

# LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	INFECTIOUS AGENT (S)
<b>HEMOLYTIC-UREMIC SYNDROME (HUS)</b>	(Post-diarrheal illness associated with an infectious agent, usually a shiga toxin- producing <i>e. coli</i> )
<b>PREPARING FOR INVESTIGATION</b>	
<b>KNOW THE DISEASE/CONDITION</b>	<ul style="list-style-type: none"> <li>• Read about Hemolytic-Uremic Syndrome in the CD Manual.</li> <li>• See the case definition for Hemolytic-Uremic Syndrome in the CD Manual.</li> <li>• Study the APHA <i>Control of Communicable Diseases Manual</i>, 19<sup>th</sup> ed., pages 181 - 186.</li> <li>• Print and review reporting forms:  Part 1: Confidential Disease Report (DHHS 2124)   Part 2: Hemolytic-Uremic Syndrome (DHHS/EPI #59)                         </li> </ul>
<b>BIOTERRORISM POTENTIAL</b>	<b>If source is shiga toxin-producing e. coli, note that shiga toxin producing e. coli is a potential category B bioterrorist agent.</b>
<b>CONDUCTING INVESTIGATION</b>	
<b>COLLECT CLINICAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• If patient hospitalized for this disease, obtain admission note, progress note, and discharge summary.</li> <li>• Obtain healthcare provider clinical notes from date(s) of service for this disease/condition.</li> <li>• Look for evidence in the medical record that supports clinical findings described in the case definition.</li> </ul>
<b>REVIEW LABORATORY INFORMATION</b>	<ul style="list-style-type: none"> <li>• Review laboratory report(s) specific to this disease.</li> <li>• Evaluate laboratory results to determine if requirements of the case definition are satisfied.</li> <li>• Contact the healthcare provider if further testing of the patient is indicated.</li> </ul>
<b>APPLY THE CASE DEFINITION</b>	<ul style="list-style-type: none"> <li>• Use the CDC case definition to determine if the clinical and laboratory information you have makes this a reportable case.</li> <li>• 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.</li> </ul>
<b>IMPLEMENTING CONTROL MEASURES</b>	
<b>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</b>	<ul style="list-style-type: none"> <li>• If post-diarrheal, identifying source of diarrhea causing organism is appropriate.</li> <li>• Review clinical documentation for probable source(s) of exposure.</li> </ul>

<b>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</b>	<ul style="list-style-type: none"> <li>• If patient has history of <i>e.coli</i> infection, follow guidance in CD Manual for shiga toxin-producing <i>e.coli</i> infection.</li> <li>• Control measures should follow the guidance for the suspected organism that resulted in the HUS/TTP.</li> </ul>
<b>REPORTING INVESTIGATION</b>	
<b>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</b>	<ul style="list-style-type: none"> <li>• Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered.</li> <li>• Assign event to State Disease Registrar when case investigation complete.</li> </ul>
<b>CASE FINDING</b>	<ul style="list-style-type: none"> <li>• If post-diarrheal, look for diarrhea in other exposed individuals.</li> <li>• The purpose of HUS surveillance is to look for unrecognized cases of shiga toxin-producing <i>e.coli</i> infection.</li> <li>• Advise symptomatic individuals, especially children, to seek physician/healthcare provider evaluation immediately.</li> <li>• Consult local hospital infection control practitioners within community for identification of post-diarrheal HUS/TTP cases. If other cases are identified, notify CD Branch.</li> <li>• Consider sending information and updates to local medical providers.</li> <li>• Consider sending HAN Alert.</li> </ul>
<b>SPECIAL CONSIDERATIONS</b>	
<b>HIGH PROFILE CASES</b>	<ul style="list-style-type: none"> <li>• Assure accurate information for media release.</li> <li>• Assign PIO.</li> </ul>
<b>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</b>	<ul style="list-style-type: none"> <li>• Remind healthcare providers seeing suspect cases to specifically request <i>e.coli</i> testing on lab requisitions. Many labs do not test for shiga toxin-producing <i>e.coli</i> as part of routine enteric cultures.</li> </ul>
<b>PERSONAL PROTECTIVE MEASURES</b>	<ul style="list-style-type: none"> <li>• Thorough hand washing when in contact with a potentially infectious source is imperative.</li> </ul>