## LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

<table>
<thead>
<tr>
<th>NC REPORTABLE DISEASE/CONDITION</th>
<th>NC DISEASE CODE</th>
<th>INFECTIOUS AGENT (s)</th>
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<tr>
<td>MENINGOCOCCAL DISEASE, INVASIVE</td>
<td>27</td>
<td><em>Neisseria Meningitidis</em></td>
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### PREPARING FOR INVESTIGATION

#### KNOW THE DISEASE/CONDITION

- Read about Meningococcal Disease in the CD Manual.
- See the case definition for Meningococcal Disease, Invasive in the CD Manual.
- 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](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm)
- Print and review reporting forms:
  - Part 1: Confidential Disease Report (DHHS 2124)
  - Part 2: Meningococcal Disease, Invasive (DHHS/EPI # 27)

### CONDUCTING INVESTIGATION

#### COLLECT CLINICAL INFORMATION

- Realize that suspected cases of *N. menigitidis* 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

- Review laboratory report(s) specific to this disease.
- Obtain hard copy of positive culture results for *N. meningitidis*.
- 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.
### APPLY THE CASE DEFINITION

- **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

- **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

- **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:**
  - 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.
- **Use the CDC website [www.cdc.gov](http://www.cdc.gov) to teach at risk people about the disease**
- **Special notes regarding rifampin:**
  - contact local pharmacies with compounding capabilities to compound rifampin syrup for children.
  - pursue being able to borrow rifampin from TB drug supply.

#### REPORTING INVESTIGATION

- **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 | • 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 | • 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](http://slph.state.nc.us/Microbiology/default.asp) |
| PERSONAL PROTECTIVE MEASURES | • 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 | • 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. |