**Section 690.380 Diphtheria (Reportable by telephone immediately, within three hours, upon initial clinical suspicion or laboratory test order**)

a) Control of Case

1) The case shall be isolated until two 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. If culturing is unavailable or impractical, isolation may be ended after 14 days of effective appropriate antimicrobial therapy.

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

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) shall be cultured from the nose and from the throat, provided antibiotic prophylaxis, and placed under surveillance for seven to ten days.

2) Contacts who are food handlers, health care workers, or in sensitive occupations shall not work in these occupations until shown, by two 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 five years have elapsed since their last dose. If the close contact is a child and has not received the fourth primary dose or booster, a booster is recommended even if the time since the last dose was received within the past five years.

4) If close contacts have received fewer than three 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 by positive culture at screening shall be handled in the same manner as cases according to subsection (a)(1) and managed as indicated in subsection (c).

6) In a susceptible 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) Cultures should be repeated a minimum of two weeks after completion of antimicrobials to assure eradication of the organism.

4) Carriers who have received fewer than three 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 690.30(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 three hours.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)