

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT(S)
ROCKY MOUNTAIN SPOTTED FEVER (RMSF)	35	<i>Rickettsia rickettsii</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Rocky Mountain Spotted Fever in the CD Manual. • See the case definition for Rocky Mountain Spotted Fever in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 521 -523. • Refer to CDC MMWR: Diagnosis and Management of Tickborne Rickettsial Diseases: Rocky Mountain Spotted Fever, Ehrlichiosis, and Anaplasmosis - United States. March 31, 2006; 55 (RR04); pp 1 - 27. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5504a1.htm • Print and review reporting forms. <p><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: RMSF (DHHS/EPI #35)</i></p>	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • If patient hospitalized for this disease, obtain medical record (admission note, progress note, other lab report(s), 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. Single serum testing is discouraged; it does not contribute to the treatment or understanding of the disease. • Contact healthcare provider if further testing of the patient is indicated. If commercial testing was utilized, determine if testing of convalescent specimens was done or is planned. If the SLPH was utilized, pursue convalescent titers aggressively if still within 2 to 6 weeks of the acute test. 	

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. Reportable cases of this disease must include fever and at least one other clinically compatible symptom. The decision to report should not be made solely on the basis of laboratory findings.
IMPLEMENTING CONTROL MEASURES	
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<ul style="list-style-type: none"> Review clinical records for potential source(s) of exposure. If probable source of exposure is not evident in clinical information, interview patient to obtain additional information.
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> Use the CDC website www.cdc.gov to teach at risk people about tick-borne disease and methods of prevention.
COMPLETING 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.
SPECIAL CONSIDERATIONS	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> In high profile cases, consider verifying the laboratory test results by sending specimen(s) to the SLPH/CDC for reference testing. Examples of high profile cases: death of a child, multiple cases in one geographic area, etc. Consider reference lab testing by SLPH/CDC for isolated cases with a high degree of suspicion for RMSF when commercial test results do not satisfy the CDC case definition if within time frames for obtaining serum samples or original serum samples can be recovered. In cases of death, ensure specimens are not discarded and are available for testing.
RISK COMMUNICATION	<ul style="list-style-type: none"> Consider risk communication messages to public and health professionals during the beginning of "tick season."
ADDITIONAL INFORMATION	<ul style="list-style-type: none"> RMSF can be life threatening, treatment of suspected cases should not be delayed waiting for laboratory confirmation of diagnosis and physicians should treat empirically when it is suspected. RMSF can occur concurrently with other tick-borne diseases.