

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
LEGIONELLOSIS	18	<i>Legionella pneumophila</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Legionellosis in the CD Manual. • See the case definition for Legionellosis in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 20th ed., pp 334–337. • Print and review reporting forms: <p style="margin-left: 20px;"><i>Part 1: Confidential Disease Report(DHHS 2124)</i> <i>Part 2: Legionellosis (DHHS/EPI #18)</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, 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. • Look for evidence of immunosuppressive conditions or medications which would suppress the immune system; other predisposing conditions such as diabetes, malignancy, liver disease, kidney disease and especially chronic lung disease. Smokers should be considered as having chronic lung disease. • Identify the date of illness onset, which may differ from the date of positive laboratory result 	
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. 	
IMPLEMENTING CONTROL MEASURES		
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. 	

<p>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</p>	<ul style="list-style-type: none"> • Review clinical documentation and interview patient or other knowledgeable person regarding potential exposures, including travel, healthcare, and other potential sources, during the 10 days before illness onset: <ul style="list-style-type: none"> ○ sources of aerosolized water (cooling towers, whirlpools, spas, pools, fountains, outdoor misters, humidifiers, nebulizers, C-PAP machines or other respiratory therapy devices) ○ contact to moist soils (including peat moss and potting soils) ○ recent outpatient medical care (e.g., physician offices, dental offices, dialysis centers, ambulatory surgery centers, etc) recent inpatient medical care (e.g., hospitalizations, long term care facilities)
<p>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</p>	<ul style="list-style-type: none"> • Use the CDC website www.cdc.gov to teach at risk people about the disease. • CD nurses should work with their environmental health specialist and other public health partners to evaluate the environmental risk, identify contaminated aerosolized water sources and assure disinfection.
<p>REPORTING INVESTIGATION</p>	
<p>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</p>	<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.
<p>CASE FINDING</p>	<ul style="list-style-type: none"> • During the course of the investigation, interview other exposed individuals for symptoms of illness. • Refer symptomatic individuals to healthcare provider for evaluation.
<p>SPECIAL CONSIDERATIONS</p>	
<p>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</p>	<ul style="list-style-type: none"> • If microbiologic testing has not yet been performed and a respiratory specimen (e.g., sputum, lung tissue, pleural fluid) is available, consult with the Communicable Diseases Branch (919-733-3419) to determine if the specimen should be sent to the SLPH for microbiologic testing. The specimen submittal form can be found at: http://slph.state.nc.us/Forms/DHHS-4121-SpecAtypBact-v2-withWorksheet.pdf •
<p>RISK COMMUNICATION</p>	<ul style="list-style-type: none"> • Consider using risk communication tools conservatively if this is a low profile case. • Outbreaks might require NC HAN alerts, EPI-X reports, MD alerts, and/or a press release. Consult with the Communicable Diseases Branch (919-733-

	<p>3419) for guidance and assistance.</p> <ul style="list-style-type: none">• NC DHHS Public Information Office (919-733-9190) is available to assist local health departments as needed.
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