**Section 690.670 Streptococcal Infections, Group A**, **Invasive Disease (Including Streptococcal Toxic Shock Syndrome and necrotizing fasciitis) and Sequelae to Group A Streptococcal Infections (rheumatic fever** **and** **acute glomerulonephritis) (Reportable by telephone or facsimile, within 24 hours)**

a) Control of Case.

1) Standard Precautions shall be followed. Droplet Precautions shall be followed for persons with necrotizing fasciitis or toxic shock syndrome until 24 hours after initiation of effective antimicrobial therapy. In cases of necrotizing fasciitis, when the dressing does not adequately contain drainage, Contact Precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.

2) The local health authority shall be consulted regarding any identified cluster of cases, particularly in closed settings, such as a long-term care facility, for additional recommendations.

b) Control of Contacts.

1) No restrictions.

2) Culture of symptomatic contacts should be considered. Under certain conditions, pharyngeal cultures of asymptomatic individuals may be recommended.

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

d) Laboratory Reporting. Laboratories shall report to the local health authority patients from whom Group A Streptococcus has been isolated from a normally sterile site; patients clinically compatible with Streptococcal toxic shock syndrome or necrotizing fasciitis from whom Group A Streptococcus has been isolated from a normally sterile or non-sterile site; and patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Group A Streptococcus from a normally sterile site.

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