CITY OF CHICAGO RULES



Emergency Regulation Severe Acute Respiratory Syndrome (SARS)

Last Updated: May 21, 2008



Mayor Rahm Emanuel

Commissioner Julie Morita, M.D.

BY AUTHORITY VESTED IN THE COMMISSIONER OF THE DEPARTMENT OF PUBLIC HEALTH PURSUANT TO 2-112-110 and 2-112-160, THE FOLLOWING RULES REGARDING SEVERE ACUTE RESPIRATORY SYNDROME (SARS) ARE ADOPTED HEREIN.

November 13, 2015

By Order of the Commissioner:

Signed:

Commissioner Julie Morita, M.D.

Published:

Effective: May 6, 2003

Chicago Board of Health Notice of Regulation Promulgated for the Administration of Chapter 7-20-010 of the Municipal Code of Chicago

Chicago Board of Health Emergency Regulation

- WHEREAS, the Centers for Disease Control and Prevention (CDC) is investigating a new disease called Severe Acute Respiratory Syndrome (SARS) that has recently been reported in Asia, North America, and Europe.
- WHEREAS, on April 4, 2003, the President of the United States issued an Executive order, upon the recommendation of the Secretary of Health and Human Services and in consultation with the Surgeon General, specified SARS as a communicable disease that if spread in the population, would have severe public health consequences.
- WHEREAS, the primary way that SARS appears to spread is by close person-to-person contact; cases of SARS have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material from a person with SARS; potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching the eye(s), nose, or mouth; and, it also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.
- WHEREAS, the Board of Health has the authority, pursuant to MCC 2-112-110, to enact emergency regulations where required to protect the public health from contagious disease, and doing so is advisable in this case.

NOW, THEREFORE, the Board hereby enacts the following emergency rule:

In addition to the communicable diseases listed in MCC 7-20-010, all required reporters must report, electronically or by telephone, to the Chicago Department of Public Health, immediately, but in no event no later than 3 hours after first detecting, any signs, indications or symptoms that may evidence Severe Acute Respiratory Syndrome (SARS).

Clinical indications of a suspected SARS case include, but are not limited to, respiratory illness of unknown etiology with onset since February 1, 2003, and the following criteria: measured temperature greater than 100.4 degrees Fahrenheit, greater than 38 degrees Celsius and one or more findings of respiratory illness such as cough, shortness of breath, difficulty breathing, or hypoxia and travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS; or other or additional clinical indicators most consistent with the most current Centers for Disease Control and Prevention case definition for SARS.

Further, the Board delegates to the Commissioner the authority to add to or refine the reporting requirement, as it relates to tracking SARS.

This emergency regulation shall be effective upon passage by this Board on May 6, 2003. Any required reporters who have encountered suspected or probable cases of SARS between February 1, 2003 and May 5, 2003, shall report such suspected or probable SARS cases to the Chicago Department of Public Health, electronically or by telephone, within 7 days of enactment of this regulation.

For further information, contact:

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