

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS	
NC REPORTABLE DISEASE/CONDITION	INFECTIOUS AGENT (S)
ANAPLASMOSIS (FORMERLY HGA, HUMAN GRANULOCYTTIC ANAPLASMOSIS)	<i>Anaplasma phagocytophilum</i>
PREPARING FOR INVESTIGATION	
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Ehrlichiosis in the CD Manual. • See the case definition for Ehrlichiosis in the CD Manual. • Study the most current APHA <i>Control of Communicable Diseases Manual</i> • 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 • Print and review reporting forms: <i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Ehrlichiosis, HGA (DHHS/EPI #571)</i>
CONDUCTING INVESTIGATION	
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Use the CDC website 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Consider risk communication messages to public and health professionals during the beginning of "tick season."
ADDITIONAL INFORMATION	<ul style="list-style-type: none"> HGA can occur concurrently with other tick-borne diseases.