## LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

<table>
<thead>
<tr>
<th>NC REPORTABLE DISEASE/CONDITION</th>
<th>INFECTIOUS AGENT (S)</th>
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<tr>
<td><strong>MENINGITIS, PNEUMOCOCCAL</strong></td>
<td><em>Streptococcus pneumoniae</em></td>
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### PREPARING FOR INVESTIGATION

**KNOW THE DISEASE/CONDITION**
- Read about Pneumococcal Disease in the CD Manual.
- See the case definition for Pneumococcal Disease in the CD Manual.
- Print and review reporting forms:
  - Part 1: Confidential Disease Report (DHHS 2124)
  - Part 2: Meningitis, Pneumococcal (DHHS/EPI # 25)

### CONDUCTING INVESTIGATION

**COLLECT CLINICAL INFORMATION**
- 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.

**REVIEW LABORATORY INFORMATION**
- Review laboratory report(s) specific to this disease.
- Obtain a copy of the lab report identifying *Streptococcus pneumoniae* from CSF or positive antigen test for *Streptococcus pneumoniae* from CSF.
- If organism is in the blood or other sterile site and clinical presentation is consistent with meningitis, count as a case.
- If organism not yet identified, request stat testing with results expected within a few hours, not days.
- Evaluate laboratory results to determine if requirements of the case definition are satisfied.
- Contact healthcare provider if further testing of the patient is necessary.
- Realize that negative cultures taken after the initiation of antibiotics may be unreliable.

**APPLY THE CASE DEFINITION**
- 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
- Review clinical records for potential source(s) of exposure. (NOTE: Specific source rarely identified in pneumococcal meningitis.)
- If potential source of exposure is not evident in clinical information, interview patient/contacts to obtain a detailed assessment of potential sources.

## IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES
- Manage contacts by:
  - monitoring for 2 incubation periods.
  - educating or counseling contacts regarding transmission, symptoms and need to seek immediate care if symptoms develop.
  - educating or counseling contacts that prophylaxis not indicated except possibly in a cluster or outbreak situation.
- Use the CDC website [www.cdc.gov](http://www.cdc.gov) to teach at risk people about the disease.

## 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
- During the course of the investigation, look for symptoms of the disease in other exposed individuals.
- Refer symptomatic individuals to physician/health care provider for immediate evaluation.

## SPECIAL CONSIDERATIONS

### PERSONAL PROTECTIVE MEASURES
- Vaccinate appropriate populations however vaccination is not necessary for investigation and follow-up.

### RISK COMMUNICATION
- Consider using risk communication tools for public and health professionals.
- Outbreaks of cases will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release.
- Realize that some persons seeking prophylaxis will not meet public health criteria for prophylaxis.
- NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.