**Section 690.730 Typhoid Fever and Paratyphoid Fever (Reportable by telephone, facsimile, or electronically as soon as possible, within 24 hours)**

a) Control of Case

1) Persons in Non-sensitive Occupations

Cases with typhoid fever in non-sensitive occupations shall not return to their occupation until the following are completed:

A) Termination of the acute illness (absence of fever); and

B) Receipt of education on transmission of the bacterium that causes typhoid fever from the local health authority.

2) Food Handlers, Adult or Child Day Care Attendees or Staff, Health Care Workers, or Persons in Other Sensitive Occupations

Cases with typhoid fever who are food handlers, adult or child care attendees or staff, health care workers, or persons in other sensitive occupations shall not work or attend day care until:

A) Termination of the acute illness (absence of fever); and

B) Receipt from the local health authority of education, including educational materials, on transmission of the bacterium that causes typhoid fever; and

C) Submission of three consecutive stool specimens negative for Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative) or S. Paratyphi C, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified.

3) If a case of typhoid fever is identified with no foreign travel to an endemic area within 60 days of onset of illness, the local health authority shall conduct an investigation to determine the source of illness. The investigation may include testing of close contacts, food handlers, adult or child care attendees or staff, health care workers, or persons in other sensitive occupations, or other measures deemed appropriate by the local health authority in consultation with the Department to identify the source of illness.

4) A convalescent carrier is defined as:

A) A case of acute typhoid fever with onset in the last 12 months, but no longer symptomatic, and

B) With one or more specimens (collected within 12 months of symptom onset) positive for Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative) or S. Paratyphi C.

5) A chronic carrier is defined as:

A) A person who excretes typhoid bacilli in feces or urine and has had no symptoms of typhoid disease during the past 12 months; or

B) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or

C) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or

D) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted three negative stool specimens as described in 690.730(a)(2)(C).

6) Convalescent and chronic carriers shall complete and sign a typhoid fever carrier agreement. (See Section 690.30(d)(3)) The local health authority shall keep on file all signed agreements for their jurisdiction.

7) Convalescent and chronic carriers of typhoid fever shall not work as food handlers, adult or child care staff with direct care of children or the elderly, health care workers, or in other sensitive occupations. (See Section 2310-510 of the Department of Public Health Power and Duties Law)

b) Control of Contacts to a Case

1) All contacts to cases who are food handlers, adult or child care attendees or staff, health care workers, or persons in other sensitive occupations shall not work or return to day care until submission of two consecutive stool specimens negative for Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative) or S. Paratyphi C. Specimens shall be taken not less than 24 hours apart. If the contact is symptomatic, specimens shall be following clinical recovery of the patient and the first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy.

2) Contacts to cases may include travel companions and other members of a tour group that has recently traveled to a country or countries where typhoid fever is endemic. If any of these contacts have symptoms of typhoid fever within 60 days prior to or after the onset of the case's symptoms, they shall submit two consecutive stool specimens negative for Salmonella Typhi, S. Paratyphi A., S. Paratyphi B (tartrate negative), or S. Paratyphi C. Specimens shall be taken not less than 24 hours apart and shall be following clinical recovery of the patient. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy.

3) When a confirmed case of typhoid fever occurs in a food handler, the other food handlers at the facility shall be considered contacts to the case and submit two consecutive negative stool specimens obtained at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Local health authorities, in consultation with the Department, may require two consecutive negative specimens from food handlers at the facility before food handlers return to work if there is reason to believe that these individuals may be the source of the illness or could transmit disease. If this does not occur, food handlers shall be restricted from their occupations if they do not begin submitting specimens within one week after notification, and specimens shall be submitted at least once per week until two consecutive negative specimens are obtained, or the individual shall be restricted from working.

c) Control of Convalescent and Chronic Carriers

1) Carriers shall notify any physician, hospital, or other institution providing medical care or day care (adult or child) program of their carrier condition to assure proper precautions are taken.

2) A chronic carrier shall submit specimens of his or her stool in outbreak instances or when posing a public health risk.

3) A chronic carrier shall report his or her address, occupation, and place of employment, in person or in writing to the local health authority, upon request of the Department, including in outbreak instances or when the local health authority determines the carrier poses a public health risk based on the person's employment or other activities that may expose others to infection.

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 other laboratory test indicative of and specific for detecting Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative), or S. Paratyphi C infection.

2) Laboratories shall forward clinical materials positive for Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative), or S. Paratyphi C to the Department's laboratory in accordance with the Department's specimen submission criteria, which can be accessed at: https://dph.illinois.gov/topics-services/lab-testing-services/general-requirements.html.

3) Laboratories shall report and submit to the Department's laboratory any Salmonella Typhi, S. Paratyphi A, S. Paratyphi B (tartrate negative), or S. Paratyphi C isolates from food resulting from an outbreak investigation, or upon request.

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