

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
LISTERIOSIS	64	<i>Listeria monocytogenes</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Listeriosis in the CD Manual. • See the case definition for Listeriosis in the CD Manual. • Study the APHA Control of Communicable Diseases Manual, 19th Edition, pages 357 - 361. • Print and review reporting forms: <p style="margin-left: 40px;"><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Listeriosis (DHHS/EPI #64)</i></p>	
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. • Before contacting the patient, verify what information the provider has shared with the patient/family. 	
REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> • Obtain laboratory reports specific to this disease. • If <i>Listeria</i> isolates are available, have the diagnosing lab send isolates to the SLPH for typing. Call the microbiology section of SLPH to advise that a specimen is coming. Submit the Special Bacteriology (DHHS T806) requisition with any isolate. Use the following link for information and forms: http://slph.state.nc.us/Microbiology/default.asp • 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 CDC 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 documentation for probable source(s) of exposure. • Interview patient to obtain a detailed assessment of potential sources including: <ul style="list-style-type: none"> ○ consumption of unpasteurized dairy or juice products ○ consumption of unwashed food or vegetables ○ contact with farms or farm animals • If source of exposure is suspected to be livestock, un-pasteurized milk/dairy products or other food supply item, contact agricultural authorities for assistance. • If source of exposure suspected to be restaurant-related, involve environmental health specialist.
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> • Work with local health director, environmental health specialist and Department of Agriculture to restrict access to and recall contaminated items. • Work with local health director, environmental health specialist and Department of Agriculture to stop distribution of any potentially contaminated products or foods. • Refer to SLPH website for information on collection, packaging and shipment of food specimens. Notify the SLPH of impending specimen. Use DHHS form #1814 for each food item. Use the following link for information and forms: http://slph.state.nc.us/Microbiology/default.asp
MANAGE CONTACTS	<ul style="list-style-type: none"> • If case is pregnant, ensure that prenatal care provider is aware of infection.
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 or household contacts. • Refer symptomatic individuals to healthcare provider for evaluation. • If two or more cases are found that are epidemiologically linked, report as an outbreak of Listeriosis. • If indicated, submit Outbreak Summary Report within 30 days from close of outbreak. • In childbearing population, consider investigation of recent miscarriages in social network of case.

SPECIAL CONSIDERATIONS	
HIGH PROFILE CASES	<ul style="list-style-type: none"> • Ensure accurate information for media release. • Assign PIO.
PUBLIC HEALTH EDUCATION	<ul style="list-style-type: none"> • Use this as an opportunity for ongoing, systematically released information regarding the hazards of consuming unpasteurized products in high risk populations.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Use the CDC website www.cdc.gov to teach at risk people about the disease. A Spanish version is available. • Consider risk communication messages to public and health professionals. • Consider sending information and updates to local medical providers. • Consider targeting Hispanics in risk communication as appropriate. Identify appropriate avenues to reach the local Hispanic population. • Consider HAN Alert as appropriate.