LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS		
NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)
MENINGITIS, PNEUMOCOCCAL		Streptococcus pneumoniae
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	Mar See in the Student Discontrol Par	and about Pneumococcal Disease in the CD mual.  The case definition for Pneumococcal Disease the CD Manual.  By the APHA Control of Communicable the eases Manual, 19 <sup>th</sup> ed., pp 423 – 425.  It and review reporting forms:  The confidential Disease Report (DHHS 2124) the 2: Meningitis, Pneumococcal (DHHS/EPI # 25)
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	med report of the date of the support of the suppor	atient hospitalized for this disease, obtain dical record (admission note, progress note, lab ort(s) and discharge summary). ain healthcare provider clinical notes from e(s) of service for this disease/condition. It is the for evidence in the medical record that ports clinical findings described in the case nition.
REVIEW LABORATORY INFORMATION	<ul> <li>Rev</li> <li>Obt</li> <li>Stre</li> <li>anti</li> <li>CSF</li> <li>If or</li> <li>clini</li> <li>cou</li> <li>If or</li> <li>with</li> <li>Eva</li> <li>requ</li> <li>Cor</li> <li>pati</li> <li>Rea</li> </ul>	iew laboratory report(s) specific to this disease. ain a copy of the lab report identifying eptococcus pneumoniae from CSF or positive gen test for Streptococcus pneumoniae from
APPLY THE CASE DEFINITION	• Use	the case definition to determine if the clinical laboratory findings meet the case definition

IMPLEMENTING CONTROL MEASURES		
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<ul> <li>Review clinical records for potential source(s) of exposure. (NOTE: Specific source rarely identified in pneumococcal meningitis.)</li> <li>If potential source of exposure is not evident in clinical information, interview patient/contacts to obtain a detailed assessment of potential sources.</li> </ul>	
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul> <li>Manage contacts by:         <ul> <li>monitoring for 2 incubation periods.</li> <li>educating or counseling contacts regarding transmission, symptoms and need to seek immediate care if symptoms develop.</li> <li>educating or counseling contacts that prophylaxis not indicated except possibly in a cluster or outbreak situation.</li> </ul> </li> <li>Use the CDC website <a href="https://www.cdc.gov">www.cdc.gov</a> to teach at risk people about the disease.</li> </ul>	
REPORTING INVESTIGATION		
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	<ul> <li>Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered.</li> <li>Assign event to State Disease Registrar when case investigation complete.</li> </ul>	
CASE FINDING	<ul> <li>During the course of the investigation, look for symptoms of the disease in other exposed individuals.</li> <li>Refer symptomatic individuals to physician/health care provider for immediate evaluation.</li> </ul>	
SPECIAL CONSIDERATIONS		
PERSONAL PROTECTIVE MEASURES	<ul> <li>Vaccinate appropriate populations however vaccination is not necessary for investigation and follow-up.</li> </ul>	
RISK COMMUNICATION	<ul> <li>Consider using risk communication tools for public and health professionals.</li> <li>Outbreaks of cases will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release.</li> <li>Realize that some persons seeking prophylaxis will not meet public health criteria for prophylaxis.</li> <li>NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.</li> </ul>	