

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
ENCEPHALITIS, ARBOVIRAL, WEST NILE VIRUS (WNV)	95	<i>West Nile Virus</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Encephalitis Arboviral, (WNV) in the CD Manual. • See the case definition for Encephalitis Arboviral, (WNV) in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 34 - 46. • Print and review reporting forms: <p><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Encephalitis, Arboviral, (WNV) (DHHS/EPI #95)</i></p>	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • If patient hospitalized for this disease, obtain medical record (admission note, progress note, lab report(s), and discharge summary). • Obtain healthcare provider clinical notes from date(s) of service for this disease/condition. • 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 or facilitate testing through the SLPH if needed. • Evaluate laboratory results to determine if requirements of the case definition are satisfied. • Contact healthcare provider if further testing of the patient is indicated. 	
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> • Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria. 	
IMPLEMENTING CONTROL MEASURES		
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<ul style="list-style-type: none"> • Review clinical records for potential source(s) of exposure. • If probable source of exposure is not evident in clinical information, interview patient to obtain additional information. 	
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> • Use the CDC website www.cdc.gov to teach at risk people about the disease. • Alert local health director, environmental health specialist and mosquito control officials to the existence of case and encourage mosquito control measures. 	

REPORTING INVESTIGATION	
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	<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, look for symptoms of disease in other exposed individuals. • Refer symptomatic individuals to healthcare provider for evaluation. • If two or more cases are epidemiologically linked, report as an outbreak of Encephalitis, Arboviral (WNV). • If indicated, submit an 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"> • 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.
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • Enteric precautions appropriate until enterovirus meningoencephalitis (see viral meningitis) is ruled out.
TRANSMISSION RISK	<ul style="list-style-type: none"> • Not transmitted from person to person except rarely by transfusion, organ transplant, transplacentally, or through breastmilk. • Although WNV is rarely transmitted from person to person, the remote possibility that a mosquito biting an infected person during the viremic state could become infected and pass WNV to other individuals exists. Prevent access of mosquitoes to the patient for at least 5 days after onset or until afebrile.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Consider using risk communication tools conservatively if this is a low profile, naturally-occurring case. • Outbreaks will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.