**Section 696.160 Diagnosis and Management of Persons with Suspected or Confirmed Active Tuberculosis Disease**

a) Diagnostic Evaluation. The evaluation of persons with suspected or confirmed active TB disease shall include but not be limited to:

1) Medical history;

2) Physical examination;

3) TB screening test;

4) Chest radiograph;

5) Bacteriologic examinations on available specimens; and

6) Assessment of risk for HIV infection, and testing and counseling as indicated.

b) Clinical Management of Persons with Suspected or Confirmed Active TB Disease

1) Infection Control Measures. If infectious TB disease is suspected, precautions shall be taken to prevent transmission in accordance with the Guidelines for Health-Care Settings.

A) In settings that serve infectious TB patients, precautions that shall be implemented include early identification and airborne infection isolation of patients with suspected or confirmed active TB disease. Infection control measures shall be maintained until the patient is determined to be non-infectious.

B) Once determined to be infectious, a patient is considered infectious until medically determined to be non-infectious and not likely to become infectious again. When a consensus cannot be reached concerning the infectious or non-infectious status of a patient with a suspected or confirmed case of TB, the Department will make a final determination of infectiousness. Determination of infectiousness for patients with positive AFB sputum smear results with pending or negative AFB sputum cultures, and for patients with multi-drug resistant (MDR) TB, shall be made in consultation with the Department.

2) Treatment of Suspected or Confirmed Active TB Disease. Patients with suspected or confirmed active TB disease shall be treated in accordance with Treatment of Tuberculosis.

A) Treatment Regimen. Persons with suspected or confirmed active TB disease shall be treated with a multi-drug regimen in accordance with Treatment of Tuberculosis.

B) Adherence to Treatment. Health care providers shall use strategies such as directly observed therapy (DOT) and patient-centered case management to assure successful completion of treatment.

C) Monitoring for Response to Therapy. Patients shall be monitored for response to treatment in accordance with Treatment of Tuberculosis.

D) Monitoring for Adverse Medication Reaction. Patients shall be monitored for adverse medication reactions in accordance with Treatment of Tuberculosis.

c) *The Department of Public Health shall investigate the causes of*contagious, or *dangerously* contagious, or *infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become, epidemic in any  locality and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the locality for which services are rendered.* (Section 2(a) of the Public Health Act)

1) Contact Investigation. The local TB control authority is responsible for assuring that a contact investigation, including identification, prioritization and evaluation of contacts, is completed for each case of active TB disease of the respiratory tract. Contacts shall obtain an evaluation, including screening for signs and symptoms of active TB disease and a TB screening test, to identify latent TB infection. Contacts shall be retested eight to 10 weeks after the last exposure if their reaction to the first TB screening test was negative. (See Guidelines for the Investigation of Contacts.) Contacts who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, and Guidelines for Health-Care Settings.

2) When cases of active TB disease occur in any business, organization, institution or private home, the business owner, the person in charge of the establishment or the homeowner shall cooperate with local TB control authorities in the investigation, including, but not limited to, release of name and other pertinent information about employees, customers, passengers, travelers, transportation crews or guests as the information relates to the investigation.

3) Entering a place of employment for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment that are relevant, pertinent, and necessary to the investigation. Investigations shall be conducted during regular business hours, if possible, and with notice as is possible under the circumstances.

4) School, child care facility, and college/university authorities shall handle contacts of infectious disease cases in the manner prescribed in this Part, or as recommended by the local health authority.

(Source: Amended at 36 Ill. Reg. 15267, effective October 2, 2012)