

## 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. Cooperative 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 indicates the Section of the rules explaining the reportable disease. 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 patient or indirect contact with potentially infectious items or surfaces. 77 Ill.Admin.Code §690.10.

*Droplet precautions* refers to infection 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 communicable disease. 77 Ill.Admin.Code §690.10

#### **Class I(a) Diseases**

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

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
Any unusual case of a disease or condition caused by an infectious agent 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 non-indigenous to the United States, §690.295	Contacts shall be evaluated to determine the need for quarantine. The local health authority shall implement appropriate control measures.
Anthrax, §690.320	Standard precautions shall be followed. Contact precautions shall be followed for care of persons with cutaneous anthrax when dressing does not adequately contain drainage. No restrictions if exposure is from infected animals or animal products. If there is a suspected bioterrorist threat or event, contacts will be evaluated to determine need for quarantine.

Disease	Precaution and Exclusion Rules
Botulism, Foodborne, Intestinal, §690.327	Standard precautions shall be followed. No restrictions.
Brucellosis (if suspected to be a 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.
Coronavirus, Novel, including Coronavirus Disease 19 (COVID-19), Severe Acute Respiratory Syndrome (SARS), and Middle Eastern Respiratory Syndrome (MERS) §690.361	<p>Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a <i>health care facility</i> (includes any public or private building or portion of a building used, operated, or designed to provide health services, medical treatment or nursing, rehabilitative or preventative care. 77 Ill. Admin. Code §690.10).</p> <p>All cases, including suspect cases, should be isolated at home or in an alternative setting for housing.</p> <p>Contacts shall be placed under surveillance and may be quarantined, with close observation for fever and COVID-like respiratory symptoms in consultation with IDPH or the local health department.</p> <p><b>IDPH has frequently updated its school exclusion guidance and rules for COVID-19 during the COVID-19 pandemic; school personnel should monitor them regularly:</b></p> <p>Guidance - <a href="http://www.dph.illinois.gov/covid19/community-guidance/school-guidance">www.dph.illinois.gov/covid19/community-guidance/school-guidance</a></p> <p>Rules - <a href="http://www.dph.illinois.gov/covid19/governor-pritzkers-executive-orders-and-rules">www.dph.illinois.gov/covid19/governor-pritzkers-executive-orders-and-rules</a></p>
Diphtheria, §690.380	Standard precautions shall be followed 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.
Influenza A, Novel Virus, §690.469	<p>Standard precautions, including routine use of eye protection, and droplet precautions shall be followed for patients in health care settings, e.g., hospitals, long-term care facilities, outpatient offices, emergency transport vehicles.</p> <p>Control of contacts is based on transmissibility and severity of the illness that caused the influenza strain.</p> <p>(See the f/ns of policy 4:180, <i>Pandemic Preparedness; Health-Safety Protocols; Management; and Recovery</i>, for information and resources regarding influenza epidemics in schools; 4:180-AP1, <i>Cooperative Action Steps for Pandemic Influenza or Other Virus/Disease</i>; and 4:180-AP2, <i>Pandemic Influenza Surveillance and Reporting</i>.)</p>
Plague, §690.570	Standard precautions shall be followed. For all patients, droplet precautions shall be followed until pneumonia has been determined not to be present.

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
	For patients with pneumonic plague, droplet precautions shall be followed until 48 hours after initiation of effective antimicrobial therapy and the patient has a favorable clinical response. Antimicrobial susceptibility testing is recommended. A strict, seven day quarantine is required for contacts to pneumonic plague who refuse chemoprophylaxis.
Poliomyelitis, §690.580	Occurrence of a single case of poliomyelitis due to wild polio virus shall be recognized as a public health emergency, prompting immediate investigation and response. Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks for the duration of hospitalization.
Q-fever (if suspected to be a bioterrorist event or part of an outbreak), §690.595	Standard precautions shall be followed. No restrictions on contacts.
Smallpox, §690.650	Post-exposure immunization, within three to four days after exposure, provides some protection against disease and significant protection against a fatal outcome. Any person with significant exposure to a person with probable or confirmed smallpox during the infectious stage of illness requires immunization as soon after exposure as possible, but within the first four days after exposure.
Tularemia (if suspected to be a bioterrorist event or part of an outbreak), §690.725	Standard precautions shall be followed.
Any suspected bioterrorist threat or event, §690.800	Cases and contacts shall be evaluated to determine need for isolation.

**Class I(b) Diseases**

The following diseases 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 the IDPH as soon as possible, but within 24 hours.

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
Botulism (intestinal, wound and other), §690.327	Standard precautions shall be followed. 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 or until vesicles become dry. Standard precautions, contact precautions and airborne infection isolation precautions shall be followed for patients in a health care facility until all lesions are dry and crusted.
Cholera, §690.360 (F)	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
Escherichia coli infections (E. coli O157:H7 and other Shiga toxin-producing E. coli), §690.400 (F)	Cases shall avoid public swimming pools while symptomatic and for two weeks after the date diarrhea has ceased. Specific precautions for food handlers must be followed.
Haemophilus influenzae, meningitis and other invasive disease, §690.441 (F)	Standard precautions and droplet precautions shall be followed. Droplet precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.
Hantavirus pulmonary syndrome, §690.442 (F)	Standard precautions shall be followed. No 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)	Standard precautions shall be followed. In diapered or incontinent persons, the following contact precautions shall be followed: <ul style="list-style-type: none"> <li>• Infants and children less than three years of age for duration of hospitalization;</li> <li>• Children 3 to 14 years of age, until two weeks after onset of symptoms; and</li> <li>• Those greater than 14 years of age, for one week after onset of symptoms.</li> </ul>
Influenza admissions into intensive care unit, §690.468 (F or E)	Standard and droplet precautions shall be followed. IDPH may distribute additional recommendations in conjunction with CDC guidance.
Measles, §690.520	Children with measles shall be kept out of school or child care facilities for at least four days after appearance of the rash.
Mumps, §690.550 (F or E)	Cases shall be excluded from school, child care facilities or workplace until five days after onset of symptoms (parotitis). Susceptible contacts should be excluded from school or the workplace from days 12 through 25 after exposure.
Neisseria meningitidis, meningitis and invasive disease, §690.555 (F)	Standard precautions shall be followed. Droplet precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.
Outbreaks for public health significance (including but not limited to, foodborne 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	Standard precautions shall be followed. Droplet precautions shall be followed for known cases until the patient has received at least five days of a course of appropriate antibiotics. Case shall be excluded from school until five days of appropriate antibiotic therapy is complete. Suspected cases who do not receive antibiotics should be isolated for three weeks after onset of paroxysmal cough or until the end of the cough, whichever comes first.

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
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)	Standard precautions shall be followed.
Rabies, potential human exposure, §690.601 (F) 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.
Rubella, §690.620 (F or E)	Cases shall be excluded from school, child care facilities or the workplace for seven days after rash onset. Susceptible contacts should be excluded from school from days seven through 23 following rash onset after last exposure.
Smallpox vaccination, complications of §690.655 (E)	Precautions for individuals with vaccination complications vary depending upon the type of complication. See Smallpox, §690.650 above.
Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin, §690.661 (F)	The Department will issue specific recommendations on a case-by-case basis.
Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections, §690.670 (F)	Standard Precautions shall be followed. Droplet Precautions shall be followed for persons with necrotizing fasciitis or toxic shock syndrome until 24 hours after initiation of effective antimicrobial therapy. In cases of necrotizing fasciitis, when dressing does not adequately contain drainage, contact precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.
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, §690.730 (F)	All persons living in the household of a newly identified chronic carrier and other contacts living outside the home must submit two consecutive negative specimens of feces.  If persons required to be tested refuse to comply within one week after notification, they shall be restricted from their occupations, school attendance or day care (adult or child) attendance until compliance is achieved.
Typhus, §690.740 (F)	Standard precautions shall be followed. Proper delousing for louseborne typhus is required. The local health authority shall monitor all immediate contacts for clinical signs for two weeks.

**Class II Diseases**

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 seven days.

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
Arboviral Infection (including, but not limited to, California encephalitis, St.	Standard precautions shall be followed. No restrictions on contacts.

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
Louis encephalitis and West Nile virus), §690.322	
Campylobacteriosis, §690.335	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea is absent for 24 hours.
Cryptosporidiosis, §690.365	Standard precautions shall be followed. 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	Standard precautions shall be followed.
Hepatitis B and Hepatitis D, §690.451	Standard precautions shall be followed. No restrictions on contacts.
Hepatitis C, §690.452	Standard precautions shall be followed. No restrictions on contacts.
Histoplasmosis, §690.460	Standard precautions shall be followed. No restrictions on contacts.
Influenza, Deaths in persons less than 18 years of age (lab confirmed and no recovery between illness and death), §690.465	N/A
Legionellosis, §690.475	Standard precautions shall be followed. No restrictions on contacts.
Leptospirosis, §690.490	Standard precautions shall be followed. No restrictions on contacts.
Listeriosis (when both mother and newborn are positive, report mother only), §690.495	Standard precautions shall be followed. No restrictions on contacts.
Malaria, §690.510	Standard precautions shall be followed. No restrictions on contacts.
Psittacosis due to chlamydia psittaci, §690.590	Standard precautions shall be followed. No restrictions on contacts.
Salmonellosis (other than typhoid fever), §690.630	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.
Shigellosis, §690.640	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea is absent for 24 hours.
Toxic shock syndrome due to Staphylococcus aureus infection, §690.695	Standard precautions shall be followed. No restrictions on contacts.
Streptococcus pneumoniae, invasive disease in children less than five years, §690.678	Standard precautions shall be followed. No restrictions on contacts.

<b>Disease</b>	<b>Precaution and Exclusion Rules</b>
Tetanus, §690.690	Standard precautions shall be followed and post-injury patients at risk should receive human tetanus immune globulin and/or toxoid. No restrictions on contacts.
Tickborne Disease, including ehrlichiosis, anaplasmosis, Lyme disease, and Rocky Mountain spotted fever, §690.698	Standard precautions shall be followed. No restrictions on contacts.
Trichinosis, §690.710	Standard precautions shall be followed. No restrictions on contacts.
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 (Non-cholera Vibrio infections), §690.745	Standard precautions shall be followed. Contact precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea ceases.

#### 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.

<b>Infection</b>	<b>Exclusion Rules</b>
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 that do need to be reported), but may still require exclusion from school. Please refer to the following link for further guidance at:

<http://dph.illinois.gov/sites/default/files/publications/commchartschool-032817.pdf>.

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