

Students

Exhibit - Reporting and Exclusion Requirements for Common Communicable Diseases

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 |
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| 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), §690.295 | 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. |
| Anthrax, §690.320 | A search shall be made for history of exposure to infected |

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| | 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 | 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. (See the f/ns 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> .) |
| 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 |

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| | 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 |
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| 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 O157:H7 and other Shiga toxin- | Cases shall avoid public swimming pools while symptomatic and for two weeks after the date diarrhea has |

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| producing E. coli), §690.400 (F) | 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 |
| 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 | The local health authority determines whether rabies post- |

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| animal rabies, §690.601 (F or E) Definition of exposed person to be reported is lengthy and available in §690.601 | exposure prophylaxis for the exposed person is needed. |
| 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. |
| 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. |
| 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. Paratyphi C cases), §690.730 (F) | 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 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 three days, to the local health authority which shall then report to the IDPH as soon as possible during normal business hours but within three additional days.

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| 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. |
| Influenza, (Laboratory Confirmed | The death of a child younger than 18 years of age with |

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| Deaths in persons younger than 18 years of age), §690.465 | laboratory-confirmed influenza shall be reported. |
| Influenza, (Laboratory Confirmed Testing via Electronic Laboratory Reporting (ELR) only and Intensive Care Unit Admissions), §690.468 (T, 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. |
| 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. |
| 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. |
| Salmonellosis including Paratyphi V var. L(+) tartrate+ (other than S. typhi A., S Paratyphi B (tartrate negative), and S. Paratyphi C cases), §690.630 | 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. |
| 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. |
| 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. |
| Streptococcal infections, Group A, invasive and sequelae to Group A | No specific restrictions. |

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| streptococcal infections In Persons Admitted to the Hospital or Residing in a Residential Facility, including antibiotic susceptibility test results, §690.670 (F) | |
| 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 |
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| 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. |

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| 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>