

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
MENINGOCOCCAL DISEASE, INVASIVE	27	<i>Neisseria Meningitidis</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Meningococcal Disease in the CD Manual. • See the case definition for Meningococcal Disease, Invasive in the CD Manual. • Study the APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 414 - 421. • Study CDC MMWR: Prevention and Control of Meningococcal Disease, Recommendations of the ACIP. May 27, 2005; 54(RR07). Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm • Refer to <u>Red Book, 2009 Report of the Committee on Infectious Diseases</u>, 28th ed., pp 455 – 463. • Print and review reporting forms: <i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Meningococcal Disease, Invasive (DHHS/EPI # 27)</i> 	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Realize that suspected cases of <i>N. meningitidis</i> must be investigated immediately. Do not wait for lab confirmation. • 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. 	
REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> • Review laboratory report(s) specific to this disease. • Obtain hard copy of positive culture results for <i>N. meningitidis</i>. • If organism not yet identified, request stat testing with results expected within a few hours, not days. • Evaluate laboratory results to determine if requirements of the case definition are satisfied. • Contact healthcare provider if further testing of the patient is necessary. • Understand that negative cultures taken after the initiation of antibiotics may be unreliable. 	

	<ul style="list-style-type: none"> • <i>N. meningitidis</i> may be isolated from other specimens (i.e. tracheal aspirate). Evaluate clinical presentation when assessing and consult CD Branch staff if unclear about whether case should be considered invasive.
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 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 of potential sources.
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> • Assure that patient is isolated for 24 hours after starting appropriate antibiotic. • Notify health director and PIO if a significant number of contacts are suspected. • Activate Epi Team if indicated. • Manage contacts by: <ul style="list-style-type: none"> ○ ensuring chemoprophylaxis of close contacts. Be aware that chemoprophylaxis beyond the 14th day after exposure is of little or no benefit. ○ monitoring for 2 incubation periods. ○ reinforcing mechanism of transmission to minimize unnecessary prophylaxis. ○ educating or counseling contacts regarding transmission, symptoms and need to seek immediate care if symptoms develop. • Refer to <u>Red Book, 2009 Report of the Committee on Infectious Diseases, 28th ed., pp 458 – 460</u> for detailed guidance on chemoprophylaxis of contacts. • Use the CDC website www.cdc.gov to teach at risk people about the disease • Special notes regarding rifampin: <ul style="list-style-type: none"> ○ contact local pharmacies with compounding capabilities to compound rifampin syrup for children. ○ pursue being able to borrow rifampin from TB drug supply.
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 the disease in other exposed individuals. • Refer symptomatic individuals to physician/health care provider for immediate evaluation.
SPECIAL CONSIDERATIONS	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • NC Communicable Disease Control rules state that any positive culture from a normally sterile site be sent to SLPH for serogrouping. • Notify the SLPH of the impending specimen. • The Special/Atypical Bacteriology form DHHS T806 should accompany the specimen. • Use the following link for further information or forms: http://slph.state.nc.us/Microbiology/default.asp
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • Prevention through vaccination with meningococcal vaccine for eligible recipients is recommended for anyone wanting to reduce their risk of disease but is not necessary for investigation and follow-up.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Due to the severity of this disease, be prepared to provide information to the media. Assign PIO. • Consider using risk communication tools for public and health professionals. The CD Branch has sample notification letters available if needed. • Consider HAN Alert for single cases with many contacts. • Outbreaks of cases will need NC HAN alerts, EPI-X reports, MD alerts and probably a press release. • Realize that some individuals not meeting public health criteria for prophylaxis will seek prophylaxis. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.