**Section 690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours**)

a) Control of Case.

1) Standard Precautions shall be followed. Droplet Precautions shall be followed for pharyngeal diphtheria. Contact Precautions shall be followed for cutaneous diphtheria.

2) These precautions shall be continued until 2 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.

3) Use of diphtheria antitoxin should be considered in addition to antibiotic therapy when clinical findings and consultation with Department personnel support use.

4) Specimens shall be considered to be satisfactory only if they reach an acceptable laboratory within 48 hours, and if growth of normal flora occurs.

b) Control of Contacts.

1) All close contacts (household members and other persons directly exposed to oral secretions of patients with pharyngeal presentation or with direct contact with secretions from lesions with cutaneous presentation) should be cultured from the nose and from the throat, provided antibiotic prophylaxis, and placed under surveillance for 7 days.

2) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by 2 successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority. 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.

3) All previously immunized close contacts should receive a booster dose of diphtheria toxoid-containing vaccines if more than 5 years have elapsed since their last dose.

4) If close contacts have received fewer than 3 doses of diphtheria toxoid-containing vaccines, or vaccination history is unknown, an immediate dose of diphtheria toxoid-containing vaccine should be given and the primary series completed.

5) All contacts found to be carriers shall be handled in the same manner as cases according to subsection (a)(1) and managed as indicated in subsection (c).

6) In a non-immune individual who has been exposed, antitoxin should be considered. This should be followed immediately with active immunization.

c) Control of Carriers.

1) Carriers discovered as the result of epidemiological follow-up of a known case or in another way (screening, etc.) shall be handled in the same manner as cases. (See subsections (a)(1) and (2).)

2) All previously immunized carriers should receive a booster dose of diphtheria toxoid-containing vaccines if more than one year has elapsed since their last dose.

3) Carriers who have received fewer than 3 doses of diphtheria toxoid- containing vaccines, or whose vaccination history is unknown, should receive an immediate dose of diphtheria toxoid-containing vaccine and complete the primary series.

d) Sale of Food, Milk, etc. (See Section 690.1000(b).)

e) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Corynebacterium diphtheriae infection.

2) Laboratories shall forward clinical materials positive for Corynebacterium diphtheriae to the Department's laboratory for toxicity testing.

3) Laboratories shall report any request for suspected diphtheria testing as soon as possible, within 3 hours.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)