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May 17, 2021

Mr. David Weisbaum, Administrator
Administrative Code Division
Department of Index
111 East Monroe
Springfield, IL 62756

Re: 77 Ill. Adm. Code 690 - Control of Communicable Diseases Code

Dear Mr. Weisbaum:

Enclosed with this letter, please find:

- one of the Notice of Emergency Repeal of Emergency Rule (Register copy attached),
- one original of the Certificate of Emergency Repeal of Emergency Rule, and
- one original of the Illinois Administrative Code Repealer.

This material is being sent to you filing as an emergency amendment and for publishing in the *Illinois Register*.

Sincerely,

Ngozi O. Ezike, MD
Director

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- 1) Heading of the Part: Control of Communicable Diseases Code
- 2) Code Citation: 77 Ill. Adm. Code 690
- 3) Section Number: 690.50 Emergency Action:
Repealed
- 4) Statutory Authority: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305]
- 5) Effective Date of Rule: May 17, 2021
- 6) If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which they are to expire: The emergency amendment is repealed effective May 17, 2021.
- 7) Date Filed with the Index Department:
- 8) A copy of the emergency rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: The emergency amendment, adopted January 4, 2021, is being repealed due to changes in public health guidance from the Centers for Disease Control and Prevention (CDC).

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The CDC recommendations render the emergency rule in effect to be outdated.

- 10) A Complete Description of the Subject and Issues: This rulemaking repeals an emergency rule that addressed dangerously contagious or infectious disease outbreaks to protect the health and lives of the people of the State, and is using that authority to establish restrictions to slow the transmission of COVID-19. This rule required people over age two who are able to medically tolerate a face covering (a mask or cloth face covering to cover their nose and mouth) to use a face covering when in a public place and they are unable to maintain at least a six-foot social distance. This requirement also

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

applied whether in an indoor space, such as a store, or in an outdoor space. Any business, service, facility or organization open to the public or employees was to require employees, customers, and other individuals on the premises to cover their nose and mouth with a face covering when on premises. This requirement also applies to all schools and day care facilities. Additionally, the emergency rule also prohibited gatherings of more than 50 people (or gatherings of 50% or more of a building's maximum occupancy if 50% of a building maximum occupancy is less than 50 people). The CDC recommendations dated May 13, 2021 render the emergency rule in effect to be outdated.

- 11) Are there any other rulemakings pending on this Part? No
- 12) Statement of Statewide Policy Objective: This rulemaking will not create or expand a State mandate.
- 13) Information and questions regarding this emergency rulemaking shall be directed to:

Department of Public Health
Attention: Tracey Trigillo, Rules Coordinator
Lincoln Plaza
524 South 2nd Street, 6th Floor
Springfield, IL 62701

(217)782-1159
dph.rules@illinois.gov

The full text of the Emergency Repeal to Emergency Rule begins on the next page:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: GENERAL PROVISIONS

Section	
690.10	Definitions
690.20	Incorporated and Referenced Materials
690.30	General Procedures for the Control of Communicable Diseases
690.50	Pandemic or Epidemic Respiratory Disease – Emergency Provisions (Repealed)
	<u>EMERGENCY</u>

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

Section	
690.100	Diseases and Conditions
690.110	Diseases Repealed from This Part

SUBPART C: REPORTING

Section	
690.200	Reporting

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL
OF COMMUNICABLE DISEASES

Section	
690.290	Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295	Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance (Reportable by telephone immediately (within three hours))
690.300	Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310	Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320	Anthrax (Reportable by telephone immediately, within three hours, upon initial

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- clinical suspicion of the disease)
- 690.322 Arboviral Infections (Including, but Not Limited to, Chikungunya Fever, California Encephalitis, St. Louis Encephalitis, Dengue Fever and West Nile Virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.325 Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)
- 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)
- 690.330 Brucellosis (Reportable by telephone as soon as possible (within 24 hours), unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)
- 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.340 Chancroid (Repealed)
- 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically, within 24 hours)
- 690.360 Cholera (Toxigenic *Vibrio cholerae* O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.362 Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases) (Reportable by mail, telephone, facsimile or electronically within Seven days after confirmation of the disease) (Repealed)
- 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)
- 690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order)
- 690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)
- 690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)
- 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 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)
- 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- possible, within 24 hours) (Repealed)
- 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.430 Gonorrhea (Repealed)
- 690.440 Granuloma Inguinale (Repealed)
- 690.441 Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)
- 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)
- 690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
- 690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.452 Hepatitis C, Acute Infection and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.468 Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
- 690.469 Influenza A, Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)
- 690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.475 Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.480 Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days) (Repealed)
- 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.495 Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- 690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)
- 690.505 Lyme Disease (See Tickborne Disease)
- 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)
- 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.540 Meningococemia (Reportable by telephone as soon as possible) (Repealed)
- 690.550 Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.565 Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.570 Plague (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
- 690.580 Poliomyelitis (Reportable by telephone immediately, within three hours) upon initial clinical suspicion of the disease)
- 690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.595 Q-fever Due to Coxiella burnetii (Reportable by telephone as soon as possible, within 24 Hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)
- 690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)
- 690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)
- 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
- 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- possible, within seven days)
- 690.650 Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
- 690.655 Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)
- 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than 61 Days of Age (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours) (Repealed)
- 690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)
- 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) (Reportable by telephone or facsimile, within 24 hours)
- 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.680 Syphilis (Repealed)
- 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.695 Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.698 Tickborne Disease (Includes Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.700 Trachoma (Repealed)
- 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.720 Tuberculosis (Repealed)
- 690.725 Tularemia (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours))

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 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)
- 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
- 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within seven days) (Repealed)
- 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART E: DEFINITIONS

- Section
690.900 Definition of Terms (Renumbered)

SUBPART F: GENERAL PROCEDURES

- Section
690.1000 General Procedures for the Control of Communicable Diseases (Renumbered)
690.1010 Incorporated and Referenced Materials (Renumbered)

SUBPART G: SEXUALLY TRANSMITTED DISEASES

- Section
690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART H: PROCEDURES FOR WHEN DEATH OCCURS FROM
COMMUNICABLE DISEASES

- Section
690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease
690.1210 Funerals (Repealed)

SUBPART I: ISOLATION, QUARANTINE, AND CLOSURE

- Section
690.1300 General Purpose

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- 690.1305 Department of Public Health Authority
- 690.1310 Local Health Authority
- 690.1315 Responsibilities and Duties of the Certified Local Health Department
- 690.1320 Responsibilities and Duties of Health Care Providers
- 690.1325 Conditions and Principles for Isolation and Quarantine
- 690.1330 Order and Procedure for Isolation, Quarantine and Closure
- 690.1335 Isolation or Quarantine Premises
- 690.1340 Enforcement
- 690.1345 Relief from Isolation, Quarantine, or Closure
- 690.1350 Consolidation
- 690.1355 Access to Medical or Health Information
- 690.1360 Right to Counsel
- 690.1365 Service of Isolation, Quarantine, or Closure Order
- 690.1370 Documentation
- 690.1375 Voluntary Isolation, Quarantine, or Closure
- 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens
- 690.1385 Vaccinations, Medications, or Other Treatments
- 690.1390 Observation and Monitoring
- 690.1400 Transportation of Persons Subject to Public Health or Court Order
- 690.1405 Information Sharing
- 690.1410 Amendment and Termination of Orders
- 690.1415 Penalties

SUBPART J: REGISTRIES

Section

- 690.1500 Extensively Drug-Resistant Organism Registry
- 690.1510 Entities Required to Submit Information
- 690.1520 Information Required to be Reported
- 690.1530 Methods of Reporting XDRO Registry Information
- 690.1540 Availability of Information

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

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

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, 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. _____, effective May 17, 2021, for the remainder of the 150 days.

SUBPART A: GENERAL PROVISIONS

Section 690.50 Pandemic or Epidemic Respiratory Disease – Emergency Provisions

(Repealed)

EMERGENCY

- a) *The State Department of Public Health has general supervision of the interests of the health and lives of the people of the State. As part of that general supervision, the Department has jurisdiction to address dangerously contagious or infectious disease outbreaks to protect the health and lives of the people of the State. The Department shall take means it considers necessary to restrict and suppress*

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

~~dangerously contagious or infectious diseases, especially when existing in epidemic form. (Section 2(a) of the Act)~~

- b) ~~The Department shall have the general authority to delegate to certified local health departments the duties and powers under those Acts it is authorized to enforce for the purpose of local administration and enforcement. [20 ILCS 2310/15]~~
- e) ~~In order to restrict and suppress the novel coronavirus SARS-CoV-2 that causes the coronavirus disease 2019 (COVID-19), a dangerously contagious and infectious respiratory disease in the form of a pandemic or epidemic, which is spread person to person in respiratory droplets released by a person infected with the disease, the Department implements the following restrictions and requirements:~~
 - 1) ~~Any individual who is over age two and able to medically tolerate a face covering (a mask or cloth face covering) shall be required to cover their nose and mouth with a face covering when in a public place and unable to maintain at least a six-foot social distance. This requirement applies whether in an indoor space, such as a store, or in an outdoor space.~~
 - 2) ~~Any business, service, facility or organization open to the public or employees shall require employees, customers, and other individuals on the premises who are over age two and able to medically tolerate a face covering to cover their nose and mouth with a face covering when on premises and unable to maintain at least a six-foot social distance. Businesses, services, facilities or organizations that offer food or beverages for in-person consumption may permit employees, customers, and other individuals to remove their face coverings while eating or drinking, but must require face coverings at all other times. Businesses, services, facilities or organizations that take reasonable efforts to require patrons and employees to wear a face covering shall be in compliance with this subsection. For retail businesses, reasonable efforts to comply with regard to customers shall be determined based on the totality of the circumstances and include, but are not limited to: posting signage requiring face coverings to be worn on the premises; providing face coverings to customers; giving verbal or written warnings to customers who are not wearing a face covering to inform them of the requirement to wear a face covering when on the premises; requesting verbally or in writing that customers leave the premises if not wearing a face covering;~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

~~and making available reasonable accommodations for individuals who are not able to medically tolerate a face covering.~~

- ~~3) Schools, including preschools, public and nonpublic schools that serve students in grades pre-kindergarten through grade 12, institutions of higher education, and vocational programs, and day cares, including day care centers, day care homes, and group day care homes licensed by the Department of Children and Family Services (DCFS) and day care centers that are exempt from licensure, shall require students, employees, and other individuals who are over age two and able to medically tolerate a face covering to cover their nose and mouth with a face covering when on premises. Schools and day cares may permit face coverings to be removed while eating or drinking, when individuals are outdoors and social distance is maintained, while playing a musical instrument if necessary, and, for staff, while using a face shield when necessary to allow for facial visualization during instruction and communication.~~
 - ~~4) Gatherings of more than 50 people (or gatherings of 50% or more of a building's maximum occupancy as determined by the authority having jurisdiction, if 50% of a building maximum occupancy is less than 50 people) are prohibited unless exempted by law or Executive Order. Public and nonpublic schools serving pre-kindergarten through 12th grade students must limit the number of people in one space to fifty or fewer.~~
- ~~d) Pursuant to 20 ILCS 2305/2(a), all local boards of health, health authorities and officers, police officers, sheriffs, and all other officers and employees of the State or any locality, including the Department and certified local health departments under 20 ILCS 2310/15 ("enforcing entities"), shall enforce the rules and regulations so adopted and orders issued by the Department. Enforcing entities shall enforce this Section as follows:~~
- ~~1) Enforcement against a business, service, facility or organization open to the public. Businesses, services, facilities or organizations shall be responsible for compliance with subsection (c). No individual shall be held responsible for compliance with subsection (c) on behalf of a business, service, facility or organization even if the individual is an owner, officer, principal or employee of that business, service, facility or organization. Subsection (c) shall be enforced for businesses, services, facilities or organizations open to the public by enforcing entities in the following manner:~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- A) ~~First, businesses, services, facilities or organizations open to the public shall be given a written notice of non-compliance by an enforcing entity and a reasonable opportunity to take prompt actions to comply with subsection (c). The reasonableness of the time period to take prompt action will be determined by the enforcing entity depending on the facts and circumstances, including, but not limited to, the nature of the activity taking place, whether the activity is being conducted indoors or outdoors, the public health risk, the number of individuals at risk of exposure to COVID-19, and the size of the building and crowd occupying the building. Examples of actions that might be taken include, but are not limited to, promptly distributing face coverings to patrons and/or employees, or in instances where a business, service, non-profit or other entity open to the public is too crowded, reducing the number of persons on-site by placing an employee at the entrance to limit the number of people entering until the occupancy is in compliance with subsection (c)(4). Enforcing entities may observe until voluntary compliance is achieved or return at a later time to ensure that compliance was achieved depending on the time period provided to allow for compliance.~~
- B) ~~Second, if the enforcing entity concludes that the business, service, facility, or organization open to the public has not voluntarily complied in a reasonable period of time after receiving a written notice pursuant to subsection (d)(1)(A), the enforcing entity may issue a written order to the business, service, facility or organization open to the public to have all or some of the persons on premises disperse (order to disperse) in order to restrict and suppress COVID-19, until such time as the business or establishment is in compliance with subsection (c).~~
- C) ~~Third, if the business, service, facility or organization open to the public refuses to comply with a written order to disperse pursuant to subsection (d)(1)(B), that business, service, facility or organization open to the public shall be subject to the penalties set forth in Section 8.1 of the Act. As provided in subsection (d)(2), no individual may be subject to the penalties set forth in Section 8.1 of the Act for violation of this Section, including an individual~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

~~owner, officer, principal or employee of a business, service, facility or organization.~~

- ~~D) A business, service, facility or organization open to the public may also be subject to the penalties set forth in Section 8.1 of the Act in the following circumstances:~~
- ~~i) the business, service, facility or organization open to the public engages in repeated or continued violations after receiving two or more written notices of non-compliance pursuant to subsection (d)(1)(A); or~~
 - ~~ii) the business, service, facility or organization open to the public engages in repeated or continued violations after receiving one or more written orders to disperse pursuant to subsection (d)(1)(B). As provided in subsection (d)(2), no individual may be subject to the penalties set forth in Section 8.1 of the Act for violation of this Section, including an individual owner, officer, principal or employee of a business, service, facility or organization. When determining whether a business, service, facility or organization should be subject to the penalties set forth in Section 8.1 of the Act based on repeated violations, enforcing entities shall take into consideration the time period between violations.~~
- ~~E) When determining whether a business, service, facility or organization has failed to comply with subsection (c)(2), enforcing entities shall take into consideration reasonable efforts taken by the business, service, facility or organization to ensure all individuals who are able to medically tolerate a face covering, including, but not limited to, patrons and employees, wear a face covering while they are on premises and unable to maintain a social distance of at least six feet. For retail businesses, reasonable efforts to comply with regard to customers shall be determined based on the totality of the circumstances and include, but are not limited to: posting signage requiring face coverings to be worn on the premises; providing face coverings to customers; giving verbal or written warnings to customers who are not wearing a face covering to inform them of the requirement to wear a face covering when on~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

~~the premises; requesting verbally or in writing that customers leave the premises if not wearing a face covering; and making available reasonable accommodations for individuals who are not able to medically tolerate a face covering.~~

- ~~2) Enforcement against an individual. Enforcing entities shall not enforce this Section against an individual for non-compliance with subsection (c), including, but not limited to, the penalties set forth in Section 8.1 of the Act. No individual shall be held responsible for compliance with this Section on behalf of a business, service, facility or organization even if the individual is an owner, officer, principal or employee of that business, service, facility or organization. Nothing in this Section alters or supersedes an enforcing entity's authority to seek such penalties related to violation of an isolation or quarantine order pursuant to Section 690.1415(b).~~
- ~~3) Enforcement against a school or day care. Enforcing entities may give a written notice of non-compliance and a reasonable opportunity to cure to a school or day care that fails to comply with subsection (c)(3) or (c)(4). Under this subsection (d)(3), a reasonable opportunity should be no less than the next business day. The enforcing entity shall notify the following entities after issuing a written notice of non-compliance to the school or day care: the certified local health department, the local board of health or health authorities (if enforcing entity is other than the local board of health or health authorities), for public schools, the local school district, or for nonpublic schools, the parent institution with which the school is affiliated, as applicable, and the Illinois State Board of Education, Illinois Board of Higher Education, the Illinois Community College Board, or DCFS, as appropriate. Upon receipt of a notice of non-compliance, a school or day care must notify parents in writing that a notice of noncompliance was issued and disclose its plan to comply. The local board of health, local health authorities or certified local health department shall take action to ensure a school or day care complies with this Section. Pursuant to Section 2(a) of the Act, the Department may take necessary measures to ensure compliance with subsection (c)(3) if the certified local health department, local board of health or local health authorities neglect or refuse to promptly do so.~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY REPEAL OF EMERGENCY RULE

- 4) ~~The Department will post on its website and provide to all certified local health departments a sample written notice of non-compliance and a sample written order to disperse.~~
- e) ~~Pursuant to Section 690.30(a), the Department and local health authorities may investigate the occurrence of cases, suspect cases or carriers of COVID-19 in a public or private place for the purposes of verifying the existence of the disease, locating and evaluating contacts of cases, identifying those at risk of disease, and determining necessary control measures. Such investigations may include entering a place of employment for purposes of conducting investigations of those conditions within the place of employment that are relevant, pertinent and necessary to the investigation. When two or more suspected cases of COVID-19 occur in any business, organization, institution, facility, school or day care the business owner, or the person in charge of the establishment shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks.~~
- f) ~~Pursuant to the procedures set forth in Subpart I of this Part, the Department or a certified local health department may order the closure of a business, service, facility or organization, school or day care. For purposes of a school or day care, the occurrence of an outbreak of COVID-19 among students or staff may constitute an emergency consistent with Section 690.30(e), and closure should result in shifting to remote instruction as opposed to in-person instruction.~~
- g) ~~Unless expressly indicated in this Section, a violation of the provisions of this Section shall not be subject to the penalties set forth in Section 8.1 of the Act.~~
- h) ~~Nothing in this Section supersedes any provisions of an Executive Order or guidance issued pursuant to an Executive Order.~~
- i) ~~Nothing in this Section supersedes any authority of an enforcing entity to enforce a local rule, ordinance or order.~~

(Source: Added by emergency rulemaking at 45 Ill. Reg. 987, effective January 4, 2021, for a maximum of 150 days; emergency rule repealed at 45 Ill. Reg. _____, effective May 17, 2021, for the remainder of the 150 days)



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CERTIFICATE OF EMERGENCY REPEAL OF EMERGENCY RULE

The Department of Public Health, State of Illinois, certifies that the attached hereto is a true and correct copy of:

Heading for the Part: Control of Communicable Diseases Code

Code Citation: 77 Ill. Adm. Code 690

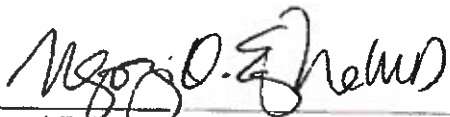
Section Involved:
690.50

which was duly amended by emergency action by this Agency.

Reason for Emergency: The emergency amendment, adopted January 4, 2021, is being repealed due to changes in public health guidance from the Centers for Disease Control and Prevention (CDC).

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The CDC recommendations render the emergency rule in effect to be outdated.

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



Ngozi Ezike, MD
Director

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: GENERAL PROVISIONS

Section	
690.10	Definitions
690.20	Incorporated and Referenced Materials
690.30	General Procedures for the Control of Communicable Diseases
690.50	Pandemic or Epidemic Respiratory Disease – Emergency Provisions (Repealed)
	EMERGENCY

SUBPART B: REPORTABLE DISEASES AND CONDITIONS

Section	
690.100	Diseases and Conditions
690.110	Diseases Repealed from This Part

SUBPART C: REPORTING

Section	
690.200	Reporting

SUBPART D: DETAILED PROCEDURES FOR THE CONTROL
OF COMMUNICABLE DISEASES

Section	
690.290	Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295	Any Unusual Case of a Disease or Condition Caused by an Infectious Agent Not Listed in this Part that is of Urgent Public Health Significance (Reportable by telephone immediately (within three hours))
690.300	Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310	Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320	Anthrax (Reportable by telephone immediately, within three hours, upon initial clinical suspicion of the disease)
690.322	Arboviral Infections (Including, but Not Limited to, Chikungunya Fever, California Encephalitis, St. Louis Encephalitis, Dengue Fever and West Nile

- Virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.325 Blastomycosis (Reportable by telephone as soon as possible, within 7 days) (Repealed)
- 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant), Wound, or Other (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)
- 690.330 Brucellosis (Reportable by telephone as soon as possible (within 24 hours), unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)
- 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.340 Chancroid (Repealed)
- 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically, within 24 hours)
- 690.360 Cholera (Toxigenic *Vibrio cholerae* O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.362 Creutzfeldt-Jakob Disease (CJD) (All Laboratory Confirmed Cases) (Reportable by mail, telephone, facsimile or electronically within Seven days after confirmation of the disease) (Repealed)
- 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)
- 690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order)
- 690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)
- 690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)
- 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 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)
- 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)
- 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
- 690.430 Gonorrhea (Repealed)
- 690.440 Granuloma Inguinale (Repealed)
- 690.441 Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by

- telephone or facsimile, within 24 hours)
- 690.442 Hantavirus Pulmonary Syndrome (Reportable by telephone as soon as possible, within 24 hours)
- 690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)
- 690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.452 Hepatitis C, Acute Infection and Non-acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.468 Influenza (Laboratory Confirmed (Including Rapid Diagnostic Testing)) Intensive Care Unit Admissions (Reportable by telephone or facsimile or electronically as soon as possible, within 24 hours)
- 690.469 Influenza A, Variant Virus (Reportable by telephone immediately, within three hours upon initial clinical suspicion or laboratory test order)
- 690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.475 Legionellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.480 Leprosy (Hansen's Disease) (Infectious and Non-infectious Cases are Reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days) (Repealed)
- 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.495 Listeriosis (When Both Mother and Newborn are Positive, Report Mother Only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)
- 690.505 Lyme Disease (See Tickborne Disease)
- 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)
- 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

- 690.540 Meningococcemia (Reportable by telephone as soon as possible) (Repealed)
- 690.550 Mumps (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
- 690.565 Outbreaks of Public Health Significance (Including, but Not Limited to, Foodborne or Waterborne Outbreaks) (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.570 Plague (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
- 690.580 Poliomyelitis (Reportable by telephone immediately, within three hours) upon initial clinical suspicion of the disease)
- 690.590 Psittacosis (Ornithosis) Due to Chlamydia psittaci (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.595 Q-fever Due to Coxiella burnetii (Reportable by telephone as soon as possible, within 24 Hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours) by telephone)
- 690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.601 Rabies, Potential Human Exposure and Animal Rabies (Reportable by telephone or facsimile, within 24 hours)
- 690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)
- 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by telephone, facsimile or electronically as soon as possible, within 24 hours)
- 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)
- 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.650 Smallpox (Reportable by telephone immediately, within three hours upon initial clinical suspicion of the disease)
- 690.655 Smallpox vaccination, complications of (Reportable by telephone or electronically as soon as possible, within 24 hours)
- 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of Two or More Laboratory Confirmed Cases Occurring in Community Settings (Including, but Not Limited to, Schools, Correctional Facilities, Day Care and Sports Teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours) (Repealed)
- 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), Any Occurrence in an Infant Less Than 61 Days of Age (Reportable by telephone or facsimile or

- electronically as soon as possible, within 24 hours) (Repealed)
- 690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)
- 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) (Reportable by telephone or facsimile, within 24 hours)
- 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)
- 690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.680 Syphilis (Repealed)
- 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)
- 690.695 Toxic Shock Syndrome due to Staphylococcus aureus Infection (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
- 690.698 Tickborne Disease (Includes Babesiosis, Ehrlichiosis, Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis) (Reportable by mail, telephone, facsimile or electronically, within seven days)
- 690.700 Trachoma (Repealed)
- 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within seven days)
- 690.720 Tuberculosis (Repealed)
- 690.725 Tularemia (Reportable by telephone as soon as possible, within 24 hours, unless suspect bioterrorist event or part of an outbreak, then reportable immediately (within three hours))
- 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
- 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)
- 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
- 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within seven days) (Repealed)
- 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART E: DEFINITIONS

Section
690.900 Definition of Terms (Renumbered)

SUBPART F: GENERAL PROCEDURES

Section
690.1000 General Procedures for the Control of Communicable Diseases (Renumbered)
690.1010 Incorporated and Referenced Materials (Renumbered)

SUBPART G: SEXUALLY TRANSMITTED DISEASES

Section
690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART H: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

Section
690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease
690.1210 Funerals (Repealed)

SUBPART I: ISOLATION, QUARANTINE, AND CLOSURE

Section
690.1300 General Purpose
690.1305 Department of Public Health Authority
690.1310 Local Health Authority
690.1315 Responsibilities and Duties of the Certified Local Health Department
690.1320 Responsibilities and Duties of Health Care Providers
690.1325 Conditions and Principles for Isolation and Quarantine
690.1330 Order and Procedure for Isolation, Quarantine and Closure
690.1335 Isolation or Quarantine Premises
690.1340 Enforcement
690.1345 Relief from Isolation, Quarantine, or Closure
690.1350 Consolidation
690.1355 Access to Medical or Health Information
690.1360 Right to Counsel
690.1365 Service of Isolation, Quarantine, or Closure Order
690.1370 Documentation
690.1375 Voluntary Isolation, Quarantine, or Closure
690.1380 Physical Examination, Testing and Collection of Laboratory Specimens
690.1385 Vaccinations, Medications, or Other Treatments
690.1390 Observation and Monitoring

- 690.1400 Transportation of Persons Subject to Public Health or Court Order
- 690.1405 Information Sharing
- 690.1410 Amendment and Termination of Orders
- 690.1415 Penalties

SUBPART J: REGISTRIES

Section

- 690.1500 Extensively Drug-Resistant Organism Registry
- 690.1510 Entities Required to Submit Information
- 690.1520 Information Required to be Reported
- 690.1530 Methods of Reporting XDRO Registry Information
- 690.1540 Availability of Information

- 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, 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. _____, effective May 17, 2021, for the remainder of the 150 days.

SUBPART A: GENERAL PROVISIONS

**Section 690.50 Pandemic or Epidemic Respiratory Disease – Emergency Provisions
(Repealed)
EMERGENCY**

(Source: Added by emergency rulemaking at 45 Ill. Reg. 987, effective January 4, 2021, for a maximum of 150 days; emergency rule repealed at 45 Ill. Reg. _____, effective May 17, 2021, for the remainder of the 150 days)