# Local Health Department Disease Investigation Steps

<table>
<thead>
<tr>
<th>NC Reportable Disease/Condition</th>
<th>Infectious Agent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hemolytic-Uremic Syndrome (HUS)</strong></td>
<td>(Post-diarrheal illness associated with an infectious agent, usually a shiga toxin- producing <em>E. coli</em>)</td>
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## Preparing for Investigation

### Know the Disease/Condition
- Read about Hemolytic-Uremic Syndrome in the CD Manual.
- See the case definition for Hemolytic-Uremic Syndrome in the CD Manual.
- Print and review reporting forms:
  - Part 1: Confidential Disease Report (DHHS 2124)
  - Part 2: Hemolytic-Uremic Syndrome (DHHS/EPI #59)

### Bioterrorism Potential
If source is shiga toxin-producing *E. coli*, note that shiga toxin producing *E. coli* is a potential category B bioterrorist agent.

## Conducting Investigation

### Collect Clinical Information
- If patient hospitalized for this disease, obtain admission note, progress note, 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.
- Contact the healthcare provider if further testing of the patient is indicated.

### Apply the Case Definition
- Use the CDC case definition to determine if the clinical and laboratory information you have makes this a reportable case.
- HUS/TTP caused by non-infectious agent(s) (i.e. chemical HUS) are not reportable. When applying the case definition, look for other reasons for HUS and document history of acute or bloody diarrhea in the preceding 3 weeks.

## Implementing Control Measures

### Attempt to Identify Source of Exposure
- If post-diarrheal, identifying source of diarrhea causing organism is appropriate.
- Review clinical documentation for probable source(s) of exposure.

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NC Communicable Disease Manual/NC Reportable Diseases and Conditions
LHD Disease Investigation Steps: HUS
February 2010 (reporting update 2019)
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## Implement Control Measures to Prevent Disease and Additional Exposures

- If patient has history of *E. coli* infection, follow guidance in CD Manual for shiga toxin-producing *E. coli* infection.
- Control measures should follow the guidance for the suspected organism that resulted in the HUS/TTP.

## 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.

## Case Finding

- If post-diarrheal, look for diarrhea in other exposed individuals.
- The purpose of HUS surveillance is to look for unrecognized cases of shiga toxin-producing *E. coli* infection.
- Advise symptomatic individuals, especially children, to seek physician/healthcare provider evaluation immediately.
- Consult local hospital infection control practitioners within community for identification of post-diarrheal HUS/TTP cases. If other cases are identified, notify CD Branch.
- Consider sending information and updates to local medical providers.
- Consider sending HAN Alert.

## Special Considerations

### High Profile Cases

- Assure accurate information for media release.
- Assign PIO.

### State Laboratory of Public Health (SLPH) Testing

- Remind healthcare providers seeing suspect cases to specifically request *E. coli* testing on lab requisitions. Many labs do not test for shiga toxin-producing *E. coli* as part of routine enteric cultures.

### Personal Protective Measures

- Thorough hand washing when in contact with a potentially infectious source is imperative.