

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
ANTHRAX	3	<i>Bacillus anthracis</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Anthrax in the CD Manual. • See the case definition for Anthrax in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 22 - 31. • Refer to CDC MMWR: Update: Investigation of Bioterrorism-Related Anthrax and Interim Guidelines for Clinical Evaluation of Persons with Possible Anthrax. November 02, 2001; 50(43); pp 941-8. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5043a1.htm • Print and review reporting forms: <i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Anthrax (DHHS/EPI #3)</i> 	
BIOTERRORISM POTENTIAL CATEGORY A	<p><i>B. anthracis</i> is a potential bioterrorism agent. If this is likely a BT event, health departments should notify local law enforcement immediately and then contact state public health officials.</p>	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Inform local health director and state public health officials before proceeding with any anthrax investigation, (919) 733-3419. Consider having state medical epidemiologist contact the health care provider. • If patient hospitalized for this disease, obtain medical record (admission note, progress note, chest x-ray(s), biopsy report(s), other lab report(s), and discharge summary). • Obtain healthcare provider clinical notes from date(s) of service for this disease/condition. • If skin lesion(s) are present, obtain digital image(s) to share with medical epidemiologist. • Look for evidence in the medical record that supports clinical findings described in the case definition. 	
REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> • Review laboratory report(s) specific to this disease. • Evaluate laboratory results to determine if requirements of the case definition are satisfied. • Contact healthcare provider if further testing of the patient is indicated. 	

<p align="center">APPLY THE CASE DEFINITION</p>	<ul style="list-style-type: none"> • Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.
<p align="center">IMPLEMENTING CONTROL MEASURES</p>	
<p align="center">ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</p>	<ul style="list-style-type: none"> • If potential environmental or occupational source of exposure is not evident in clinical information, interview patient and/or other knowledgeable person(s) for potential source(s) of exposure: <ul style="list-style-type: none"> ○ history of travel ○ exposure to wildlife, wildlife skins or products (including wools, hides and drums made or decorated with animal hides) ○ exposure to livestock and other animals ○ contact with soil ○ consumption of raw/undercooked meat ○ injection drug use ○ exposure to unusual/white powders • If source of exposure is suspected to be livestock the North Carolina Department of Agriculture (NCDA) must be notified. The county agricultural extension agent may be an additional resource to consider. The state public health veterinarian can assist with contacting these agencies, (919) 733-3419.
<p align="center">IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</p>	<ul style="list-style-type: none"> • Consider chemoprophylaxis of potentially exposed members of the public or laboratorians who may have worked with the agent prior to its identification as <i>B. anthracis</i>. • Use the CDC website, www.bt.cdc.gov/agent/anthrax to teach at risk people about the disease. • CD nurses should work with environmental health specialists and other public health partners to evaluate the environmental risk, identify contaminated areas and the need for personal protective equipment; restrict access to contaminated areas; ensure disinfection of contaminated areas; and properly dispose of animal carcasses (no necropsy).
<p align="center">REPORTING INVESTIGATION</p>	
<p align="center">REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</p>	<ul style="list-style-type: none"> • Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered. • Assign event to State Disease Registrar when case investigation complete. • Do an "Event_Print" in NC EDSS after assigning to the state. Keep for one year along with any additional notes. Maintain as a surveillance file, not a medical record.

CASE FINDING	<ul style="list-style-type: none"> • During the course of the investigation, interview other exposed individuals for symptoms of illness. • Refer symptomatic individuals to health care provider for evaluation. • If two or more cases are epidemiologically linked, report as an outbreak of Anthrax. • If indicated, submit outbreak summary report within 30 days from close of outbreak.
SPECIAL CONSIDERATIONS	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • Verify the laboratory test results of all cases by sending specimen(s) to the SLPH/CDC for reference testing. • Inform SLPH by calling the BT Duty pager at (919) 310-4243 or cell phone at (919) 807-8600.
PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR)	<ul style="list-style-type: none"> • Inform local Preparedness Coordinator. • If bioterrorism event likely, call the PHPR 24/7 pager (877) 236-7477.
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • If bioterrorism event, crime control and public safety will direct on-site environmental investigation. • If non-bioterrorism event, public health workers should exercise caution in doing environmental investigations. • Personal protective equipment (including respiratory protection) is indicated if entering any area contaminated with <i>B. anthracis</i> or when handling any material potentially contaminated with <i>B. anthracis</i>.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Any case of this disease will pique interest among media, health professionals, government officials, and the public. • Consider using risk communication tools conservatively if this is a low profile, naturally-occurring case. • Outbreaks of even naturally-occurring cases will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release. • In a bioterrorism event, pre-existing crisis communication plans should be enacted. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.