## LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

<table>
<thead>
<tr>
<th>NC REPORTABLE DISEASE/CONDITION</th>
<th>INFECTIOUS AGENT (S)</th>
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<tbody>
<tr>
<td><strong>ANAPLASMOSIS</strong> (FORMERLY HGA, HUMAN GRANULOCYTIC ANAPLASMOSIS)</td>
<td><em>Anaplasma phagocytophilum</em></td>
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### PREPARING FOR INVESTIGATION

#### KNOW THE DISEASE/CONDITION
- Read about Ehrlichiosis in the CD Manual.
- See the case definition for Ehrlichiosis in the CD Manual.
- Study the most current APHA *Control of Communicable Diseases Manual*
- Refer to CDC MMWR: Diagnosis and Management of Tickborne Rickettsial Diseases: Rocky Mountain Spotted Fever and Other Spotted Fever Group Rickettsioses, Ehrlichioses, and Anaplasmosis — United States. May 13, 2016 / 65(2);1–44 Available from: [https://www.cdc.gov/mmwr/volumes/65/rr/rr6502a1.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6502a1.htm)
- Print and review reporting forms:  
  - *Part 1: Confidential Disease Report (DHHS 2124)*  
  - *Part 2: Ehrlichiosis,HGA (DHHS/EPI #571)*

### CONDUCTING INVESTIGATION

#### COLLECT CLINICAL INFORMATION
- 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
- Review laboratory report(s) specific to this disease.
- Evaluate laboratory results to determine if requirements of the case definition are satisfied. A single serum positive is laboratory supportive and may meet probable case definition. For IgG tests, results ≥64 meet the laboratory supportive definition. ELISA and IgM tests are not strongly supported for use in serodiagnosis and will not be used for surveillance purposes in NC.
- Contact healthcare provider if further testing of the patient is indicated.

#### APPLY THE CASE DEFINITION
- 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 laboratory findings.**
### IMPLEMENTING CONTROL MEASURES

**ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE**
- 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**
- Use the CDC website [https://www.cdc.gov/ticks/](https://www.cdc.gov/ticks/) to teach at risk people about tick-borne disease and methods of prevention.

### REPORTING INVESTIGATION

**REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)**
- 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.

### SPECIAL CONSIDERATIONS

**STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING**
- Consider verifying the laboratory test results by sending specimen(s) to the SLPH/CDC for reference testing. Preference is for paired sera with acute specimen obtained during the first 7-10 days of illness and a convalescent specimen obtained 2-4 weeks later.

**RISK COMMUNICATION**
- Consider risk communication messages to public and health professionals during the beginning of "tick season."

**ADDITIONAL INFORMATION**
- HGA can occur concurrently with other tick-borne diseases.