



May 10, 2023

MEMORANDUM

TO: Local Health Departments, Schools, Laboratories, Hospitals

FROM: Communicable Disease Section

RE: End of the Public Health Emergency for COVID-19

As the end of the Public Health Emergency (PHE) for COVID-19 approaches on May 11, 2023, this memo serves to clarify what will and will not change with the public health response to COVID-19. As expressed by the Centers for Disease Control and Prevention (CDC) this week, the end of the PHE is one step toward a sustainable approach that integrates COVID-19 activities into a broad public health framework with a pan-respiratory approach. In other words, while some of the federally funded initiatives will end, public health will continue to monitor and address COVID-19 to prevent severe disease and to minimize the negative impact the disease has on Illinois residents.

What Won't Change:

- COVID-19 vaccine availability is not tied to the ending of the PHE. Emergency use authorizations (EUAs) will not be impacted. Ordering and distribution through IDPH and CDPH will not change due to the ending of the PHE. Rather, ordering and distribution of COVID-19 vaccines will be impacted later in the year once the vaccines are commercialized. This is scheduled to occur in the fall. See separate [memo from the Immunization Section](#) for specific details.
- Providers and laboratories are still required to report SARS-CoV-2 infection to their local health departments (LHDs) as directed in the [Communicable Disease Code, Section 690.361](#).
- Outbreaks of COVID-19 will continue to be reportable by high-risk congregate care settings to their local health departments (LHD) with entry by the LHD into the Outbreak Reporting System.
- LHDs are still expected to monitor cases among persons living in congregate care settings in Salesforce, verify death data, confirm case status, provide information on COVID-19 treatment received, and transfer cases when out of jurisdiction.
- LHDs are asked to continue to educate their communities on the need to [isolate](#) if infected for five days and wear a mask through day 10 and, [if exposed](#), wear a mask for 10 full days when around others and test on day six. This guidance is not expected to change with the end of the PHE declaration.
- IDPH labs will continue to test and sequence specimens, including multiplex testing for SARS-CoV-2, RSV and influenza, and perform wastewater surveillance. The IDPH Division of Laboratories, Communicable Disease Section, and Medical Services Division remain prepared for surges and are making plans for a pan-respiratory virus response in the fall. Project Act will end on June 30; after that, the IDPH Division of Laboratories will maintain a supply of antigen tests for LHD use and distribution.
- Testing through ICATT (Increasing Community Access to Testing) will continue to be supported by the federal government but will cut back from partnerships with six major retail pharmacy partners to four.
- Hospitals and long-term care (LTC) facilities will continue to be required to report, as required by

the Centers for Medicare and Medicaid Services (CMS), weekly data with some changes through April 2024 and December 2024, respectively. Additional details on CMS changes for LTC and acute and continuing care providers are detailed in this [CMS memo](#). This CMS Quality, Safety, and Oversight Group memo also contains changes to several waivers and flexibilities offered during the PHE declaration.

- Guidance for schools and day care centers will remain with some edits to reflect the CDC's changes in data and to sunset use of the Decision Tree, incorporating management of person with COVID-19 into the [Communicable Disease School Nurse Guidance](#). However, the school and day care centers guidance will continue to recommend that schools implement everyday strategies to prevent transmission and keep children in school, including staying home if ill, promoting vaccination, masking when indicated, and responding to outbreaks.
- IDPH will continue to update guidance for congregate care facilities and hospitals to protect the most vulnerable populations and to reflect the changes in CDC's use of COVID-19 transmission levels.
- The [Telemedicine Test to Treat Program](#) through SIU School of Medicine for all Illinois residents will continue to operate into early 2024.
- Therapeutics will continue to be free as long as the federal government's supply exists. When oral antivirals are also available commercially, the federal supply will be prioritized for the underserved populations. Illinois residents will still be able to locate free federal treatment through the [therapeutics locator](#).
- The federal government has a [Bridge Access Program](#) designed for the uninsured to access vaccine, testing, and treatment services.

Federal changes with the end of the PHE declaration can be reviewed on the U.S. Department of Health and Human Services [Fact Sheet](#). In addition, the following changes are expected with the end of the PHE declaration:

- CDC will discontinue posting COVID-19 Community Levels and Community Transmission Levels. This will be replaced with COVID-19 hospital admission levels for indicating levels at which increased preventative measures would be recommended. CDC will no longer use Test Positivity and will deemphasize case-based surveillance. IDPH will continue to work to move in this direction as well toward the goal of collecting data to support preventing severe disease due to SARS-CoV-2 infection.
- IDPH will no longer collect COVID-19-specific data in EMResource after May 8th. Syndromic surveillance data will be used to monitor hospital admissions. EMResource will still be used to monitor daily hospital capacity and availability (See [CMS Memo](#) for additional details).

If you have any questions, please contact your local health department or the Communicable Disease Control Section at 217-782-2016.