

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
TOXIC SHOCK SYNDROME, STREPTOCOCCAL	65	<i>Group A Streptococcal Streptococcus pyogenes</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Toxic Shock Syndrome, streptococcal in the CD Manual. • See the case definition for Toxic Shock Syndrome, streptococcal in the CD Manual. • Study the <u>Red Book, 2009 Report of the Committee on Infectious Diseases</u>. 28th ed., pages 616 - 628. • Refer to 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: Toxic Shock Syndrome, Streptococcal (DHHS/EPI #65)</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. • 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 Streptococcal Infection, Group A, Invasive (#61) and be aware that if Group A Streptococcus was isolated from a normally sterile site, you would need to report 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. • If probable source of exposure is not evident in clinical information, interview patient to obtain additional information. 	

<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. • Consider risk communication messages to public and health professionals.
<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, look for symptoms of the disease in other exposed individuals. • Refer symptomatic individuals to healthcare provider for evaluation.
<p>SPECIAL CONSIDERATIONS</p>	
<p>RISK COMMUNICATION</p>	<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.