

Infection Prevention and Control Roundtable with Acute Care Facilities

10-17-24





Agenda

- **Important Updates**

- Situation Awareness: Marburg Virus Outbreak in Rwanda, Dr. Michelle Funk, Medical Director, CDPH

- **Special Topics**

- IDSS and Recent Communicable Disease Rule Changes, Judy Kauerauf, Communicable Disease Section Chief, and Dr. Hillary Spencer, Infection Prevention Medical Advisor, Illinois Department of Public Health

- **Discussion and Q&A**

★ 2024 International Infection Prevention Week: October 13 – 19, 2024



- Monday, October 14 – Theme: “Moving the Needle on the Profession’s Development”
- Tuesday, October 15 – Theme: “Moving the Needle on Healthcare Worker Safety”
- Wednesday, October 16 – Theme: “Moving the Needle on Patient Safety”
- Thursday, October 17 – Theme: “Moving the Needle on Public Health Preparedness”
- Friday, October 18 – Theme: “Moving the Needle Across the Continuum of Care”
 - Celebrate Clean Hospital Day!



Combating Antimicrobial Resistance With Stewardship: A One Health Approach

November 19, 2024, 8:00 A.M. — 4:30 P.M. | Malcolm X College, Chicago



- **Registration is now open!**
- Our team will be attending, and we'd love to connect with you.
- If you're interested, join us in the main conference room during the lunch break for networking and the opportunity to meet fellow infection preventionists.

Register here:

https://www.chicago.gov/city/en/depts/cdph/supp_info/infectious/one-health-conference-home.html

Marburg Virus Disease

10.17.2024


*Information provided is preliminary; additional guidance expected in coming days

★ Outbreak

- Since September 27, 2024, Rwanda Ministry of Health has reported:
 - **62 cases** of Marburg Virus Disease (10/15/24)
 - 15 Deaths
 - 17 in Treatment
 - 30 Recovered
 - **~80% of cases are healthcare workers**, particularly those working in ICUs.
 - No community transmission identified at this time.
 - rbc.gov.rw/marburg/



This is an official CDC HEALTH ADVISORY



Distributed via the CDC Health Alert Network
October 3, 2024, 12:15 PM ET
CDCHAN-00517

First Marburg Virus Disease Outbreak in the Republic of Rwanda

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and health departments about the Republic of Rwanda's first confirmed outbreak of Marburg virus disease (MVD) with 36 laboratory confirmed cases and 11 deaths reported as of October 2, 2024, including at least 19 cases in healthcare workers. This report summarizes CDC's recommendations for public health departments and clinicians in the United States on case identification and testing and clinical laboratory biosafety considerations. **No confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of the Republic of Rwanda to date.** Currently, the risk of MVD in the United States is low; however, clinicians should be aware of the potential for imported cases.

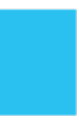
Background

[MVD](#) is a rare but highly fatal viral hemorrhagic fever (VHF) caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. Both Marburg virus and Ravn virus are within the virus family *Filoviridae*, which also includes Ebola viruses. A person infected with the Marburg virus is not contagious before symptoms appear. [Symptoms](#) may include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. [Marburg virus is spread](#) through **direct contact** with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, or semen. People can also contract MVD if they have contact with infected animals, or with needles, or with other objects or surfaces contaminated with the virus. Marburg virus is **not** spread through airborne transmission.

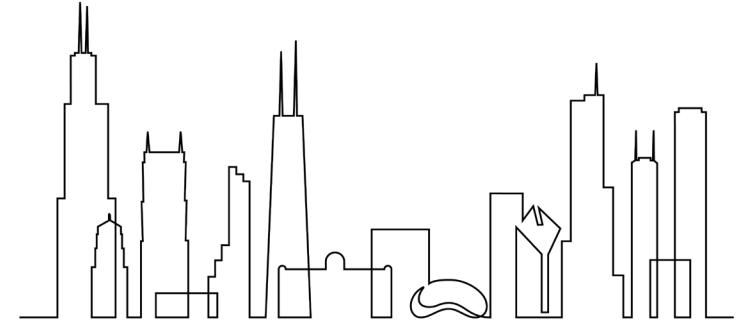


CDC Interim Recommendations

- October 11:
 - [Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda | Marburg | CDC](#)
- October 15:
 - [Interim Recommendations for Post-Arrival Public Health Management of Travelers from Rwanda | Marburg | CDC](#)
- Infection Prevention and Control Guidance:
 - [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\) | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
- PPE:
 - [PPE: Confirmed Patients and Clinically Unstable Patients Suspected to have VHF](#)
 - [PPE: Clinically Stable Patients Suspected to have VHF](#)

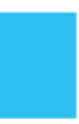


Local Implications of Outbreak

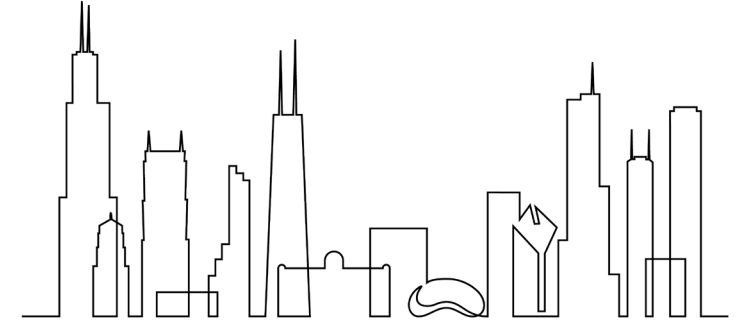


- Threat to the U.S. and Chicago remains low currently.
- Chicago Department of Public Health (CPDH) will monitor returned HCWs/Travelers with Medium-High Risk for 21 days
 - Healthcare workers will be excluded from patient care.
 - Avoid nonessential visits (e.g., elective surgeries) to U.S. healthcare facilities.
- Department of Homeland Security (DHS) will begin redirecting air travelers from Rwanda to Chicago O'Hare airport starting 10/16/24.
 - All travelers from Rwanda will be screened at the airport.
 - ~100-120 travelers per day arrive to the U.S. from Rwanda.
- **Level 3 Travel Advisory** – avoid non-essential travel/reconsider travel





Local Implications of Outbreak



- ORD Port of Entry (POE) Division of Global Migration Health (DGMH) screening to begin Wednesday 10/16/24 for all travelers returning from Rwanda:
 - **Primary screener:**
 - Low-risk asymptomatic will continue their journey and self-monitor.
 - **Secondary screener:** Risk Assessment. CDPH will be notified and monitor these individuals.
 - Health/Symptom Assessment
 - Healthcare Facility and Role
 - MVD Exposure Assessment
 - Funeral/Mortuary Attendance
 - CDC will coordinate with CDPH on any individual that **requires action** at POE.
 - Isolation, quarantine, no-onward travel, testing, medical care.



IDSS and Recent Communicable Disease Rule Changes

Illinois Department of Public Health
10.17.2024


IDSS Review

IDSS Work

- ▶ Release 2
 - ▶ All remaining diseases
 - ▶ Initial Electronic Case Reporting
 - ▶ Addressing bugs with providers not seeing reports from others within the org.
 - ▶ LHD ability to merge info all provider info into IDSS
 - ▶ Immunization (ICARE) integration so LHD will have this info, as well as APORS, REDCap and IVRS
 - ▶ Address match to assist with identifying persons in congregate settings
 - ▶ Still working on flow


ELR/ECR Viewing in Provider Portal

New tab will be available for providers to view ELRs and ECRs that were submitted for their organization



HomeManual IntakePreliminary ReportsELR/ECR ReportsSubmitted Report Log

Search...







Disease Reports

ELR/ECR Reports

6 items • Sorted by ELR Status • Filtered by All disease reports - Message Source, Potentially Reportable • Updated a minute ago


Search this list...

⚙️🔄

	Disease ...	ELR Status ↑	Person Name	Person ...	Dise...	Disease Report ...	Mes...	Lab ...	Created Date	Performing ...	Reporting ...
1	DR-60867		Mich Richar	8/10/1996	M-Pox	Preliminary Report	ELR		9/30/2024, 10:22 AM	Performing Lab	MedTech 9/30
2	DR-61484		John_11 Antunovic...	11/30/1974	Tubercu...	Preliminary Report	ELR	8/13/2...	10/14/2024, 11:59 AM	Medical Corp of...	MedTech 9/30
3	DR-61485		John_11 Antunovic...	11/30/1974	Tubercu...	Preliminary Report	ELR	8/13/2...	10/14/2024, 11:59 AM	Medical Corp of...	MedTech 9/30
4	DR-61486		John_11 Antunovic...	11/30/1974	Tubercu...	Preliminary Report	ELR	8/13/2...	10/14/2024, 12:00 PM	Medical Corp of...	MedTech 9/30
5	DR-61435		John_11 Antunovic...	11/30/1974	Tubercu...	Preliminary Report	ELR	8/13/2...	10/8/2024, 11:18 AM	Medical Corp of...	MedTech 9/30
6	DR-61483		John_11 Antunovic...	11/30/1974	Tubercu...	Preliminary Report	ELR	8/13/2...	10/14/2024, 11:58 AM	Medical Corp of...	MedTech 9/30


ELR/ECR Viewing in Provider Portal

After opening the ELR record, providers can view data that was submitted via ELR. If they wish to add additional details for this ELR, they can click on button “Open ELR Edit”



HomeManual IntakePreliminary ReportsELR/ECR ReportsSubmitted Report Log

Search...

Disease Report
DR-60867

Open ELR Edit

Person Name	Disease	Jurisdiction	Message Source
Mich Richar	M-Pox	IDPH	ELR

Record DetailsPersonLab ResultsReporting OrganizationPerforming Laboratory

Information

Disease

M-Pox

Disease Report Status

Preliminary Report

Ordering Facility Information

Ordering Facility Name

Medlab

Ordering Facility Address

555 West Madison Street

Chicago, Illinois 60661

United States

Ordering Facility Phone

(312) 444-5445

Ordering Provider Information

Ordering Provider Name

Keith

Ordering Provider Phone

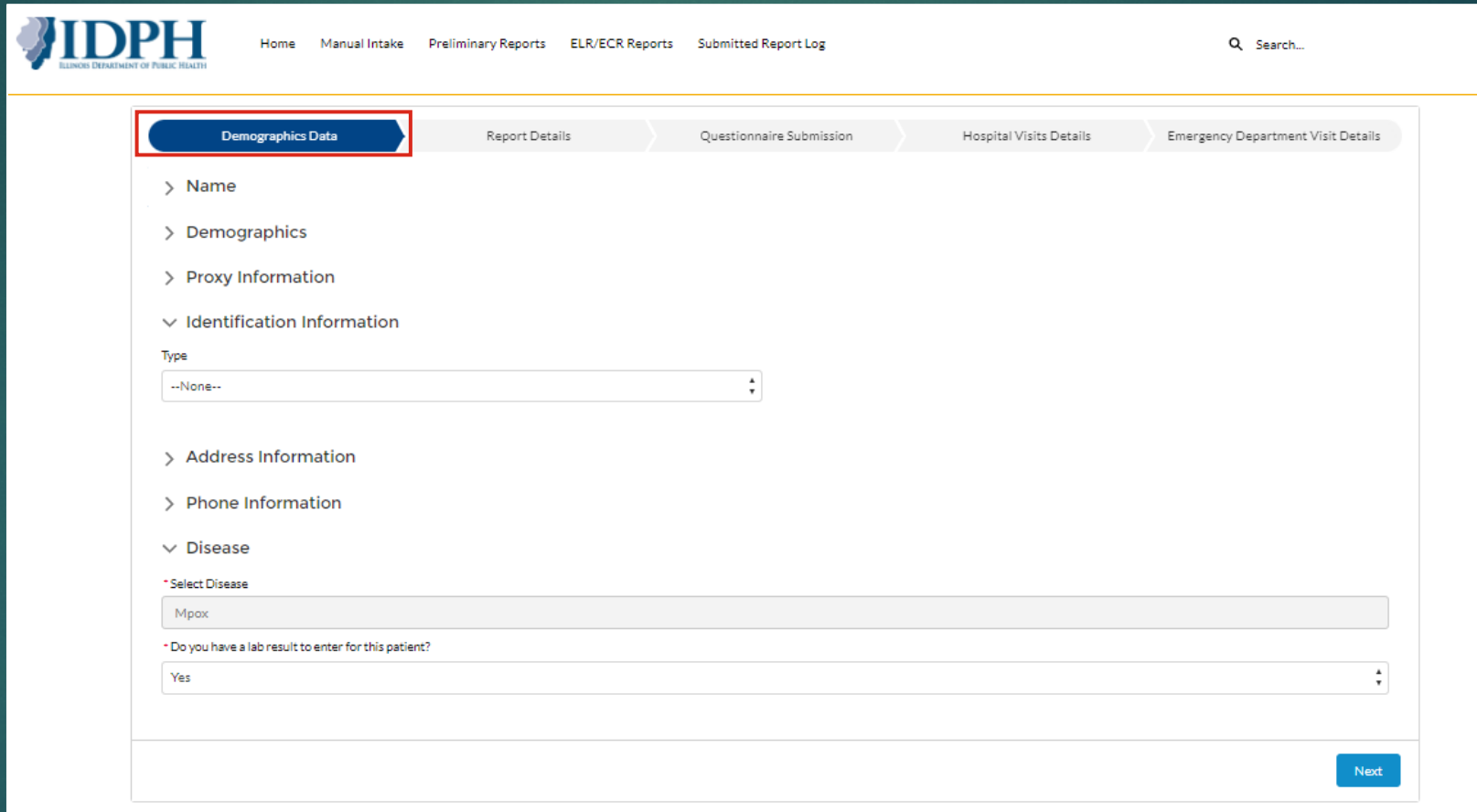
(312) 998-3434

Ordering Provider Last Name

Sneider

ELR/ECR Viewing in Provider Portal

Providers will be able to update demographics data of the person linked to the ELR which can later be merged onto the person record by LHDs



The screenshot displays the IDPH (Illinois Department of Public Health) Provider Portal. The top navigation bar includes the IDPH logo, a search bar, and links for Home, Manual Intake, Preliminary Reports, ELR/ECR Reports, and Submitted Report Log. The main content area features a series of tabs: Demographics Data (highlighted with a red box), Report Details, Questionnaire Submission, Hospital Visits Details, and Emergency Department Visit Details. The Demographics Data tab is active, showing a form with the following sections:

- > Name
- > Demographics
- > Proxy Information
- ▼ Identification Information
 - Type: A dropdown menu currently showing "--None--".
- > Address Information
- > Phone Information
- ▼ Disease
 - * Select Disease: A text input field containing "Mpox".
 - * Do you have a lab result to enter for this patient?: A dropdown menu currently showing "Yes".

A "Next" button is located at the bottom right of the form.

ELR/ECR Viewing in Provider Portal

Providers will be able to add additional lab results in the next step of the flow

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Home Manual Intake Preliminary Reports ELR/ECR Reports Submitted Report Log Search...

✓ Report Details Questionnaire Submission Hospital Visits Details Emergency Department Visit Details

> Laboratory
> Ordering Facility
> Ordering Provider
▼ Lab Result

Reason For Study
Reason for Study

Specimen Details
* Specimen Collection Date Specimen Received Date
Specimen Number Specimen Source
Select an Option

Lab Result
Test Name
Select an Option
Test Type
Select an Option
Test Method
Select an Option
* Lab Report Date
Lab Result
Select an Option
Reference Range
Comments

Add another result

Would you like to save this as a preliminary report before submitting to the Health Department?
Draft

Back to Demographics Save and Go to Questionnaire

ELR/ECR Viewing in Provider Portal

Providers can add questionnaire information for a previously submitted ELR which can later be merged into a case by LHDs

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Home Manual Intake Preliminary Reports ELR/ECR Reports Submitted Report Log Search...

Questionnaire Submission Hospital Visits Details Emergency Department Visit Details

Person's First Name: Mich Person's Last Name: Richar Person's Birthdate: August 10, 1996 Disease: M-Pox

Mpx General Illness... Mpx Clinical Mpx Vaccination Mpx Labs Mpx Behavioral Fa... Mpx Travel History Mpx Epidemiologi... Mpx Treatments

Mpx General Illness Information

✓ Mpx General Illness Informat...

- Physician Information (0/2)
- Medical Evaluation (0/2)
- Hospital Admission Information (0/1)

Physician Information

Provider: Type your answer here... Phone: Type your answer here...

Medical Evaluation

Date First Sought Medical Evaluation: MM/DD/YYYY Location Where First Seen: --None--

Hospital Admission Information

Patient Hospital Admitted Due to Disease: --None--

Save

Next

ELR/ECR Viewing in Provider Portal

Providers can add hospital admission & ER visit information for a previously submitted ELR which can later be merged into a case by LHDs

The screenshot shows the IDPH (Illinois Department of Public Health) Provider Portal. The navigation bar includes links for Home, Manual Intake, Preliminary Reports, ELR/ECR Reports, and Submitted Report Log. A search bar is located on the right. The main content area features a progress bar with five steps, where the third step, 'Hospital Visits Details', is currently active. Below the progress bar, the form is titled 'Add Hospital Admissions Details'. The form includes several input fields: 'Admitted to hospital due to disease?' with a dropdown menu (currently showing '--None--'), 'Hospital Admitted To' with a search bar for organizations, 'Admission Date' with a date picker, 'Discharge Date' with a date picker, 'Reason of Hospitalization' with a list of checkboxes (Breathing problems not requiring mech ventilation, Breathing problems requiring mech ventilation, Disseminated disease, Exacerbation of underlying condition, Pain Control, Treatment for secondary Infection, Other), 'Was the patient isolated? (if applicable)' with a dropdown menu (currently showing '--None--'), 'Date isolation precautions implemented' with a date picker, 'Was The Patient Admitted to the ICU?' with a dropdown menu (currently showing '--None--'), 'Date Admitted to ICU' with a date picker, and 'Date Discharged from ICU' with a date picker. A '+ Add' button is located at the bottom left of the form, and a 'remove' button is at the bottom right.




Home Manual Intake Preliminary Reports ELR/ECR Reports Submitted Report Log

Search...


The screenshot shows the IDPH (Illinois Department of Public Health) Provider Portal. The navigation bar includes links for Home, Manual Intake, Preliminary Reports, ELR/ECR Reports, and Submitted Report Log. A search bar is located on the right. The main content area features a progress bar with five steps, where the fourth step, 'Add Emergency Department Visits', is currently active. Below the progress bar, the form is titled 'Add Emergency Department Visits'. The form includes several input fields: 'Seen in ER due to disease?' with a dropdown menu (currently showing '--None--'), 'Select an Emergency Department' with a search bar for organizations, 'ED Visit Date' with a date picker, and a 'Remove' button. A '+ Add' button is located at the bottom left of the form, and a 'Finish' button is at the bottom right.

ELR/ECR Viewing in Provider Portal



HomeManual IntakePreliminary ReportsELR/ECR ReportsSubmitted Report Log

Search...

**Disease Report**
DR-61500

Enter Investigation Details

Submit to Health Department

Person Name	Disease	Jurisdiction	Message Source
Mich Richar	M-Pox	IDPH	Provider Portal Report

Lab Report

Patient

Lab Results

Hospital Admissions

Emergency Department Visits

Information

Disease

M-Pox

Disease Report Status ⓘ

Preliminary Report

Ordering Facility Information

Ordering Facility Name

Ordering Facility Phone

Ordering Facility Address

Ordering Provider Information

Ordering Provider Name

Ordering Provider Last Name

Ordering Provider Phone



IDSS & Communicable Disease Rule Changes

October 17, 2024

Overall Name Change and Timeframe Change for Class 2 Diseases

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

PART 690
CONTROL OF NOTIFIABLE~~COMMUNICABLE~~ DISEASES AND CONDITIONS CODE

[SUBPART A through Section 690.327, inclusive, redacted for continued SBOH review.]

- 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 ~~three~~⁷ days)

Revised Definitions

- "Food Handler: Any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment, clean utensils, **oral medications**, or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly preparing or handling food, drinks, **or providing oral medication or oral care**. Food handler does not include individuals in private homes preparing or serving food for individual family consumption.
- Health Care Provider; **certified midwives added**
- Health Care Facility: **School nurse office added**
- Health Care Worker: **"or learning in a student or trainee role at" added**
- "Outbreak" – **The occurrence in a community, facility, workplace or region of a case or cases of an illness in excess of the number usually expected. The number of cases indicating an outbreak or cluster will vary according to the agent, disease, or condition, the site conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence**
- "Restrict from Work" – For food handlers, this means to limit the activity of a food handler so that there is no risk of transmitting a disease by making sure that the food handler does not work with food, cleaning equipment, **clean** utensils, **clean** dishes, **clean** linens or unwrapped single service or single use articles or in the preparation of food.
- "Sensitive Occupation" – An occupation, **excluding health care workers**

Section 690.30 General Procedures for the Control of Notifiable Diseases and Conditions, Including Outbreaks

a. Investigation

- 2) The Department shall *make investigations and inquiries with respect to the causes of disease, health conditions, and death; investigate the effect of environment, including conditions of employment and other conditions that may affect health; and to make other investigations that it may deem necessary for the preservation and improvement of health.* (Section 510 of the Public Health Powers and Duties Law)

- 6) When two or more cases of a suspected or notifiable disease *or condition, including, but not limited to confirmed health care associated infection or colonization, or single case with public health significance* occur in any business, organization, institution, health care facility or private home, the business owner, the person in charge of the establishment *or the event*, or the homeowner shall cooperate with public health authorities in the investigation of cases, suspect cases, outbreaks and suspect outbreaks. This includes, but is not limited to, release of *utilization information about a product used to mitigate spread, including therapeutics; shopper card records; credit card receipts*, food preparation methods; menus; *environmental specimens; food specimens; clinical specimens, invoices, employee work schedules and work logs, including logs of employee illness or absences*; lists of customers, attendees, residents or patients; *utilization information about a product used to mitigate spread, including therapeutics, vaccinations or prophylactics*; and the name and other pertinent information about employees, guests, members or residents diagnosed with a communicable disease *or condition, including infection or colonization* as the information relates to the investigation...

Section 690.30 General Procedures for the Control of Notifiable Diseases and Conditions, Including Outbreaks

a) Investigation

14) Investigations conducted by the Department or local health authority may include, but are not limited to:

A) Review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; investigation of causes; identification of other cases related to the outbreak or the reported disease (including colonization) or condition in a region, community, or workplace; to conduct epidemiologic studies; to determine whether a patient with a notifiable disease or condition has received adequate treatment to render the patient non-infectious, whether a person exposed to a case has received **vaccination** or prophylaxis, if appropriate, **or infection or environmental control measures have been implemented, if appropriate.**

Section 690.30 General Procedures for the Control of Notifiable Diseases and Conditions, Including Outbreaks

d) Release of specimen

3) A local health authority may disclose to and require a food service business owner or the owner's designee that an employee with a disease that can be transmitted through food cannot return to work until the local health authority lets the business owner know that the employee can return to work.

g) Persons with jaundice and the onset of jaundice within seven calendar days shall not work as health care workers, food handlers or in sensitive occupations until seven days after the jaundice ceases, unless the employee provides written documentation from a health care provider that the jaundice is not caused by the hepatitis A virus or other fecal-orally transmitted infection. If the case is confirmed as hepatitis A and jaundice is not present, the health care worker, food handler or person in a sensitive occupation shall be restricted from work for two weeks from the start of the clinical symptoms.

690.100 Disease and Conditions

- Added to the opening paragraph as general guidance for control of case and contacts was removed.
 - Appropriate infection prevention and control standards shall be implemented for cases and contacts per existing infection prevention and control standard precautions and transmission-based protocols.
- ~~a) Control of Case—~~
~~Standard precautions shall be followed. Contact precautions shall be followed for care of persons with cutaneous anthrax when dressing does not adequately contain drainage.~~

690.200: a) Reporting

1) Reporting Entities and Manner of Reporting

Added Infection preventionist, pharmacy technicians, animal control or animal shelter employees,

- 4) Laboratories shall report certain positive test results and provide clinical materials as specified in Subpart D or if requested. Upon request of the local health authority, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory shall comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported, and materials are submitted to the Department. **Laboratories shall report negative or indeterminate test results as requested by the Department, when necessary for the investigation, monitoring, control and prevention of diseases dangerous to the public health.**

690.200: Reporting

5) Report shall be submitted electronically or by fax, mail....

C) Providers shall establish a data linkage and submit electronic case report data through the Association of Public Health Laboratories Informatics Messaging Service (AIMS) platform in accordance with CMS Promoting Interoperability standards.

E. The reporter shall provide, when available, disease or condition, name, age, date of birth, sex, race, ethnicity, address (including zip code), email address and telephone number (if available) of the case, and name and telephone number of the attending medical provider. When requested, on paper forms provided by the Department or electronically through EDSS or AIMS, clinical and laboratory findings in support of the diagnosis, epidemiological facts relevant to the source of the infection or condition, and possible hazard of transmission of the infection or condition shall also be reported.

8) Veterinarians, animal control officials, animal holding facility personnel, retail stores selling animals and wildlife professionals shall report any zoonotic disease outbreak in persons including location and contact information for the owner of the animals suspected of causing the outbreak, as well as any new or emerging zoonotic disease illness in a single person or any human contacts to the infected animals.

690.200: d) Confidentiality

- 8) To prevent the spread of a disease or condition, the Department, local boards of health, local health authorities, and other state agencies involved with direct care and service provisions to individuals **shall have emergency access to medical or health information or records or data upon the condition that the** Department, local boards of health, and local health authorities ...
- 9) The Department will provide information pertaining to human or animal cases of zoonotic disease to another State or federal agency, including but not limited to the Centers for Disease Control and Prevention, Federal Drug Administration and U.S. Department of Agriculture, Illinois Department of Agriculture, and Illinois Department of Natural Resources.

690.295 Unusual Disease

b) Control of Contacts

- Contacts shall be evaluated to determine the need for quarantine **and/or for symptom monitoring follow-up for a period of time following exposure.**

e) Laboratories

- 2) Laboratories shall retain specimens or isolates for a minimum of 30 days and submit to the Department upon request.

Timeframe Changes

Class 2 disease changed from 7 days to 3 days

Measles made reportable within 3 hours (from 24 hours)

Influenza, (Laboratory Confirmed Deaths in persons less than 18 years of age) reportable within 3 days from 7 days)

New Disease Added/Removed

- Acute Flaccid Myelitis (AFM)
- Cronobacter, including *C. sakazakii* and *C. malonaticus*, in infants younger than 12 months of age
- Melioidosis due to *Burkholderia pseudomallei*
- Multi-drug resistant organisms (in addition to CRE and *C. auris*)
- RSV
- COVID-19 (separate from novel coronavirus)
- SARS was removed as a separate disease and added to Novel Coronavirus
- Hep D removed from Hep B category

Disease Name Changes

- 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
- Haemophilus Influenzae, ~~Meningitis and Other~~ Invasive Disease
- Influenza, ~~(Laboratory Confirmed Deaths in persons younger than 18 years of age)~~ Death (in persons less than 18 years of age)
- Listeriosis ~~(When Both Mother and Newborn are Positive, Report Mother Only)~~
- Measles, ~~Suspect, Probable or Confirmed~~ (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test)
- Neisseria meningitidis, ~~Meningitis and~~ Invasive Disease and Purpura Fulminans
- ~~Any Suspected or Confirmed Outbreak of Public Health Significance~~ 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 ~~Outbreaks of Public Health Significance~~ (Including, but Not Limited to, Foodborne, Healthcare-associated, Zoonotic Disease or Waterborne Outbreaks)
- Salmonellosis, Including Paratyphi B var. L(+) tartrate+ (Other than S. Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative) and S. Paratyphi C cases) ~~(Other than Typhoid Fever)~~
- Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and Necrotizing fasciitis) ~~In Persons in Hospitals or Residing in a Residential Facility, including antibiotic susceptibility test results.~~
- Tickborne Infections ~~Disease~~ (Includes ~~African Tick Bite Fever, Anaplasmosis, Babesiosis, Bourbon Virus, Ehrlichiosis, Heartland Virus Anaplasmosis, Lyme Disease and Spotted Fever Rickettsiosis~~)
- Trichinosis (Trichinellosis) ~~due to Trichinella spiralis~~

Section 690.468 Influenza (Laboratory Confirmed and Intensive Care Unit Admissions)

c) Laboratory Reporting

- 1) Laboratories shall report all positive laboratory results for influenza to the Department via the Department's electronic lab reporting (ELR) system in a manner and on a schedule prescribed by the Department. Laboratories unable to submit results to the Department via the Department's ELR shall contact the Department for instructions on how to submit results.

COVID-19 Case and Outbreak reporting requirements for Long Term Care Facilities in Illinois

Note: There may be a need to report cases and/or outbreaks to multiple entities. **Reporting to one does NOT satisfy the need to report to the others.**

Who reports:	To whom:	What reported:	How reported:	Why reported:	Who to contact for help:
All facility types	Local Health Department	Outbreaks of COVID-19 (see portal: COVID-19 (illinois.gov)) Cases* of COVID-19 are only reportable if results in admission to an Intensive Care Unit, Pediatric Death, or detected by a lab which reports by Electronic Lab Reporting	Report to LHD in a timely manner in the format preferred by the LHD	77 Ill. Admin. Code §690	Local Health Department (IDPH Health Regions & Local Health Departments (illinois.gov)) *Effective February 27, 2024, individual cases of COVID-19 detected by POC testing conducted by a Long Term Care facility do not need to be routinely reported, unless the infection results in ICU admission or death in child <18yo. Test results may be requested by an LHD in an outbreak. Tests conducted by a laboratory shall report positive results via ELR.
All facilities licensed by IDPH	Office of Healthcare Regulations (OHCR)	Outbreaks of COVID-19 (within 24 hours)	Facility Reported Incidents (smartsheet.com)	Illinois Administrative Code 77, 300.690b), 330.780b), 340.1330b), 340.1510a)c), 350.700b), 390.700b)	LTC REGIONAL OFFICE CONTACT INFORMATION: Rockford: IDPH.Rockford@Illinois.gov Peoria: DPH.LTC.Peoria@Illinois.gov Metro East: DPH.MetroEast.LTC@Illinois.gov Marion: DPH.Marion.LTC@Illinois.gov Champaign: DPH.Champaign.LTC@Illinois.gov West Chicago: DPH.WestChicago.LTC@Illinois.gov Bellwood: DPH.Bellwood.LTC@Illinois.gov
CMS-Certified Facilities	NHSN (National Healthcare Safety Network)	Cases and vaccination (Two modules must be completed, Respiratory Pathogens and Vaccination)	Long-term Care Facilities (LTCF) Component NHSN CDC	CMS requirement	DNH_TriageTeam@cms.hhs.gov

Section 690.360: Cholera

a) Control of Case

- 1) Food Handlers or Persons in Sensitive Occupations, Not Including Health Care Workers. Cases with cholera shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 48 hours and three consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted within one week after notification.
- 2) Health Care Workers or Those Who Work in Occupations Requiring Standard Precautions. Local health departments may require specimens from health care workers or those who work in occupations requiring standard precautions if there is reason to believe that specimen testing is necessary (e.g., the nature of the work, including feeding patients, assisting patients with eating, providing or preparing meals for patients, denture or oral care, hygienic practices of the worker, dispensing or administering oral medications, or as part of an investigation of a cluster). Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification, or the individual shall be restricted from patient care. When specimen submission is required, health care workers who feed patients or assist patients with eating, meals, provide denture or oral care or dispense or administer oral medications, shall be restricted from these duties until three negative stool specimens are obtained or the public health authority determines that monitoring is no longer warranted.
- 3) Persons shall be excluded from school or childcare facilities until vomiting and diarrhea has resolved for at least 24 hours without the use of antidiarrheal medication.

Section 690.400 Escherichia coli Infections (E. coli O157:H7 and other Shiga Toxin-producing E. coli)

b) Control of Contacts

Same edits to HCWs as with Cholera

2) Contacts Who Currently Have Diarrhea or Have Had Diarrhea During the Previous Four Weeks

C) Day Care Attendees

Contacts to cases of E. coli O157 or other Shiga toxin-producing E. coli strains who currently have or have had diarrhea during the previous four weeks who attend a childcare facility, an adult day care facility or a facility for the developmentally disabled and are below the age of five years or incontinent of stool shall submit two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Release specimens shall be submitted within one week after notification, or the individual shall be restricted from attendance. If either of the two specimens is positive for E. coli infection caused by O157 or other Shiga toxin producing E. coli strains, contacts shall be considered cases and shall comply with subsection (a)(3). ~~If noncompliant with stool testing, the day care attendee is eligible to return to day care 30 days after the date diarrhea has ceased.~~

~~D) Day Care Staff~~

~~Contacts to cases of E. coli O157:H7 or other Shiga toxin producing E. Coli who currently have or have had diarrhea during the previous four weeks who work in a childcare facility or an adult day care facility and directly care for attendees or handle food shall submit two consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification, or the individual shall be restricted from working. If either of the two specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin producing strains, contacts shall be considered cases and shall comply with subsection (a)(4). If noncompliant with stool testing, the day care staff is eligible to return to work 30 days after the date diarrhea has ceased.~~

Section 690.565: 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 ~~Outbreaks of Public Health Significance~~ (Including, but Not Limited to, Foodborne, Healthcare-associated, Zoonotic Disease or Waterborne Outbreaks)

a) Investigation of Outbreaks

- 1) Any pattern of cases, or increased incidence of any illness beyond the expected number of cases in a given period, that may indicate an outbreak, including **but not limited to suspected** or confirmed outbreaks of foodborne or waterborne disease, or outbreaks transmitted by laboratory acquisition, animal contact, person-to-person contact, inhalation or other transmission method, **or in healthcare settings due to breaches in infection control practices** shall be reported to the local health authority within 24 hours. **Outbreaks should be reported if there is a public health significance to the event, including, but not limited to, evidence of severe illness (deaths or hospitalizations), institutional outbreaks, or involving a population at increased risk for severe complications, outbreaks of reportable diseases or conditions, outbreaks of unknown etiology, outbreaks with a controllable source, or outbreaks which are very large or rapidly progressing or if there is the possibility of transmission to humans from animal.**
- 3) If the investigation determines that an outbreak has occurred, the jurisdiction in charge of the investigation shall **enter the outbreak within 24 hours into the Department's ORS. Within 30 days of the end of the outbreak investigation, the final information should be entered into ORS**~~submit a final report to the Department, using the most current outbreak reporting form available from the Department, within four weeks following the completion of the epidemiologic investigation.~~

NEW Section for XDROs

Section 690.540 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 Efforts (Reportable by telephone, facsimile, or electronically as soon as possible, within three days)

- Currently applies to ***Candida auris*** and **CRE** (carbapenem-resistant Enterobacterales) only
- Allows us to make other emerging XDROs reportable under this section & provide instructions for control of cases/contacts

Illinois Department of Public Health

STOP

and Report Infectious Disease

Illinois Notifiable Disease and Conditions

Mandated reporters, such as health care providers, hospitals and laboratories, must report suspected or confirmed cases of these diseases to the local health department. Diseases marked "immediate" (in red) are reportable by phone as soon as possible, but within three hours. Diseases in bold are reportable within 24 hours. All other conditions not in red or bold are reportable within three days.

Acute Flaccid Myelitis African Tick Bite Fever Anaplasmosis Any suspected bioterrorist threat (immediate) Any unusual case or cluster of cases that may indicate a public health hazard (immediate) Arthritis (immediate) Botulism (immediate) Botulism, foodborne (immediate) Botulism, intestinal, wound, other Boutsin virus Brucellosis California Encephalitis virus Campylobacteriosis Candida auris** Carbapenem-resistant Enterobacteriales** Chancroid Chikungunya virus Chlamydia Cholera Coronavirus, Novel (immediate) COVID-19 Deaths in those <18 yrs COVID-19 ICU Admissions Coccidioidomycosis in infants <18 months Cryptosporidiosis Cyclosporiasis Dengue viruses 1-4 Diphtheria (immediate) Echinococcosis Eastern Equine Encephalitis virus Ehrlichiosis Escherichia coli infections (E. coli O157, and other Shiga Toxin Producing E. coli) Gonorrhea Hemophilus influenzae, invasive Hantavirus pulmonary syndrome	Heartland virus Hemolytic uremic syndrome, post diarrheal Hepatitis A Hepatitis B, acute infection, perinatal and non-acute confirmed infection Hepatitis C, acute infection, perinatal and non-acute confirmed infection Histoplasmosis HIV infection Influenza, deaths in those <18 yrs Influenza A, novel (immediate) Influenza, ICU admissions Jamestown Canyon virus Japanese Encephalitis Keystone virus La Crosse virus Legionellosis Leptospirosis Listeriosis Lyme disease Malaria Measles (Suspect, Probable or Confirmed) (immediate) Melioidosis due to Burkholderia pseudomallei Middle Eastern Respiratory Syndrome (MERS) (immediate) Multi-drug Resistant Organisms** Mumps Nisseria meningitidis, Invasive Disease and Purpura Fulminans Outbreaks of public health significance Pertussis (whooping cough) Plague (immediate) Poliovirus (immediate) Potomac fever Pottiosis due to Chlamydia psittaci Purpura Fulminans	Q fever (Coxiella burnetii) Rabies, human and potential human exposure and animal rabies Respiratory Syncytial Virus (RSV): deaths in those <18 yrs Respiratory Syncytial Virus (RSV): ICU Admissions Rocky Mountain Spotted Fever (RMSF) Rubella St. Louis Encephalitis virus Salmonellosis, other than typhoid or paratyphoid Severe Acute Respiratory Syndrome (SARS) (immediate) Shigellosis Smallpox (immediate) Sordaria have virus Spotted fever rickettsiosis S. aureus infection with intermediate or high level resistance to vancomycin Group A streptococcal infection in persons admitted to the hospital or residing in a residential facility S. pneumoniae, invasive in those <5 yrs Syphilis Tetanus Toxic shock syndrome due to S. aureus Trichinosis Trinitatus virus Tuberculosis Tularemia* Typhoid fever and Paratyphoid fever Typhus Varicella (chickenpox) Vibriosis (other than Toxicogenic Vibrio cholerae O1 or O139) West Nile virus Western Equine Encephalitis virus Yellow fever virus Zika virus
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*If bioterrorism suspected then report immediately (within three hours)
 **Reportable to the Extensively Drug-Resistant Organism (XDRO) Registry by providers
 Laboratories also must report positive test results of these diseases electronically to their local health department within the time frame indicated.

All reports are confidential and should include—

- the disease or condition being reported
- patient's name, date of birth, age, sex, race/ethnicity, address, and telephone number
- physician's name & telephone number
- clinical information
- method of diagnosis

TO REPORT A CASE
 contact your local health department

During regular business hours, call _____

For emergencies after business hours, call _____

If no local health department is available, contact the
 Illinois Department of Public Health
 217-785-7165 • TTY (hearing impaired use only) 800-547-0466

Effective 2/27/24

State of Illinois
 Illinois Department of Public Health

Printed by Authority of the State of Illinois
 POL2024001 1.004 424
 IDPH
 Illinois Department of Public Health

Updated Reportables Poster

Multi-drug Resistant Organisms**

=

Candida auris**
 Carbapenem-resistant Enterobacteriales**

**Reportable to the Extensively Drug-Resistant
 Organism (XDRO) Registry by providers

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

XDRO Reporting Requirements in Illinois

Disease	Mandatory Reportable?	How?
Carbapenem-resistant Enterobacterales (CRE)	Yes	Labs/facilities report directly to XDRO registry. LTCFs/others may arrange to have their labs report on their behalf. LHDs may request that case investigation data be submitted via INEDSS for rare CRE types (e.g., NDM, VIM).
<i>Candida auris</i> (C. auris)	Yes	Labs/facilities report directly to XDRO registry as of 7/1/24. LHDs may request that case investigation data be submitted via INEDSS.

Voluntary XDRO Reporting in Illinois

Disease	Mandatory Reportable?	How?
Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)	No*	Voluntary reporting: Labs/facilities can report directly to XDRO registry as of 7/1/24. IDPH also enters into XDRO.
Carbapenemase-producing <i>Pseudomonas aeruginosa</i> (CP-CRPA)	No*	Voluntary reporting: Labs/facilities notify IDPH/CDPH, IDPH/CDPH enters into XDRO registry. Note: must have carbapenemase gene identified (e.g., VIM) or positive phenotypic test for carbapenemase production (e.g., CarbaNP or mCIM).

*Will eventually include under new 690.540 section. Memo would be sent out to notify facilities/labs.

NEW Requirement to Query or Get Automated Alerts

Section 690.1510 Entities Required to Submit and Query Information

b) The Department requires the following health care facilities to query or implement alert notification with the XDRO Registry in order to identify new admissions with XDROs:

- 1) Hospitals;
- 2) Long-term acute care hospitals;
- 3) Skilled nursing and intermediate care facilities; and
- 4) Dialysis centers.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)



THANK YOU

PRESENTER'S CONTACT INFO
IDPH WEBSITE



Thank you for participating!

Next Meeting (on Teams): Thursday, November 21, 2:00 PM



★ Certificate of Attendance

CERTIFICATE OF ATTENDANCE



Infection Prevention and Control Roundtable with
Acute Care Facilities

THIS CERTIFICATE IS PRESENTED TO:

TOPIC:

IDSS and Recent Communicable Disease Rule Changes

DATE/DURATION:
October 17, 2024; 1 hour



Eligible for one IPU by the Certification Board of Infection Control



Additional Slides/Resources

(not presented during the meeting)



ACHOO TEAM



Reach out to us!

Our team:

- Deputy Commissioner: [Stephanie Black](#)
- Medical Director: [Stephanie Black](#)
[Michelle Funk](#)
- Projects Administrator: [Shane Zelencik](#)
- Project Manager: [Maria Bovee](#)
- Infection Preventionist (IP):
 - [Andrea Castillo](#)
 - [Karen Branch-Crawford](#)
 - [Kim Goitia](#) (Dialysis, Outpatient, FQHCs)
- Public Health Administrator (PHA):
 - [Romualdo Chavez](#)
 - [Maggie Li](#)

Major role: Build infection control capacity across healthcare facilities in Chicago

ACHOO Email: cdphhaiar@cityofchicago.org

ACHOO Phone: 312-744-1100

NEW: [ACHOO HAN page](#)



Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, Project Managers, Projects Administrators, and Medical Directors who provide the following assistance:

- IP&C Guidance and Training
- Infection Control Assessments and Responses (ICARs)
- Epidemiology Support
- IP&C Roundtable
- Our partnerships and site visits are meant to be educational, constructive, non-regulatory, and non-punitive
 - We work with you to resolve any identified issues
 - These services are not in response to citations or complaints



Case Report Forms (CRFs)

- CDPH requires additional epidemiological information for specific cases, in addition to the standard reporting requirement. Providing this information to CDPH allows us to have a better understanding of individual case and aids in limiting the transmission of certain multi-drug resistant organisms.
- For MDRO Reporting training (whether you have a new IP or need a refresher) and for questions regarding CRF completion requirements, please contact Cecilia Pigozzi at cecilia.pigozzi@cityofchicago.org



★ Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:



Developed **200+** educational products and training materials on healthcare infection control



Hosted **750+** educational events, reaching approximately **65,238** healthcare workers



Received **84 million+** views across the web and various digital platforms



Available Resources

- **Learn about Infection Control in Health Care:** CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
 - *Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), Recognizing Risk using Reservoirs, Where Germs Live training toolkits, and more interactive resources.*
- **Lead an Infection Control Training:** Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
- **Access Infection Control Educational Materials:** Find short videos, fact sheets, job aids, infographics, posters, printed materials, interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
- **Earn Continuing Education:** Earn CEU's on CDC Train for PFL content.
- **Translated Resources:** IPC materials translated into Spanish & additional languages.





Infection Control Training Topics (Onsite/Virtual with IDPH CEU/CEC)

1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus Strains
11. PPE Part 3 - Respirators
12. EVS (Enviro Cleaning & Disinfection)
13. Source Control
14. Asymptomatic Spread of COVID-19
15. Ventilation



★ Print Materials & Job Aids

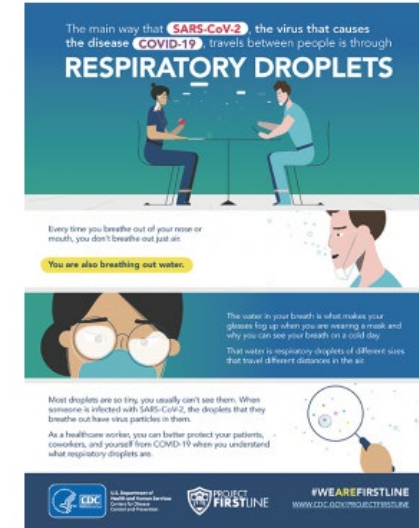
- Several print materials and job aids available on foundational IP&C topics.
 - Available for [free download](#) on CDC's website.
 - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
 - Please see our team after the presentation to request print materials.
 - For remote guests, please email: projectfirstline@cityofchicago.org.



[How to Read a Disinfectant Label](#) [PDF - 1 Page]



[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[Respiratory Droplets Flyer](#) [PDF - 1 Page]



[What would you see? Poster](#) [PDF - 1 Page]



[Germs live in blood](#) [JPG - 1 Page]

**Germs are everywhere,
including on surfaces
and devices in the
healthcare environment.**

**Learn how to stop their spread:
WWW.CDC.GOV/PROJECTFIRSTLINE**



INFECTION CONTROL PROTECTS



You



Your Coworkers



Your Patients



Your community



**PROJECT
FIRST LINE**

CDC's National Training Collaborative
for Healthcare Infection Prevention & Control



**The right infection
control actions
help stop germs
from spreading.**

Learn more:

WWW.CDC.GOV/PROJECTFIRSTLINE



2023 LEARNING NEEDS ASSESSMENT



WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!

- + CDPH is a proud partner of CDC's National IP&C Training Collaborative, Project Firstline.
- + This brief survey (<10 minutes) helps us develop relevant content for you and your team.
- + We are working to identify priority IPC training needs among your frontline healthcare staff.
- + These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!

★ Your Chicago Project Firstline Team

- **CDPH Infection Preventionist:** Your facility's main contact for all infection prevention and control questions.
 - *General contact information:*
cdphhaiar@cityofchicago.org
- **PFL-CDPH Team:** Contact our team to learn about specific Chicago-based educational opportunities!
 - We offer many resources including virtual or onsite trainings, webinars, and job aides.
 - *CDPH Project Firstline email:*
projectfirstline@cityofchicago.org

CDC'S PROJECT FIRSTLINE
YOUR CHICAGO TEAM

-  projectfirstline@cityofchicago.org
-  www.chicagohan.org/hai/pfl
-  1340 S Damen Ave,
Chicago, IL 60608



Visit our [Chicago Health Alert Network \(HAN\)](#) page by scanning the QR code in the shield logo above to access resources and sign up for the newsletter to stay up to date on exciting new IPC resources!



Are non-regulatory and non-punitive



Facilitate collaboration among facility departments



Provide learning opportunities in critical areas



Help facilities prepare for Joint Commission surveys



Increase involvement of facility leaders in infection prevention work

Infection Control Assessment Tools | HAI | CDC

Click on each module below to open the tool in a fillable PDF document.

[Module 1 – Training, Audits, Feedback](#)

[Module 2 – Hand Hygiene](#)

[Module 3 – Transmission-Based Precautions \(TBP\)](#)

[Module 4 – Environmental Services \(EVS\)](#)

[Module 5 – High-level Disinfection and Sterilization](#)

[Module 6 – Injection Safety](#)

[Module 7 – Point of Care \(POC\) Blood Testing](#)

[Module 8 – Wound Care](#)

[Module 9 – Healthcare Laundry](#)

[Module 10 – Antibiotic Stewardship](#)

[Module 11 – Water Exposure](#)