

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
FOODBORNE DISEASE	11	<i>Clostridium perfringens</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about <i>Foodborne Disease</i> in the CD Manual. • See the case definition for Foodborne Disease: <i>Clostridium perfringens</i> in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 243 - 245. • Print and review reporting forms: <p style="margin-left: 40px;"><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Foodborne Disease: Clostridium perfringens (DHHS/EPI #11)</i></p>	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Determine whether patient had symptoms compatible with foodborne intoxication (nausea, vomiting and/or diarrhea). 	
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. • Specimen should be stool sample or food sample associated with presumed exposure (i.e., not blood specimen, etc.) 	
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. • Determine whether there are other ill persons. Is this part of an outbreak? If yes, notify CD Branch immediately. • In recognized cluster of illnesses, consider conducting a cohort study to identify food vehicle. Obtain leftover food specimens from identified event if possible. • If associated with a retail food vendor, obtain specimens from food handlers for testing (swabs from wounds/nasopharyngeal swabs/stool specimens as appropriate). 	
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> • If illness is associated with a retail food establishment (restaurant, caterer, other) environmental health specialist should inspect the facility for potential breakdowns in safe food handling. • Review hand washing and other good hygiene practices with food handlers. 	

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, interview other exposed individuals for symptoms of illness. • Refer symptomatic individuals to healthcare provider for evaluation.
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 after consulting with the state.
PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR)	<ul style="list-style-type: none"> • Not generally a concern for bioterrorism event.
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • Not generally applicable.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Outbreaks may generate media interest. • Consider using risk communication tools conservatively if this is a low profile 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.