

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
HEPATITIS A	14	Hepatitis A Virus
PREPARING FOR INVESTIGATION		
<p>KNOW THE DISEASE/CONDITION</p>	<ul style="list-style-type: none"> • Read about Hepatitis A in the CD Manual. • See the case definition for Hepatitis A in the CD Manual. • Study the APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 278 - 284. • Study the CDC MMWR: Prevention of Hepatitis A through Active or Passive Immunization: Recommendations of the ACIP. May 19, 2006; 55 (RR07); 1 - 23. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm • Refer to CDC MMWR: Updated Recommendations from the Advisory Committee on Immunization Practices (ACIP) for Use of Hepatitis A Vaccine in Close Contacts of Newly Arriving International Adoptees. September 18, 2009; 58(36); 1006 - 1007. Available from: www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a4.htm • Read the memorandum from the NC Immunization Branch, "Updated Recommendations for the Prevention of Hepatitis A After Exposure, and Availability of State-Supplied Hepatitis A Vaccine for Post-Exposure Prophylaxis," dated December 3, 2007. Available at: http://www.immunizenc.org/Memos.htm • Print and review reporting forms: <ul style="list-style-type: none"> <i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Hepatitis A (DHHS/EPI # 14)</i> 	
CONDUCTING INVESTIGATION		
<p>COLLECT CLINICAL INFORMATION</p>	<ul style="list-style-type: none"> • Obtain healthcare provider clinical notes from date(s) of service for this disease/condition. • If patient hospitalized for this disease, obtain medical record (admission note, progress note, lab report(s) and discharge summary). • Look for evidence in the medical record that supports clinical findings described in the case definition. • If contacting the patient is necessary, discuss with the healthcare provider what the patient has been told about his evaluation for this disease. • One of the best questions to ask the provider is, "Why was the patient tested for Hepatitis A?" 	

<p>REVIEW LABORATORY INFORMATION</p>	<ul style="list-style-type: none"> • Review laboratory report(s) specific to this disease. • Obtain hard copy of positive IgM anti-HAV lab report and liver function tests (LFTs). • Contact the healthcare provider if further testing of the patient is necessary. • If IgM anti-HAV not done, obtain stat testing if patient is symptomatic. • If testing through the SLPH, call ahead before sending specimen and request “stat” testing. • If testing through a private lab is necessary, the local health department should cover the cost of testing. • Evaluate laboratory results to determine if requirements of the case definition are satisfied.
<p>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. • Confirmed cases must be IgM anti-HAV positive and have jaundice or elevated liver function tests. • If case definition is met, continue investigation by interviewing case and/or contacts, implementing control measures, and reporting the case to state. • Be aware that children 6 years of age and younger may be asymptomatic and not meet case definition but control measures may still be necessary. • Consult with state regarding control measures for patients who test positive but do not meet case definition and work in food service, healthcare, or are involved in child care.
<p>IMPLEMENTING CONTROL MEASURES</p>	
<p>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</p>	<ul style="list-style-type: none"> • Review clinical documentation for potential source(s) of exposure. • If potential source of exposure is not evident in clinical information, interview patient/contacts to obtain a detailed assessment for potential sources including: <ul style="list-style-type: none"> ○ travel history ○ contact to a person who recently arrived from a highly-endemic area ○ history of consumption of unwashed, unpeeled fruit or produce during travel ○ history of fruit or produce consumption from endemic country ○ history of consumption of raw or partially cooked seafood (restaurant vs. street vendor) ○ history of intravenous drug use ○ known contact to a case or someone with similar symptoms • If source is suspected to be restaurant related, involve environmental health specialist.

<p>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</p>	<ul style="list-style-type: none"> • Verify occupation of case. If food handler, child care worker, child in child care, or healthcare worker, exclude from work or child care until no longer infectious (usually 1 week after onset of jaundice, or 2 weeks after onset of symptoms if not jaundiced). • Contact CD Branch for guidance for anti-HAV IgM positive children 6 years of age or less if your investigation determines connection to symptomatic individuals. • Notify health director, CD Branch and public information officer/health educator immediately if source suspected to be foodborne, a food handler or a person in an occupation with increased likelihood of spread that will involve a significant number of suspects/cases/contacts. • Notify health director and CD Branch if case is an IV drug user with multiple contacts. • Notify local environmental health specialist if source is suspected to be foodborne or a food handler or if child care or a long term care facility is involved. • Activate Epi Team if investigation, control measures and contact follow-up indicated. • Manage contacts by: <ul style="list-style-type: none"> ○ providing immune globulin/Hepatitis A vaccine for contacts. (See memo from Immunization Branch dated 12-3-07.) ○ reinforcing mechanism of transmission to minimize unnecessary prophylaxis. ○ educating or counseling contacts regarding transmission, symptoms and need to be tested if symptoms develop. • Be aware that chemoprophylaxis beyond the 14th day after exposure is of little or no benefit. • Use the CDC website www.cdc.gov to teach at risk people about the disease.
<p>REPORTING INVESTIGATION</p>	
<p>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. • If case does not meet case definition, enter the reason in clinical package or in the note field in administrative package (e.g. “asymptomatic”). • 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 the disease in other exposed individuals. • Refer symptomatic individuals to physician/health care provider for evaluation. • Interview other exposed individuals for symptoms of illness.
SPECIAL CONSIDERATIONS	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • Assure those to be tested either meet case definition or are epi-linked to cases. • If sending specimens to SLPH, note “outbreak” on lab requisition. • If sending a clinical specimen to the SLPH for testing, use form DHHS 3722. Use the following link for information and forms: http://slph.state.nc.us • During outbreak, testing of symptomatic contacts through SLPH may be limited to those in high risk occupations (i.e. food handlers, healthcare providers, day care providers, staff of long term care facilities).
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • Prevention through vaccination with hepatitis A vaccine for eligible recipients is recommended for anyone wanting to reduce their risk of disease but is not necessary for investigation and follow-up. • Education regarding safe travel practices and proper food handling should be universal. • Adequate hand washing among persons in high-risk occupations is crucial.
RISK COMMUNICATION	<ul style="list-style-type: none"> • In high profile cases, assign a PIO and assure accurate information for media release. • Consider using risk communication tools to send updates to the public and local healthcare providers. • Consider HAN Alert for single cases with many contacts. • Outbreaks of cases will need NC HAN alerts, EPI-X reports, MD alerts, and a press release. • Realize that some persons seeking prophylaxis will not meet public health criteria for prophylaxis. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.