IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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M E M O R A N D U M

TO: Local Health Departments; Hospitals; and Departments of Emergency Medicine, Infectious Disease and Control Staff, Lab Directors/Staff, Nurses and Nursing Directors, Pediatricians, Physicians, Long Term Care & Assisted Living Nurses and Nursing Directors

FROM: Communicable Disease Control Section (CDCS) and Division of Laboratories

DATE: September 23, 2026

RE: Annual Respiratory Testing and Reporting Guidance

The Illinois Department of Public Health (IDPH) is issuing updated guidance related to submission of respiratory clinical laboratory specimens and reporting. Guidance on respiratory season vaccines and prevention has been issued separately. Comprehensive respiratory surveillance, including confirmatory testing and speciation, is only possible with the assistance and involvement of clinicians, infection control practitioners, and laboratories. Thank you for your assistance and cooperation.

Respiratory Testing and Reporting Guidelines

1. **With the exception of laboratories enrolled as a virologic respiratory sentinel site, routine testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories**. For the 2026-2027 respiratory season, only the following specimens should be sent to IDPH for testing[1]:

    a. Specimens that are approved by local health departments (LHDs) on a case-by-case basis, such as for outbreak management or virus identification in a congregate facility, post-mortem evaluation, and cases of suspected novel influenza viruses.
    b. Influenza specimens from individuals in the intensive care unit (ICU) which have tested positive for influenza A, but the specimen has not been subtyped at the facility.
    c. Influenza specimens that cannot be subtyped (e.g., from molecular assays that can detect all currently circulating influenza A virus subtypes which identify an Influenza A unsubtypeable result).

[1] These criteria do not apply to respiratory sentinel surveillance providers, who will receive separate instructions regarding specimen submission.

2. **Specimen Testing Authorization:**
   To authorize the submission of specimens not related to the respiratory sentinel program, providers should request testing through their LHD, and **LHD staff** must complete the REDCap IDPH Communicable Disease Test Authorization Form.

   All respiratory specimens must be submitted using the Electronic Test Ordering and Reporting (ETOR) portal. As a reminder, ETOR should also be utilized to submit all test orders electronically for sites registered in the respiratory sentinel surveillance program. To enroll your site in ETOR or for further questions, please email DPH.Labs.DMG@Illinois.gov.

3. **General Specimen Guidance:**
   Specimens received at the IDPH laboratory that are not authorized by IDPH or the LHD will be rejected and stored until further information is obtained from the submitter. The submitter may contact their LHD or the IDPH CDCS at 217-782-2016 to discuss specimen testing guidelines. Specific instructions by clinical test can be found in the IDPH Division of Laboratories Manual of Services.

4. **Reporting:**
   The major objectives of respiratory surveillance during 2026-2027 season are to describe risk factors and burden of severe illness, provide information for management of situations requiring public health intervention(s) (e.g., prophylaxis in a congregate care facility), identify changes in the severity and epidemiology of respiratory diseases, and identify novel strains. **The following should be reported[2]:**

   a. **Suspected novel influenza** (e.g., severe respiratory illness of unknown etiology associated with recent international travel, contact with swine, birds, or cattle, or any case of human infection with an influenza A virus that is different from currently circulating human seasonal influenza H1 and H3 viruses).
   b. **Pediatric respiratory-associated death due to SARS-CoV-2, Influenza, or RSV** are defined as death of an individual <18 years of age resulting from a clinically compatible illness that was confirmed by an appropriate laboratory or rapid diagnostic test or by a provider, medical examiner or coroner.
   c. **Intensive Care Unit (ICU) hospitalizations with SARS-CoV-2, Influenza, or RSV** are defined as individuals hospitalized in an ICU with a positive laboratory test. All ICU admissions for one of these viruses should be reported, even if the respiratory virus is not the specific reason for ICU admission.
   d. **Outbreaks of acute respiratory illness in a congregate setting** (e.g., skilled nursing facilities, assisted living facilities): Guidance for acute respiratory illness outbreak management in skilled nursing facilities and community congregate settings is available on the IDPH website. Please note, testing for respiratory viruses may be recommended by public health entities during outbreaks to help identify and mitigate source of transmission.

[2] Such cases are reportable under the Communicable Disease Code, Section 690.

5. **Seasonal Respiratory Illness Dashboard:**
   IDPH will continue to update the Seasonal Respiratory Illness Dashboard weekly, with updates occurring on Fridays at 2:30 pm.

   Local or regional influenza surveillance reports are also available on many LHD websites. If you have questions about respiratory surveillance, contact your LHD or the IDPH CDCS at 217-782-2016 or by email at dph.respiratory@illinois.gov.

6. **Respiratory Sentinel Surveillance:**
   IDPH recruits facilities for three different areas of respiratory sentinel surveillance:
   - **ILINet** providers input weekly influenza-like illness (ILI) data for outpatient visits into a CDC database. This data helps track the respiratory season and epidemiological trends.
   - **Virologic Sentinel Surveillance:** facilities submit positive respiratory specimens weekly: up to 10 specimens that have tested positive for influenza and 5 specimens that have tested positive for SARS-CoV-2 to an assigned IDPH laboratory for additional testing at **no cost** to the sentinel site; no prior authorization is needed.
   - **National Respiratory and Enteric Surveillance System (NREVSS):** laboratories report aggregate positives and total tests for certain respiratory and enteric viruses.

   If your practice or facility is interested in participating in respiratory surveillance, please fill out the online form and a member of the respiratory team will follow up.

7. **Points of Contact for Commercial Laboratory Respiratory PCR Testing:**
   Points of contact are listed in the chart below for facilities wanting to arrange for respiratory PCR testing not covered by IDPH testing criteria. Testing protocols vary by laboratory. Laboratories are listed alphabetically; inclusion does not constitute IDPH endorsement. This list may be incomplete and is based on currently available information that is updated periodically. To add the name of a laboratory to this list, contact Dr. Joshua Geltz, Division Chief of the Division of Laboratories at Joshua.Geltz@Illinois.gov.

Lab	**Contact**	**Phone**
ACL Laboratories	Sales	800-877-7016
Alverno Clinical Laboratories, LLC	Melissa Mace	219-989-3888
Marshfield Labs	Sandra Molter	800-222-5835, x16278
Mayo Medical Laboratories	Customer Service	800-533-1710
North Shore University Health System	Brian Staes	847-663-2105
Northwestern Memorial Hospital	Michael Malczynski	312-926-3111

Quest Diagnostics	Customer Service	866- 697-8378
University of Illinois	Jessica Padilla	312-996-4800

8. IDPH Contacts:

If you have questions about specimen submission, collection, or transportation, call the appropriate regional laboratory. Other questions about general respiratory surveillance can be directed to the Communicable Disease Control Section (CDCS).

Carbondale IDPH Laboratory: 618-457-5131
Chicago IDPH Laboratory: 312-793-4760
Springfield IDPH Laboratory: 217-782-6562
CDCS: dph.respiratory@illinois.gov or 217-782-2016