

# LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
<b>ENCEPHALITIS, ARBOVIRAL, EASTERN EQUINE ENCEPHALITIS (EEE)</b>	<b>97</b>	<b><i>Eastern Equine Virus</i></b>
<b>PREPARING FOR INVESTIGATION</b>		
<b>KNOW THE DISEASE/CONDITION</b>	<ul style="list-style-type: none"> <li>• Read about Encephalitis, Arboviral, (EEE) in the CD Manual.</li> <li>• See the case definition for Encephalitis, Arboviral, (EEE) in the CD Manual.</li> <li>• Study APHA <i>Control of Communicable Diseases Manual</i>, 19<sup>th</sup> ed., pp 34 - 46.</li> <li>• Print and review reporting forms:                                <i>Part 1: Confidential Disease Report (DHHS 2124)</i>  <i>Part 2: Encephalitis, Arboviral,(EEE) (DHHS/EPI #97)</i> </li> </ul>	
<b>CONDUCTING INVESTIGATION</b>		
<b>COLLECT CLINICAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• If patient hospitalized for this disease, obtain medical record (admission note, progress note, lab report(s), and discharge summary).</li> <li>• Obtain healthcare provider clinical notes from date(s) of service for this disease/condition.</li> <li>• Look for evidence in the medical record that supports clinical findings described in the case definition.</li> </ul>	
<b>REVIEW LABORATORY INFORMATION</b>	<ul style="list-style-type: none"> <li>• Review laboratory report(s) specific to this disease or facilitate testing through the SLPH if needed.</li> <li>• Evaluate laboratory results to determine if requirements of the case definition are satisfied.</li> <li>• Contact healthcare provider if further testing of the patient is indicated.</li> </ul>	
<b>APPLY THE CASE DEFINITION</b>	<ul style="list-style-type: none"> <li>• Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.</li> </ul>	
<b>IMPLEMENTING CONTROL MEASURES</b>		
<b>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</b>	<ul style="list-style-type: none"> <li>• Review clinical records for potential source(s) of exposure.</li> <li>• If probable source of exposure is not evident in clinical information, interview patient to obtain additional information.</li> </ul>	

<p><b>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</b></p>	<ul style="list-style-type: none"> <li>• Use the CDC website <a href="http://www.cdc.gov">www.cdc.gov</a> to teach at risk people about the disease.</li> <li>• Alert the local health director, environmental health specialist and mosquito control officials to the existence of case and encourage mosquito control measures.</li> </ul>
<p><b>REPORTING INVESTIGATION</b></p>	
<p><b>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</b></p>	<ul style="list-style-type: none"> <li>• Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered.</li> <li>• Assign event to State Disease Registrar when case investigation complete.</li> <li>• 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.</li> </ul>
<p><b>CASE FINDING</b></p>	<ul style="list-style-type: none"> <li>• During the course of the investigation, look for symptoms of disease in other exposed individuals.</li> <li>• Refer symptomatic individuals to healthcare provider for evaluation.</li> <li>• If two or more cases are epidemiologically linked, report as an outbreak of Encephalitis Arboviral (EEE).</li> <li>• If indicated, submit an outbreak summary report within 30 days from close of outbreak.</li> </ul>
<p><b>SPECIAL CONSIDERATIONS</b></p>	
<p><b>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</b></p>	<ul style="list-style-type: none"> <li>• Media interest may be piqued by this disease, especially if hospitalization or death occurs. Consider verifying the laboratory test results by sending specimen(s) to the SLPH/CDC for reference testing.</li> </ul>
<p><b>PERSONAL PROTECTIVE MEASURES</b></p>	<ul style="list-style-type: none"> <li>• Enteric precautions appropriate until enterovirus meningoencephalitis (see viral meningitis) is ruled out. Not transmitted from person to person except rarely by transfusion.</li> </ul>
<p><b>RISK COMMUNICATION</b></p>	<ul style="list-style-type: none"> <li>• Consider using risk communication tools conservatively if this is a low profile, naturally-occurring case.</li> <li>• Outbreaks will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release.</li> <li>• NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.</li> </ul>