**Section 690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)**

a) Control of Case.

1) Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a health care facility. The local health authority shall be notified immediately if Airborne Infection Isolation rooms are not available. These precautions shall comply with the guidelines referenced in Section 690.1010(a)(4). When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.1010(a)(4).

2) Cleaning and disinfection procedures shall comply with the guidelines referenced in Section 690.1010(a)(4).

b) Control of Contacts.

1) Contacts of SARS cases shall be placed under surveillance, with close observation for fever and respiratory symptoms for the 10 days following the last exposure. Observation and monitoring procedures shall comply with Section 690.1010(a)(4).

2) Contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart H and Section 690.1010(a)(4).

c) Laboratory Reporting. Laboratories shall report all persons with SARS (suspected or confirmed) to the local health authority. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting SARS virus.

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