

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE		<i>Haemophilus influenzae</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Haemophilus Influenzae, Invasive Disease in the CD Manual. • See the case definition for Haemophilus Influenzae, Invasive Disease in the CD Manual. • Study the APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 421 - 423. • Study the <u>Red Book, 2009 Report of the Committee on Infectious Diseases</u>. 28th ed., pages 314 - 321. • Print and review reporting forms: <i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Haemophilus Influenzae (DHHS/EPI # 23)</i> 	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Obtain healthcare provider clinical notes from date(s) of service for this disease/condition. • If patient hospitalized for this disease, obtain medical record (admission note, progress note, lab report(s), and discharge summary). • 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"> • Obtain laboratory reports specific to this disease. Culture results are required, antigen results can be unreliable. • Verify that isolates from normally sterile sites have been sent to the SLPH for serotyping. • Evaluate laboratory results to determine if requirements of the case definition are satisfied. • Contact healthcare provider if further testing of the patient is necessary. • Negative cultures taken after the initiation of antibiotics may be unreliable. • <i>H. influenzae</i> may be isolated from other specimens (i.e. tracheal aspirate). • Evaluate clinical presentation when assessing and consult CD Branch if unclear about whether case should be considered invasive. 	

<p style="text-align: center;">APPLY THE CASE DEFINITION</p>	<ul style="list-style-type: none"> • Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.
<p>IMPLEMENTING CONTROL MEASURES</p>	
<p style="text-align: center;">ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</p>	<ul style="list-style-type: none"> • Review clinical documentation for potential source(s) of exposure. • When investigating type B disease, if probable source of exposure is not evident in clinical information, interview patient/parent to obtain additional information. • NOTE: Asymptomatic colonization with non-type B is common in children.
<p style="text-align: center;">IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</p>	<ul style="list-style-type: none"> • Assure that patient is isolated 24-48 hours after starting appropriate antibiotic. • Notify health director and PIO if a significant number of contacts are suspected. • Activate Epi Team if indicated. • Use the CDC website www.cdc.gov to teach at risk people about the disease. • Chemoprophylaxis is recommended for household contacts when serotype B is identified and: <ul style="list-style-type: none"> ○ there is a child contact in the household who is less than 4 years of age who is unimmunized or incompletely immunized. ○ there is a child in the household younger than 12 months who has not received the primary series. ○ there is a child in the household who is immunocompromised regardless of HIB immunization status. • Consider chemoprophylaxis for all attendees and staff when 2 or more cases are identified in a childcare facility within 60 days and there are unimmunized or incompletely immunized children in the center. • Consult CD Branch if there is a question regarding the prophylaxis of contacts when serotype is not yet known. • Unimmunized or partially immunized children should complete age specific immunizations. <p>Note: More complete guidance for chemoprophylaxis can be found in the <u>Red Book, 2009 Report of the Committee on Infectious Diseases</u>. 28th ed., page 316 - 317.</p>

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.
CASE FINDING	<ul style="list-style-type: none"> • 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	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • Notify the SLPH of an impending specimen. • When sending specimens to SLPH, if outbreak related, note "outbreak" on lab requisition. • Outbreaks of H. influenzae, invasive disease are rare. In the event of an outbreak, testing of symptomatic contacts through SLPH may be limited to those in high risk occupations or settings (i.e. healthcare providers, day care providers or attendees, staff of long term care facilities). • Use the following link for further information or forms: http://slph.state.nc.us/Microbiology/default.asp
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • Droplet precautions. Utilize a mask when entering the room of any patient who has not been on antibiotic therapy for at least 24 hours.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Due to the severity of this disease, be prepared to provide information to the media. Assign PIO. • Consider using risk communication tools for public and health professionals. • Consider MD Alert and/or HAN Alert for single cases with many potential contacts. • 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 needing prophylaxis. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.