## LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

<table>
<thead>
<tr>
<th>NC REPORTABLE DISEASE/CONDITION</th>
<th>INFECTIOUS AGENT (S)</th>
</tr>
</thead>
</table>
| **TOXIC SHOCK SYNDROME, STREPTOCOCCAL** | *Group A Streptococcal*  
*Streptococcus pyogenes* |

### PREPARING FOR INVESTIGATION

**KNOW THE DISEASE/CONDITION**
- Read about Toxic Shock Syndrome, streptococcal in the CD Manual.
- See the case definition for Toxic Shock Syndrome, streptococcal in the CD Manual.
- Print and review reporting forms:
  - Part 1: Confidential Disease Report (DHHS 2124)
  - Part 2: Toxic Shock Syndrome, Streptococcal (DHHS/EPI #65)

### 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.
- Contact healthcare provider if further testing of the patient is indicated.

**APPLY THE CASE DEFINITION**
- 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**
- 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 [www.cdc.gov](http://www.cdc.gov) to teach at risk people about the disease.  
• Consider risk communication messages to public and health professionals. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORTING INVESTIGATION</td>
<td></td>
</tr>
</tbody>
</table>
| 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. |
| SPECIAL CONSIDERATIONS |  |
| 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. |