



2019 Novel Coronavirus (COVID-19)  
Situational Update  
September 16, 2020

# IL ETOR

- IL ETOR is a web based portal that allows you to enter the necessary data to submit COVID samples to IDPH
- The portal can be accessed by a tablet or laptop on site

# IL ETOR Test Ordering

- There are two methods to order tests through the portal
  - A test can be ordered for an individual
  - Multiple tests can be ordered utilizing the batch upload feature

# Ordering a Single Test

Forms / [IL] COVID 19

PATIENT INFORMATION

Last Name \*

+ Q

INSURANCE INFORMATION

Insurance Name

SPECIMEN INFORMATION

Test \*

☒ Novel Coronavirus 2019 Real Time RT-PCR

Collection Date \*

09/12/2020 12:59 pm

Calendar icon

Symptom Onset Date

Calendar icon

Source/Specimen Type \*

☐ Anterior Nares Swab ☐ Bronchoalveolar Lavage ☐ Mid-turbinate Nasal Swab ☐ Nasal Aspirate ☐ Nasal Washing ☐ Nasopharyngeal Swab ☐ Oropharyngeal Swab ☐ Sputum

This order will be sent to \*

▼

Lab Location Address

SUBMITTER INFORMATION

CLEAR

SAVE

SUBMIT

# Batch Upload

AutoSave Off [IL] COVID 19 - Excel Babu, Pra

File Home Insert Page Layout Formulas Data Review View Help Search

Clipboard Font Alignment Number Styles Cells

Calibri 11 A A Wrap Text Text \$ % 0.00 0.00 Conditional Formatting Table Normal Bad Good Neutral Calculation Check Cell Insert Delete Format

A13 : X ✓ fx \* Submitter's Name

	A	B	C	D	E	F	G	Q	Z	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
2	PATIENT INFORMATION							INSURANCE INFORMATION		SPECIMEN INFORMATION				SUBMITTER INFORMATION			PHYSICIAN		
3	* First Name	* Last Name	* Date Of Birth	* Sex	* Race	Ethnicity	* Street Address	* Insurance Name	* Policy Number	* Test	* Collection Date	Symptom Onset Date	* Source/Specimen Type	* Submitter's Name	* Contact Person	* This order will be sent to	* Last Name	* First Name	* Npi
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# Requisition

Illinois Department of Public Health  
Division of Laboratories  
825 N. Rutledge Street  
Springfield, IL 62702  
217-782-6562

Submitted By:  
Date Submitted: 6/4/2020 7:32:23 AM  
Novel Coronavirus 2019 Real Time RT-PCR Requisition




Order ID: **OIDIL200000008**

Patient Demographics	
Last Name: <b>testlastb2</b>	First Name: <b>testfirstb2</b>
Date of Birth: <b>07/21/1971</b>	
Address: <b>131 N upton</b>	
City: <b>litchfield</b>	State: <b>IL</b> County:
Zip Code: <b>62056</b>	Cell Number:
Sex: <b>Female</b>	Pregnant: <b>No</b>
Race: <b>Black or African American</b>	Ethnicity: <b>Hispanic or Latino</b>
Patient's Identification Number:	
Medicaid Number:	SSN:
Insurance Information	
Insurance Name:	
Date Started:	Date Expired:
Group Number:	Policy Number: Subscriber Number:
Covered Individual:	
Policy Holder Last Name:	Policy Holder First Name:
Address:	
City:	State: Zip Code:
Specimen Information	
Test: <b>Novel Coronavirus 2019 Real Time RT-PCR</b>	
Collection Date: <b>6/4/2020 7:27:49 AM</b>	Symptom Onset Date:
Specimen Type: <b>Nasal Aspirate</b>	
Submitter Information	
Submitter's Name: <b>TEST ORGANIZATION</b>	
Address: <b>123 TEST ORG</b>	
City: <b>SPRINGFIELD</b>	State: <b>IL</b>
Zip Code: <b>62707</b>	
Phone:	Fax:
Contact Name: <b>CLINIC, TEST ORG</b>	Contact Fax:
Physician Name: <b>test phy, test phyfirst</b>	
Additional Comments/Information:	
Q&A	
I attest that, on the date listed on this form, I assisted the patient listed on this submission form in completing the COVID-19 testing form and applying for state or federal reimbursement for providing the test. I further attest that, before starting my assistance, I asked the patient if I had their approval to gather this information for submission to the Illinois Department of Healthcare and Family Services and the patient verbally gave their approval. <b>N/A</b>	



# Tracking and


All Specimens <sup>52</sup>

Search: test

Dashboard  
 Incomplete Orders  
 In Transit  
 All Specimens  
 My Patients

Collected  
 Submitted  
 Received  
 In Process  
 Published Report  
 Viewed Report

May 22 2020 Jun 09 2020 May 22 2020 Jun 09 2020

VIEW REPORTS

		PATIENT DOB	PORTAL ID	SPECIMEN ID	COLLECTED	SUBMITTED	FACILITY NAME	SPECIMEN TYPE	STATUS	OUTCOME
<input type="checkbox"/>	<input type="checkbox"/>	03/22/1971	<a href="#">OIDIL200000026</a>	<a href="#">C20014545801</a>	05/22/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	12/10/1990	<a href="#">OIDIL200000033</a>	<a href="#">C20014546501</a>	05/22/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>				05/22/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>				05/22/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>				05/22/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>				05/22/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	05/15/1987	<a href="#">OIDIL200000056</a>	<a href="#">C20014649701</a>	05/26/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	04/18/1990	<a href="#">OIDIL200000048</a>	<a href="#">C20014547901</a>	05/26/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	11/03/1984	<a href="#">OIDIL200000057</a>	<a href="#">C20014651601</a>	05/26/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	10/24/1990	<a href="#">OIDIL200000054</a>	<a href="#">C20014548801</a>	05/26/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	05/11/1940	<a href="#">OIDIL200000053</a>	<a href="#">C20014548701</a>	05/26/2020 12:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	07/21/1931	<a href="#">OIDIL200000006</a>	<a href="#">S20016541101</a>	05/26/2020 07:17 am	05/26/2020	TEST ORGANIZATION	Nasopharyngeal ...	Released	SARS-CoV-2 Not Deter
<input type="checkbox"/>	<input type="checkbox"/>	12/08/1955	<a href="#">OIDIL200004043</a>	<a href="#">C20014717001</a>	05/27/2020 12:00 am	05/27/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	11/07/1991	<a href="#">OIDIL200000019</a>	<a href="#">C20015433501</a>	05/31/2020 03:30 pm	06/06/2020	TEST ORGANIZATION	Nasal Swab	Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	12/13/1987	<a href="#">OIDIL200000018</a>	<a href="#">C20015432501</a>	05/31/2020 03:30 pm	06/06/2020	TEST ORGANIZATION	Nasal Swab	Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	01/11/1987	<a href="#">OIDIL200000013</a>	<a href="#">C20020033701</a>	06/02/2020 11:00 pm	06/04/2020	TEST ORGANIZATION	Anterior Nares S...	Released	SARS-CoV-2 Not Deter
<input type="checkbox"/>	<input type="checkbox"/>	01/11/1987	<a href="#">OIDIL200000014</a>	<a href="#">C20020033801</a>	06/02/2020 11:00 pm	06/04/2020	TEST ORGANIZATION	Anterior Nares S...	Released	SARS-CoV-2 Not Deter
<input type="checkbox"/>	<input type="checkbox"/>	03/19/1967	<a href="#">OIDIL200000012</a>	<a href="#">C20014721301</a>	06/03/2020 12:00 am	06/04/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	12/31/1970	<a href="#">OIDIL200000059</a>	<a href="#">C20015434901</a>	06/03/2020 07:10 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	04/03/1986	<a href="#">OIDIL200004045</a>	<a href="#">C20021823201</a>	06/04/2020 12:00 am	06/04/2020	TEST ORGANIZATION		Released	Not Tested
<input type="checkbox"/>	<input type="checkbox"/>	07/21/1971	<a href="#">OIDIL200000008</a>	<a href="#">S20019823401</a>	06/04/2020 07:27 am	06/04/2020	TEST ORGANIZATION	Nasal Aspirate	Released	SARS-CoV-2 Inconclu
<input type="checkbox"/>	<input type="checkbox"/>	08/12/1988	<a href="#">OIDIL200000007</a>	<a href="#">S20019823301</a>	06/04/2020 07:27 am	06/04/2020	TEST ORGANIZATION	Nasopharyngeal ...	Released	INVALID RESULT
<input type="checkbox"/>	<input type="checkbox"/>	01/01/2000	<a href="#">OIDIL200000009</a>	<a href="#">S20019823501</a>	06/04/2020 07:27 am	06/04/2020	TEST ORGANIZATION	Nasal Aspirate	Released	Positive SARS-CoV-2
<input type="checkbox"/>	<input type="checkbox"/>	08/14/1954	<a href="#">OIDIL200000010</a>	<a href="#">S20019823601</a>	06/04/2020 07:27 am	06/04/2020	TEST ORGANIZATION	Nasal Aspirate	Released	SARS-CoV-2 Not Deter
<input type="checkbox"/>	<input type="checkbox"/>	07/21/1963	<a href="#">OIDIL200000061</a>	<a href="#">C20019106101</a>	06/04/2020 09:00 am	06/09/2020	TEST ORGANIZATION		Released	Not Tested

EXPORT Rows per page: 25 26-50 of

- The samples submitted through IL ETOR can be tracked
- Results will be available as a pdf in the portal
- Users will receive email notifications for new reports that are published

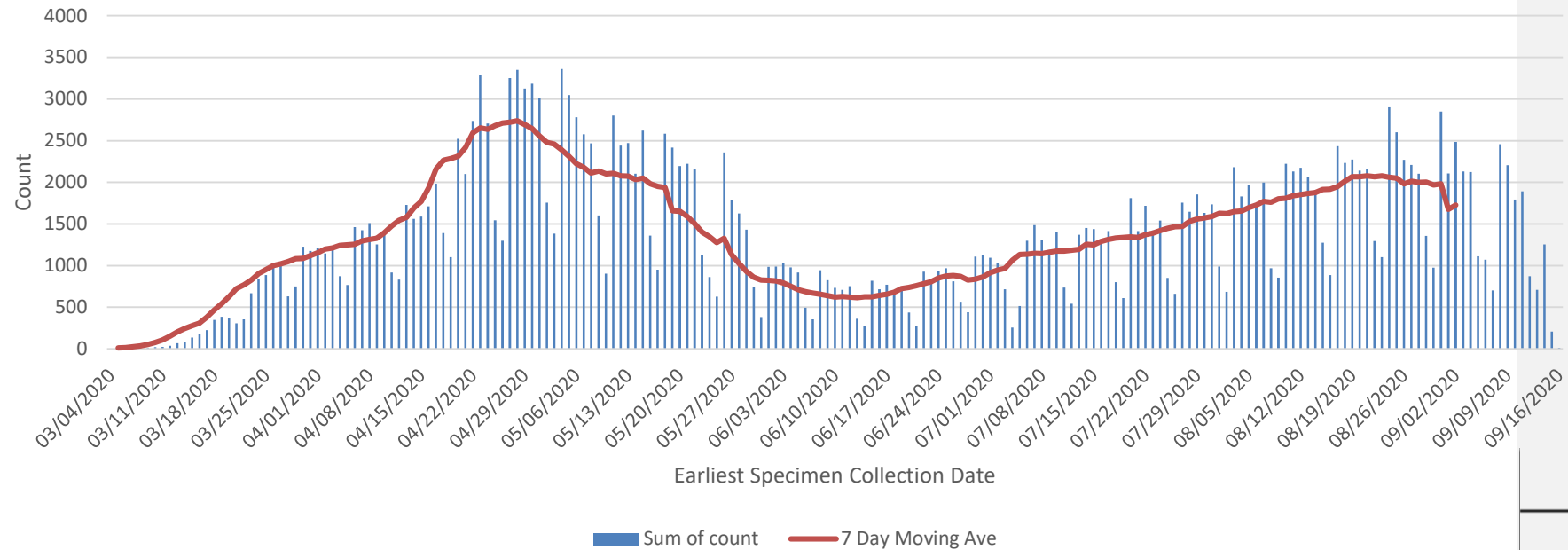
# Steps to enroll in IL ETOR

- If your facility is interested in the IL ETOR Portal please email [DPH.LABS.DMG@illinois.gov](mailto:DPH.LABS.DMG@illinois.gov)
- An ETOR overview email attached with an excel document will be sent. Please send us the attached document with your facility information and a list of all the users.
- Once we receive the attached document, the registration emails will be sent to each user. The email will include the link to create an account with the IL ETOR portal.



# COVID-19 Cases

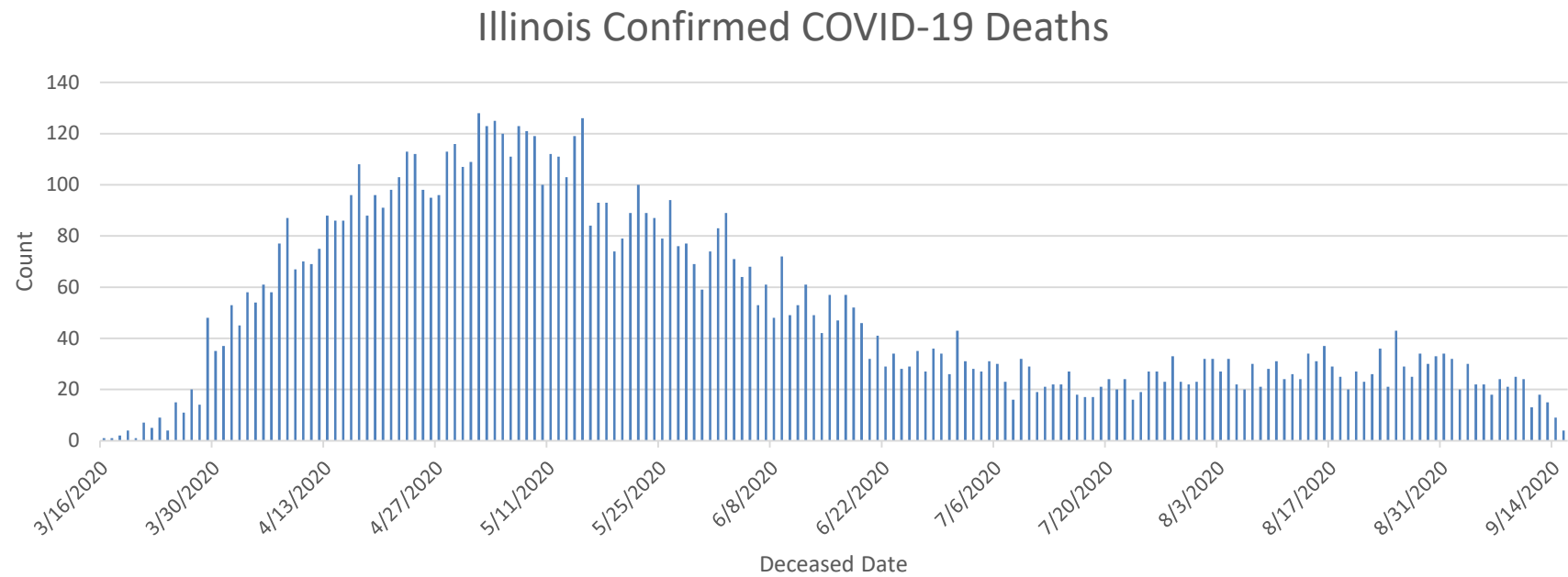
Illinois Confirmed COVID-19 Cases since March 4, 2020  
by Specimen Collection Date



Illness that began  
during this time  
may not yet be  
reported.

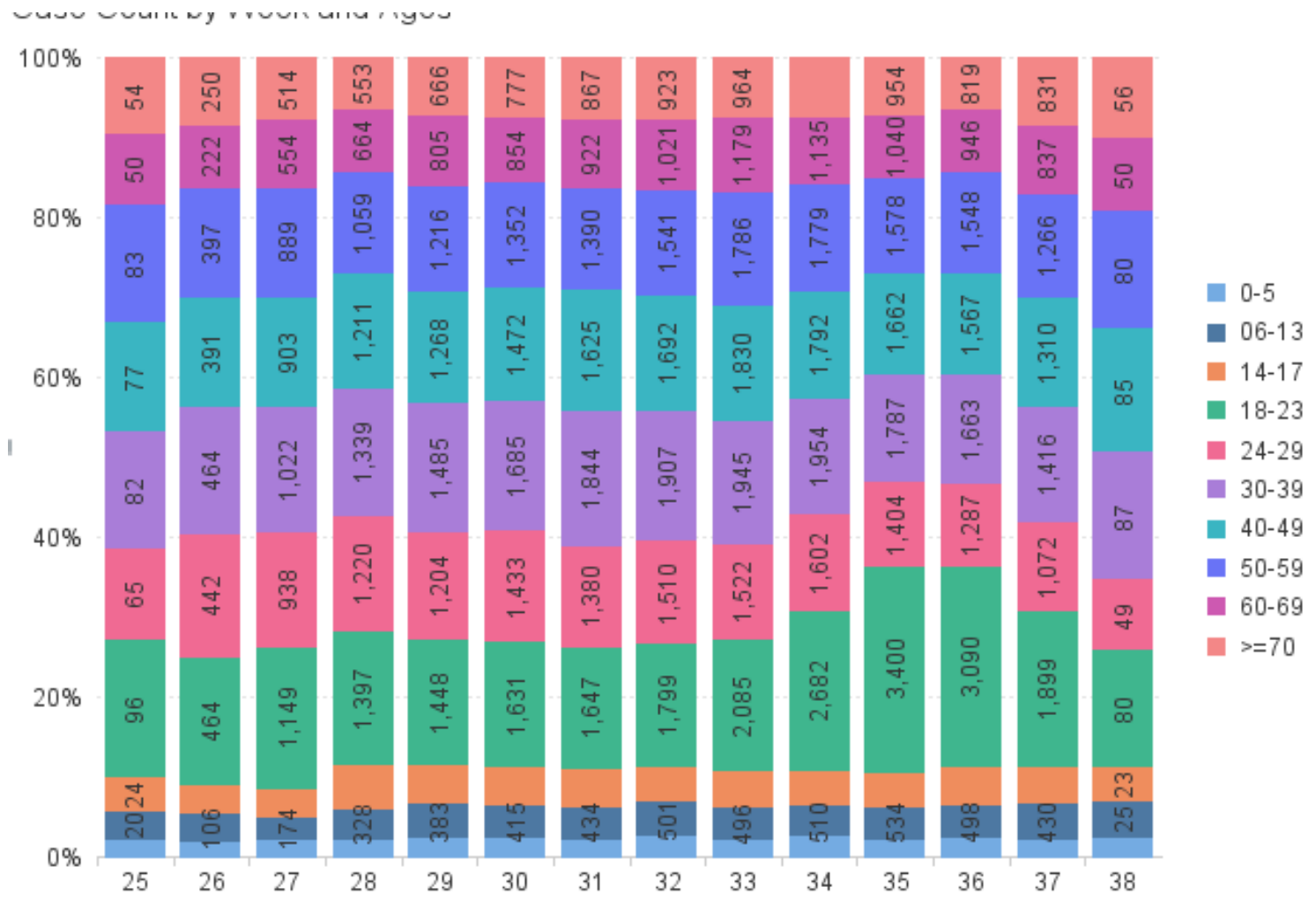
As of 9/16/2020

# COVID-19 Deaths

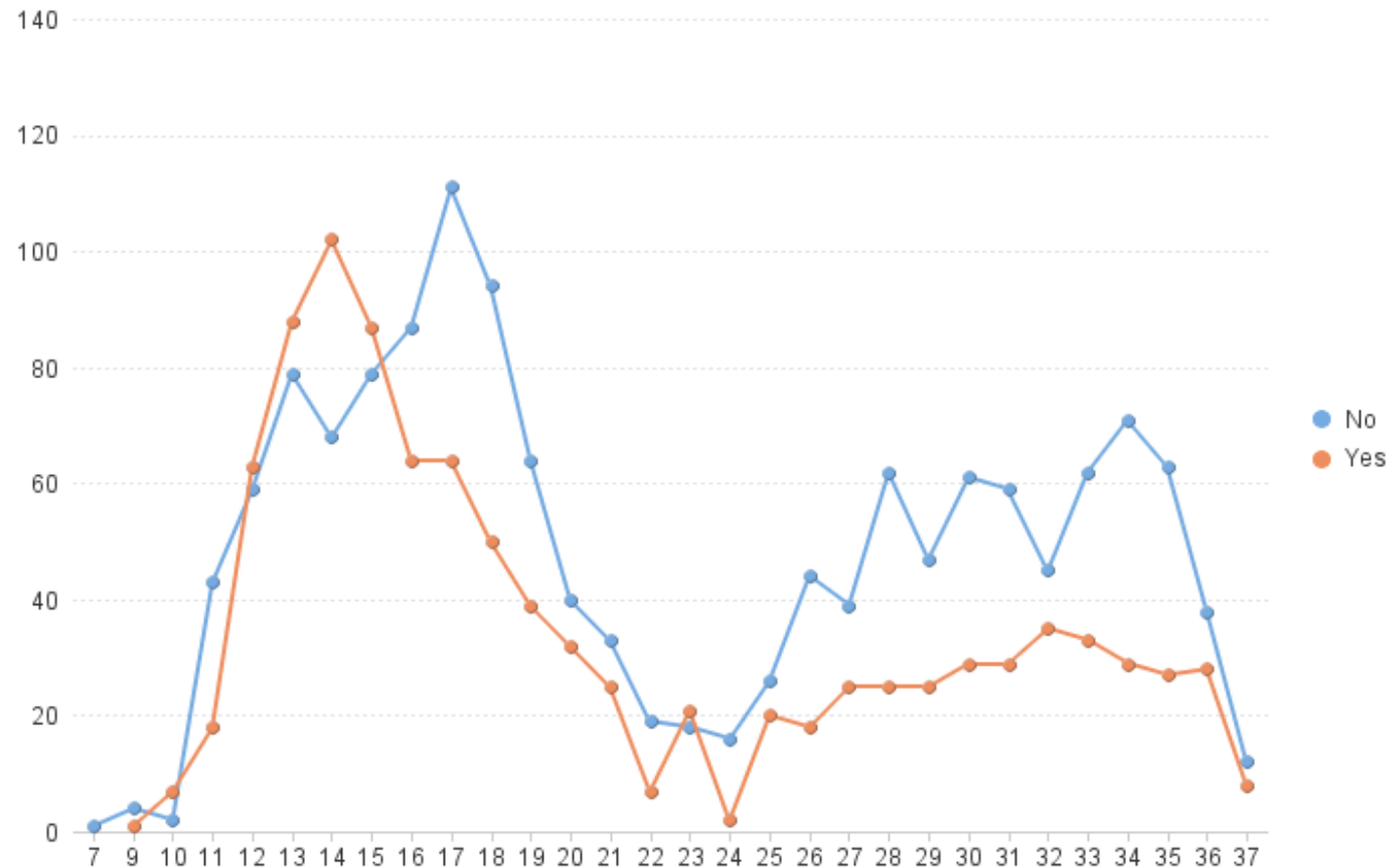


As of 9/16/2020

# Age of COVID-19 Cases as of 9/15/2020

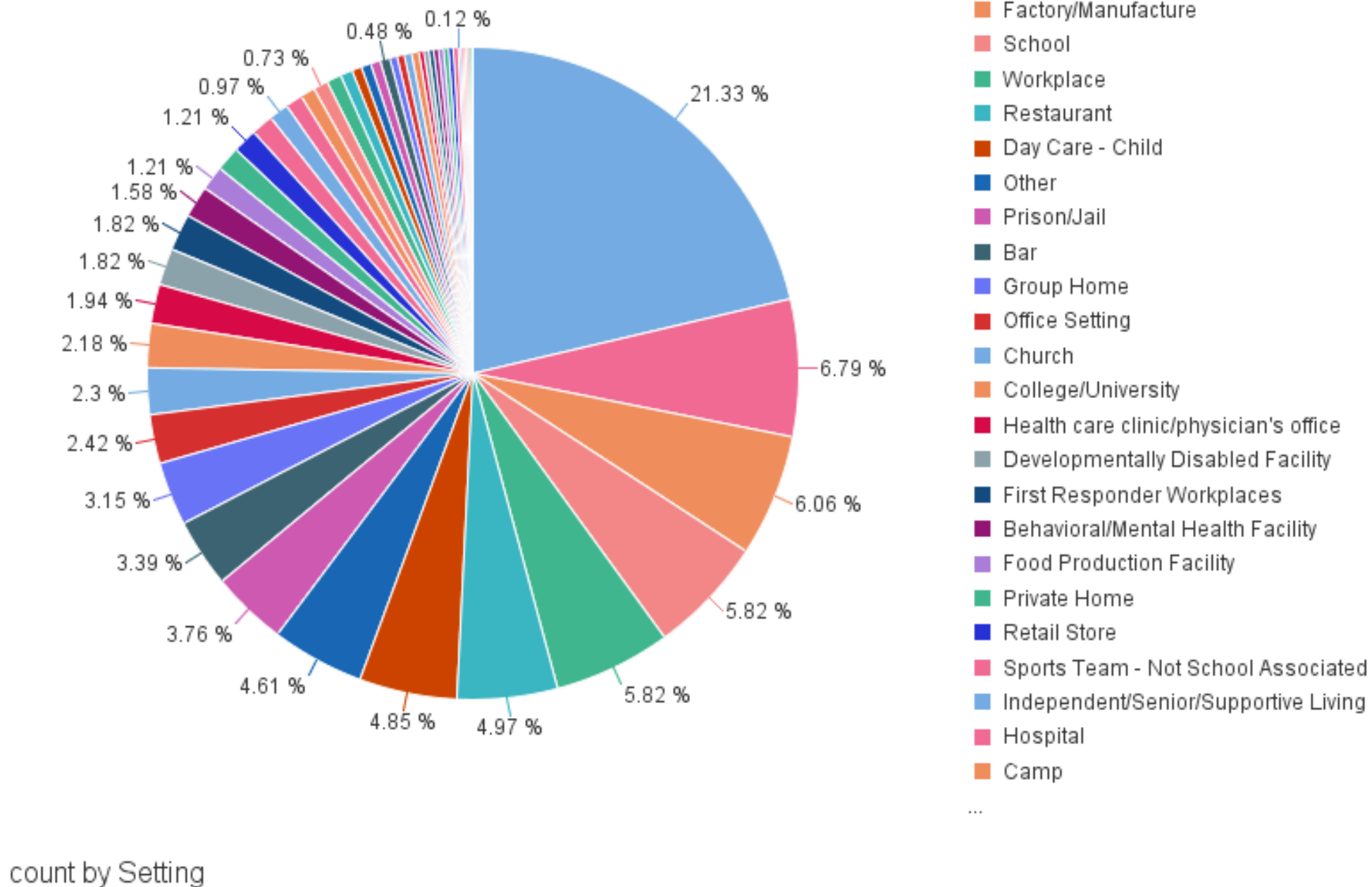


count by Week and Congregate



Comparison  
of Outbreaks  
in  
Congregate  
Care vs Non-  
Congregate  
Care by  
Week as of  
9/15/2020

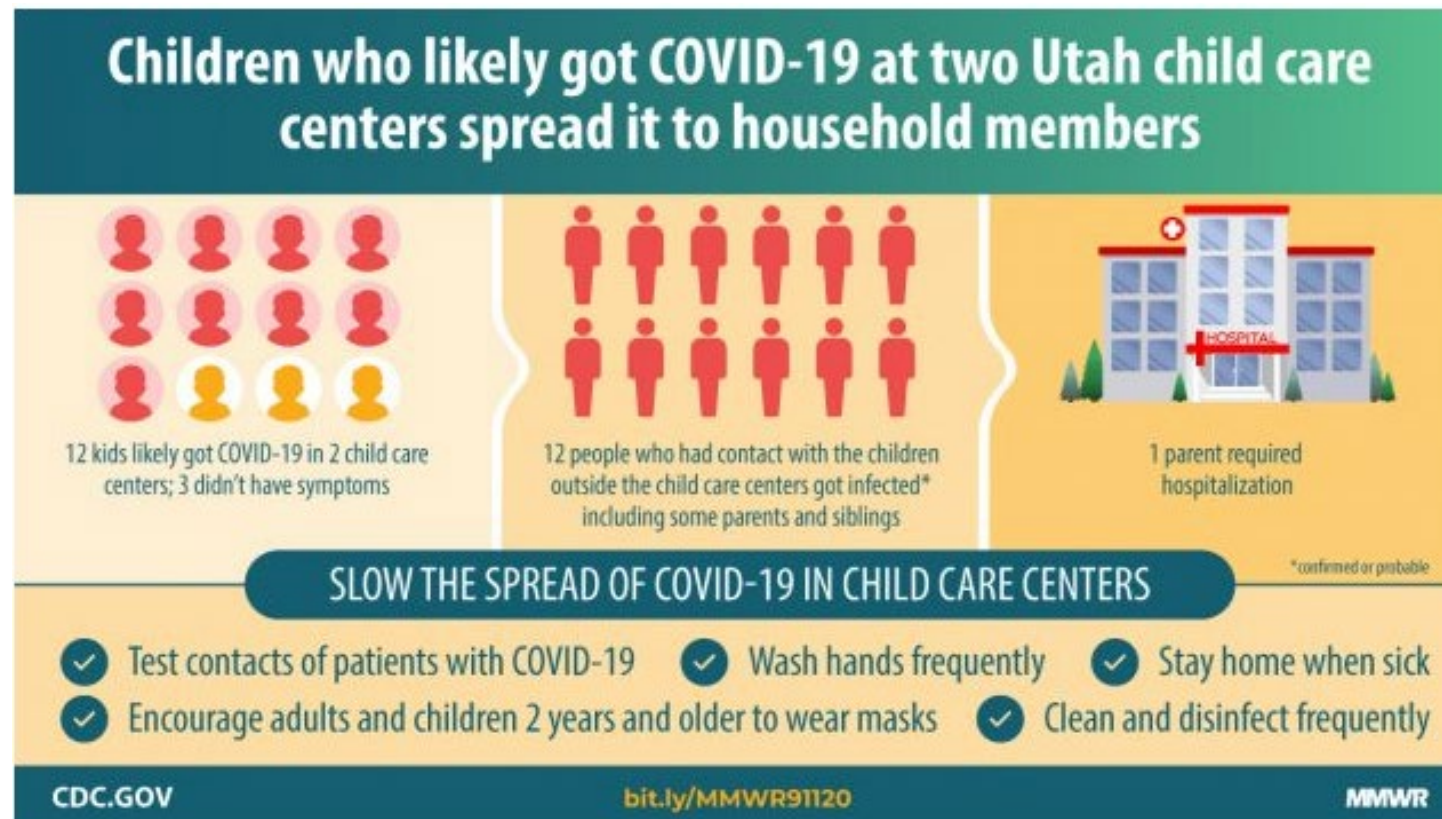
# Outbreaks by Type since July 1, 2020 (based on First Onset Date)



# Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020

Early Release / September 11, 2020 / 69

Adriana S. Lopez, MHS<sup>1</sup>; Mary Hill, MPH<sup>2</sup>; Jessica Antezano, MPA<sup>2</sup>; Dede Vilven, MPH<sup>2</sup>; Tyler Rutner<sup>2</sup>; Linda Bogdanow<sup>2</sup>; Carlene Claflin<sup>2</sup>; Ian T. Kracalik, PhD<sup>1</sup>; Victoria L. Fields, DVM<sup>1</sup>; Angela Dunn, MD<sup>3</sup>; Jacqueline E. Tate, PhD<sup>1</sup>; Hannah L. Kirking, MD<sup>1</sup>; Tair Kiphibane<sup>2</sup>; Ilene Risk, MPA<sup>2</sup>; Cuc H. Tran, PhD<sup>1</sup> ([View author affiliations](#))



# SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States, February 12–July 31, 2020

*Early Release* / September 15, 2020 / 69

## Findings:

- Among 121 SARS-CoV-2–associated deaths among persons aged <21 years reported to CDC by July 31, 2020, 12 (10%) were infants and 85 (70%) were aged 10–20 years with 41% 18 to 20.
- Hispanic, non-Hispanic Black and non-Hispanic American Indian/Alaskan Native persons accounted for 94 (78%) of these deaths
- 33% of deaths occurred outside of a hospital.

## Implications:

- Persons aged <21 years exposed to SARS-CoV-2 should be monitored for complications.
- Ongoing surveillance for SARS-CoV-2–associated infection, hospitalization, and death among persons aged <21 years should be continued as schools reopen in the United States.

[MMWR Link](#)



## Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults $\geq 18$ Years in 11 Outpatient Health Care Facilities — United States, July 2020

Weekly / September 11, 2020 / 69(36);1258–1264

- Case-control investigation of symptomatic outpatients from 11 U.S. health care facilities found that close contact with persons with known COVID-19 or going to locations that offer on-site eating and drinking options were associated with COVID-19 positivity.
- Adults with positive SARS-CoV-2 test results were approximately twice as likely to have reported dining at a restaurant than were those with negative SARS-CoV-2 test results.
- No significant differences were observed in the bivariate analysis between case-patients and control-participants in shopping; gatherings with  $\leq 10$  persons in a home; going to an office setting; going to a salon; gatherings with  $> 10$  persons in a home; going to a gym; using public transportation; going to a bar/coffee shop; or attending church/religious gathering.

[MMWR Link](#)



## Prevalence of Underlying Medical Conditions Among Selected Essential Critical Infrastructure Workers — Behavioral Risk Factor Surveillance System, 31 States, 2017–2018

Weekly / September 11, 2020 / 69(36);1244–1249

Sharon R. Silver, MA, MS<sup>1</sup>; Jia Li, MS<sup>1</sup>; Winifred L. Boal, MPH<sup>1</sup>; Taylor L. Shockey, PhD<sup>1</sup>; Matthew R. Groenewold, PhD<sup>1</sup> ([View author affiliations](#))

[View suggested citation](#)

- Six occupation groups were selected: 1) health practitioners (licensed health care professionals except technicians/technologists), 2) health technicians and technologists, 3) other health care support (except home health), 4) patient and personal care aides in the home health industry (home health aides), 5) protective services (correctional officers, police, sheriffs, patrol officers, firefighters, and their supervisors), and 6) teachers (preschool through grade 12). Seven industry groups were selected: 1) ambulatory health care, 2) hospitals, 3) nursing homes (nursing and residential care facilities), 4) essential retail (grocery/other food stores, alcohol stores, pharmacies, and gas stations), 5) food manufacturing, 6) transit (bus service/urban transit, taxi/limousine, postal services, and couriers/messengers), and 7) trucking.
- CDC found high prevalence of underlying medical conditions among home health aides, other health care support workers, and nursing home, trucking, and transit industry workers.

# Pending IDPH Guidance

- CRITICAL INFRASTRUCTURE WORKER
- SCHOOL MUSIC GUIDANCE
- ANTIGEN TESTING IN LTCS
- TAPED WEBINAR FOR SCHOOL NURSES ON EXCLUSION CRITERIA
- PROVIDER MEMO WITH RECOMMENDATIONS FOR TESTING PERSONS WITH SIGNS AND SYMPTOMS CONSISTENT WITH COVID



**THANK YOU**

Questions?