or Conditions

The following notifiable diseases or conditions shall be reported by telephone immediately (within three hours) upon initial clinical suspicion of the disease or condition to the local health authority, who shall then report to IDPH immediately (within three hours).

Disease or Condition	Precaution and Exclusion Rules
Any unusual case of a disease or condition not listed in IDPH regulations that is of urgent public health significance (including, but not limited to, cowpox, Reye's syndrome, glanders, amoebic meningoencephalitis, orf, monkeypox, hemorrhagic fever viruses, infection from a laboratory-acquired recombinant organism, or any disease or condition non-indigenous to the United States),	Contacts shall be evaluated to determine the need for quarantine and/or for symptoms monitoring follow-up for a period of time following exposure. The local health authority shall implement appropriate control measures.

§690.295	
Anthrax, §690.320	A search shall be made for history of exposure to infected animals or animal products and traced to the place of origin. All anthrax cases shall be reviewed carefully for consideration of a bioterrorist event. No restrictions on contacts.
Botulism, Foodborne, §690.327	No restrictions.
Brucellosis (if suspected to be a bioterrorist event or part of an outbreak), §690.330	No restrictions.
Coronavirus, Novel, including Severe Acute Respiratory Syndrome (SARS), and Middle Eastern Respiratory Syndrome (MERS), §690.361	IDPH will make recommendations as information becomes known about the transmissibility of the novel coronavirus. IDPH will make recommendations for control of contacts based on transmissibility and severity of illness caused by the novel strain.
Diphtheria, §690.380	The case shall be isolated until two successive cultures from both throat and nose (and skin lesions in cutaneous diphtheria) are negative for diphtheria bacilli or when a virulence test proves the bacilli to be avirulent. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy and the second culture shall be taken not less than 24 hours after the first. If culturing is unavailable or impractical, isolation may be ended after 14 days of effective appropriate antimicrobial therapy.
Influenza A, Novel or Variant Virus, §690.469	<p>IDPH will make recommendations as information becomes known about the transmissibility of the novel or variant influenza virus. IDPH will make recommendations for control of contacts based on transmissibility and severity of the illness caused by the novel or variant influenza A strain.</p> <p>(See the f/lns of sample policy 4:180, <i>Pandemic Preparedness; Management; and Recovery</i>, for information and resources regarding influenza epidemics in schools; administrative procedure 4:180-AP1, <i>School Action Steps for Pandemic Influenza or Other Virus/Disease</i>; and administrative procedure 4:180-AP2, <i>Pandemic Influenza Surveillance and Reporting</i>.)</p>
Measles, suspect, probable or confirmed, §690.520	All cases, including suspect cases, with measles shall isolate themselves at home and shall be excluded from school, work, and childcare facilities for at least four days after appearance of the rash.
Plague, §690.570	Cases, their clothing, their living quarters and any pets shall be treated to eliminate fleas. Contacts to pneumonic plague and bubonic plague shall be

	monitored daily for seven days by the local health authority or other designated individual.
Poliomyelitis, §690.580	Cases or suspected cases with polio who are not in the hospital shall isolate themselves at home, and shall be excluded from school, work, or any child care facility until IDPH determines the person is no longer infectious and isolation is no longer needed.
Q-fever (if suspected to be a bioterrorist event or part of an outbreak), §690.595	The local health authority should investigate. No specific restrictions on contacts.
Smallpox, §690.650	Cases shall be admitted to a health care setting.
Tularemia (if suspected to be a bioterrorist event or part of an outbreak), §690.725	No specific restrictions.
Any suspected bioterrorist threat or event, §690.800	Cases and contacts shall be evaluated to determine need for isolation.

Class I(b) Diseases or Conditions

The following notifiable diseases or conditions shall be reported as soon as possible during normal business hours by telephone (some rules state that facsimile or electronic reporting are also acceptable, the Disease column indicates “F” for facsimile or “E” for electronic in those instances), but within 24 hours, i.e., within eight regularly scheduled business hours after identifying the case, to the local health authority, who shall then report to IDPH as soon as possible, but within 24 hours.

Disease	Precaution and Exclusion Rules
Acute Flaccid Myelitis (AFM), §690.290	No general restrictions.
Botulism (intestinal, wound and other), §690.327 (F or E)	No restrictions.
Brucellosis (not part of suspected bioterrorist event or part of an outbreak), §690.330	Standard precautions shall be followed. Contact precautions shall be followed when dressing does not adequately contain drainage. No restrictions on contacts.
Chickenpox (Varicella), §690.350 (F or E)	Children shall be excluded from school or child care facilities for a minimum of five days after the appearance of eruption (with day zero being the first day of rash appearance) or until vesicles become dry/crusted, whichever is longer.
Cholera, §690.360 (F)	Contacts should be asked about symptoms during the period of household exposure and for five days after last exposure.
Cronobacter, including <i>C. sakazakii</i> and <i>C. malonaticus</i> , infants younger than 12 months of age, §690.362	No specific restrictions.
Escherichia coli infections (E. coli	Cases shall avoid public swimming pools while

O157:H7 and other Shiga toxin-producing E. coli), §690.400 (F)	symptomatic and for two weeks after the date diarrhea has ceased. Specific precautions for food handlers must be followed.
Haemophilus influenzae, invasive disease, §690.441 (F)	No specific restrictions.
Hantavirus pulmonary syndrome, §690.442 (F)	No specific restrictions on contacts.
Hemolytic uremic syndrome, post-diarrheal, §690.444 (F)	See requirements for the applicable disease that preceded the HUS (when preceding cases are either E.Coli (Section §690.400) or Shigellosis (Section §690.640) standard precautions shall be followed and contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours).
Hepatitis A, §690.450 (F or E)	See §690.450
Influenza, (Laboratory Confirmed Deaths in persons younger than 18 years of age), §690.465	The death of a child younger than 18 years of age with laboratory-confirmed influenza shall be reported.
Influenza, (Laboratory Confirmed Testing via Electronic Laboratory Reporting (ELR) only and Intensive Care Unit Admissions), §690.468 (F or E)	No specific restrictions. IDPH will recommend control of contacts based on transmissibility and severity of the illness caused by the influenza strain.
Melioidosis due to <i>Burkholderia pseudomallei</i> , §690.530	No specific restrictions.
Mumps, §690.550 (F or E)	Suspect, probable, and confirmed cases as defined in Section 690.10 shall be excluded from school, child care facilities or the workplace until five days after onset of symptoms (parotitis). Susceptible close contacts to confirmed and probable cases shall be excluded from school, child care facilities or the workplace from days 12 through 25 after exposure.
Neisseria meningitidis, invasive disease and purpura fulminans, §690.555 (F or E)	No specific restrictions.
Any suspected or Confirmed Outbreak of a Disease of Known or Unknown Etiology that may be a Danger to the Public Health, Whether the Disease, Infection, Microorganism, or Condition is specified in the Rule (including but not limited to, foodborne, healthcare-associated, zoonotic disease, and waterborne outbreaks), §690.565 (E)	Make a report to local health authority within 24 hours for investigation. If outbreak has occurred, the local health authority makes a final report to IDPH. Cases are evaluated to determine need for isolation.
Pertussis (whooping cough), §690.750	Cases shall be excluded from school, child care facilities,

	or the workplace until five days of appropriate antibiotic therapy has been completed. All household contacts and community-based contacts determined by the local health authority to be at risk should receive at least five days of a course of appropriate antibiotics.
Q-fever (not suspected in bioterrorist attack or part of an outbreak), §690.595	Standard precautions shall be followed. No restrictions for contacts.
Rabies, human, §690.600 (F or E)	Cases of suspect human rabies should be admitted to a health care facility.
Rabies, potential human exposure and animal rabies, §690.601 (F or E) Definition of exposed person to be reported is lengthy and available in §690.601	The local health authority determines whether rabies post-exposure prophylaxis for the exposed person is needed.
Respiratory Syncytial Virus (RSV) Infection (Laboratory Confirmed Testing via ELR only, Pediatric Deaths, and Intensive Care Unit Admissions), §690.605 (F or E)	No specific restrictions.
Rubella, §690.620 (F or E)	Cases shall isolate themselves and be excluded from school, child care facilities or the workplace for seven days after rash onset. Susceptible contacts shall be excluded from school or the workplace from days seven through 23 following rash onset after last exposure.
SARS-CoV2 Infection (COVID-19) (Laboratory Confirmed Testing via ELR Only, Pediatric Deaths, and Intensive Care Unit Admissions), §690.635	All cases shall isolate themselves at home per CDC recommendations or as directed by the local health authority.
Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin, §690.661 (F)	No specific restrictions. IDPH will issue specific recommendations for the control of contacts on a case-by-case basis.
Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections In Persons Admitted to the Hospital or Residing in a Residential Facility, including antibiotic susceptibility test results, §690.670 (F)	No specific restrictions.
Tularemia (not suspected to be bioterrorist event or part of an outbreak), §690.725	Standard precautions shall be followed. No restrictions on contacts.
Typhoid fever and Paratyphoid fever (including S. Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative), and S.	Cases with typhoid fever in non-sensitive occupations shall not return to their occupation until the following are completed: i) termination of the acute illness (absence of

Paratyphi C cases), §690.730 (F)	fever); and ii) receipt of education on transmission of the bacterium that causes typhoid fever from the local health authority.
Typhus, §690.740 (F or E)	Proper delousing for louse-borne typhus is required. The local health authority shall monitor all immediate contacts for clinical signs for two weeks.

Class II Diseases or Conditions

The following diseases shall be reported as soon as possible by mail, telephone, facsimile or electronically during normal business hours, but within seven days, to the local health authority which shall then report to the IDPH within three days.

Arboviral Infections, §690.322	No general restrictions.
Campylobacteriosis, §690.335	No specific restrictions.
Cryptosporidiosis, §690.365	Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for 2 weeks after cessation of diarrhea.
Cyclosporiasis, §690.368	No specific restrictions for contacts.
Hepatitis B, §690.451	No specific restrictions. Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.
Hepatitis C Acute Infection, Perinatal and Non-Acute Confirmed Infection, §690.452	No specific restrictions.
Histoplasmosis, §690.460	No specific restrictions.
Legionellosis, §690.475	No specific restrictions.
Leptospirosis, §690.490	No specific restrictions.
Listeriosis, §690.495	No specific restrictions
Malaria, §690.510	No specific restrictions.
Multi-drug resistant organisms considered to be of epidemiologic importance due to either severity of clinical disease, potential for transmission of genetic elements, or opportunities for effective control effects, §690.445	Patients in health care facilities, including, but not limited to, long-term acute care hospitals and skilled nursing facilities, should comply with the local health authority's recommendations for control measures as supported by IDPH or CDC procedures and best practices for control of transmission.
Psittacosis due to chlamydia psittaci, §690.590	No specific restrictions.
Salmonellosis including Paratyphi V var. L(+) tartrate+ (other than S. typhi A., S Paratyphi B (tartrate negative), and S.	Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while

Paratyphi C cases), §690.630	symptomatic and for two weeks after cessation of diarrhea.
Shigellosis, §690.640	Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic, and for two weeks after cessation of diarrhea.
Toxic shock syndrome due to Staphylococcus aureus infection, §690.695	No specific restrictions.
Streptococcus pneumoniae, invasive disease in children younger than five years, §690.678	No specific restrictions.
Tetanus, §690.690	No specific restrictions. No restrictions on contacts.
Tickborne Disease, including African Tick Bite Virus, Anaplasmosis, Babesiosis, Bourbon Virus, Ehrlichiosis, Heartland Virus, Lyme disease, and spotted fever Rickettsiosis, §690.698	No specific restrictions.
Trichinosis, §690.710	No specific restrictions.
Tuberculosis, §696.170	Reporting requirement is limited to health care professionals (includes nurses and health coordinators or health care settings). Report electronically or by facsimile, followed up with a phone call to local TB authority, or if none, to IDPH. Exclude case if considered to be infectious according to IDPH's rules and regulations for the control of TB or as recommended by the local health authority.
Vibriosis (Other than Toxigenic Vibrio cholera O1 or O139), §690.745	No specific restrictions.

Reporting of Sexually Transmissible Infections, [77 Ill.Admin.Code 693.30](#)

The following sexually transmitted infections are reportable by health care professionals only (which includes advanced practice nurses, licensed nurses (including school nurses), or other persons licensed or certified to provide health care services of any kind to the local health department, or if none exists, to IDPH. Reports are strictly confidential and must be made within seven days after the diagnosis or treatment.

Infection	Exclusion Rules
Acquired Immunodeficiency Syndrome (AIDS)	A person may only be isolated with that person's consent or upon order of a court in those cases where the public's health and welfare are significantly endangered and where all other reasonable means have been exhausted and no less restrictive alternative exists. 77 Ill.Admin.Code §693.60(b) .

HIV Infection	See above.
Syphilis	See above.
Gonorrhea	See above.
Chlamydia	See above.
Chancroid	See above.

Exclusion Criteria for Non-Reportable Diseases and Illnesses

There are a number of diseases and illnesses that have either never been reportable or no longer need to be reported under IDPH rules. However, some of these conditions may still pose a health risk and require exclusion from school. IDPH has published a chart which includes diseases and illnesses that do not require reporting of individual cases (as well as more common diseases those that do need to be reported), but may still require exclusion from school. Please refer to [77 Ill.Admin.Code §690.110](#), and the following link for further guidance at:

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/commchartschool-032817.pdf>

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Harlem School District 122
