

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
STREPTOCOCCAL INFECTION, GROUP A, INVASIVE DISEASE	61	Group A Streptococcal <i>Streptococcus pyogenes</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Streptococcal Infection, Group A Invasive in the CD Manual. • See the case definition for Streptococcus Infection, Group A Invasive in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 577 - 585. • Print and review reporting forms. <p style="margin-left: 20px;"><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Streptococcal Infection, Group A, Invasive (DHHS/EPI #61)</i></p>	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Obtain admission note, progress note and discharge summary if patient hospitalized for this disease/condition. • 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. Specimens should be from a normally sterile site. If from a non-sterile site (e.g. wound site) there should be documentation of necrotizing fasciitis. • Contact healthcare provider if further testing of the patient is indicated. 	
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> • Review the case definition for Toxic Shock Syndrome, Streptococcal (#65) and be aware that depending on clinical symptoms, this event may meet the case definition criteria and need to be reported as both diseases. • 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 records for potential source(s) of exposure. Determine whether patient had been hospitalized for surgery or obstetrical procedures during the 7 days prior to isolation of group A strep and enter this information into NC EDSS. If probable source of exposure is not evident in clinical information, interview patient to obtain additional information. Work with infection control staff of healthcare facilities to identify possible sources of nosocomial infection.
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 the disease. Work with the infection control staff of healthcare facilities to implement measures to prevent nosocomial infection. Consider chemoprophylaxis of groups such as nursing home residents to prevent further infections. For suspected postpartum or postsurgical infections, review, "The Prevention of Invasive Group A Streptococcal Disease Among Household Contacts of Case Patients and Among Postpartum and Postsurgical Patients: Recommendations from the Centers for Disease Control and Prevention." Clinical Infectious Diseases, October 2002, Vol.35/Issue 8, pp 950 -959. (Available by contacting the CD on call epidemiologist at (919) 733-3419). For suspected postpartum or postsurgical infections, immediately contact the laboratory where the culture was performed and request that the isolate not be discarded until the investigation is complete. Consider risk communication messages to public and health professionals.
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 healthcare provider for evaluation.

SPECIAL CONSIDERATIONS	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • In high profile cases, such as necrotizing fasciitis sometimes referred to in the media as “flesh eating disease,” consider verifying the laboratory test results by sending specimen(s) to the SLPH/CDC for reference testing.
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • Contact precautions are indicated when dealing with Streptococcus, Group A infections.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Cases of this disease may pique interest among media, health professionals, government officials, and the public should hospitalization and deaths occur. • Consider using risk communication tools conservatively if this is an isolated low profile case. • Outbreaks will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.