

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
HEMOLYTIC-UREMIC SYNDROME (HUS)	59	(Post-diarrheal illness associated with an infectious agent, usually a shiga toxin- producing <i>e. coli</i>)
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Hemolytic-Uremic Syndrome in the CD Manual. • See the case definition for Hemolytic-Uremic Syndrome in the CD Manual. • Study the APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pages 181 - 186. • Print and review reporting forms: Part 1: Confidential Disease Report (DHHS 2124) Part 2: Hemolytic-Uremic Syndrome (DHHS/EPI #59) 	
BIOTERRORISM POTENTIAL	If source is shiga toxin-producing e. coli, note that shiga toxin producing e. coli is a potential category B bioterrorist agent.	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • If patient hospitalized for this disease, obtain admission note, progress note, 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. • Evaluate laboratory results to determine if requirements of the case definition are satisfied. • Contact the healthcare provider if further testing of the patient is indicated. 	
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> • Use the CDC case definition to determine if the clinical and laboratory information you have makes this a reportable case. • HUS/TTP caused by non-infectious agent(s) (i.e. chemical HUS) are not reportable. When applying the case definition, look for other reasons for HUS and document history of acute or bloody diarrhea in the preceding 3 weeks. 	
IMPLEMENTING CONTROL MEASURES		
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<ul style="list-style-type: none"> • If post-diarrheal, identifying source of diarrhea causing organism is appropriate. • Review clinical documentation for probable source(s) of exposure. 	

IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> • If patient has history of <i>e.coli</i> infection, follow guidance in CD Manual for shiga toxin-producing <i>e.coli</i> infection. • Control measures should follow the guidance for the suspected organism that resulted in the HUS/TTP.
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"> • If post-diarrheal, look for diarrhea in other exposed individuals. • The purpose of HUS surveillance is to look for unrecognized cases of shiga toxin-producing <i>e.coli</i> infection. • Advise symptomatic individuals, especially children, to seek physician/healthcare provider evaluation immediately. • Consult local hospital infection control practitioners within community for identification of post-diarrheal HUS/TTP cases. If other cases are identified, notify CD Branch. • Consider sending information and updates to local medical providers. • Consider sending HAN Alert.
SPECIAL CONSIDERATIONS	
HIGH PROFILE CASES	<ul style="list-style-type: none"> • Assure accurate information for media release. • Assign PIO.
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • Remind healthcare providers seeing suspect cases to specifically request <i>e.coli</i> testing on lab requisitions. Many labs do not test for shiga toxin-producing <i>e.coli</i> as part of routine enteric cultures.
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • Thorough hand washing when in contact with a potentially infectious source is imperative.