# Local Health Department Disease Investigation Steps

## NC Reportable Disease/Condition

| STREPTOCOCCAL INFECTION, GROUP A, INVASIVE DISEASE | Group A Streptococcal Streptococcus pyogenes |

## Preparing for Investigation

### Know the Disease/Condition
- 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.
- Print and review reporting forms.

*Part 1: Confidential Disease Report (DHHS 2124)*
*Part 2: Streptococcal Infection, Group A, Invasive (DHHS/EPI #61)*

## Conducting Investigation

### Collect Clinical Information
- 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
- 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
- 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
- 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
- Use the CDC website [www.cdc.gov](http://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, 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)
- 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 healthcare provider for evaluation.
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<tr>
<th>SPECIAL CONSIDERATIONS</th>
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<tr>
<td>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</td>
<td>• 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.</td>
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<td>PERSONAL PROTECTIVE MEASURES</td>
<td>• Contact precautions are indicated when dealing with Streptococcus, Group A infections.</td>
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| RISK COMMUNICATION | • 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. |