

# LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	INFECTIOUS AGENT (S)
<b>STREPTOCOCCAL INFECTION, GROUP A, INVASIVE DISEASE</b>	<b>Group A Streptococcal <i>Streptococcus pyogenes</i></b>
<b>PREPARING FOR INVESTIGATION</b>	
<b>KNOW THE DISEASE/CONDITION</b>	<ul style="list-style-type: none"> <li>• Read about Streptococcal Infection, Group A Invasive in the CD Manual.</li> <li>• See the case definition for Streptococcus Infection, Group A Invasive in the CD Manual.</li> <li>• Study APHA <i>Control of Communicable Diseases Manual</i>, 19<sup>th</sup> ed., pp 577 - 585.</li> <li>• Print and review reporting forms.</li> </ul> <p style="margin-left: 20px;"><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Streptococcal Infection, Group A, Invasive (DHHS/EPI #61)</i></p>
<b>CONDUCTING INVESTIGATION</b>	
<b>COLLECT CLINICAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• Obtain admission note, progress note and discharge summary if patient hospitalized for this disease/condition.</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. 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.</li> <li>• Contact 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>• 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.</li> <li>• Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.</li> </ul>

<b>IMPLEMENTING CONTROL MEASURES</b>	
<b>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</b>	<ul style="list-style-type: none"> <li>Review clinical records for potential source(s) of exposure.</li> <li><b>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.</b></li> <li>If probable source of exposure is not evident in clinical information, interview patient to obtain additional information.</li> <li>Work with infection control staff of healthcare facilities to identify possible sources of nosocomial infection.</li> </ul>
<b>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</b>	<ul style="list-style-type: none"> <li>Use the CDC website <a href="http://www.cdc.gov">www.cdc.gov</a> to teach at risk people about the disease.</li> <li>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.</li> <li>For suspected postpartum or postsurgical infections, review, "The Prevention of Invasive Group A Streptococcal Disease Among Household Contacts of Case Patients and Among Postpartum and Postsurgical Patients: Recommendations from the Centers for Disease Control and Prevention." Clinical Infectious Diseases, October 2002, Vol.35/Issue 8, pp 950 -959. (Available by contacting the CD on call epidemiologist at (919) 733-3419).</li> <li>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.</li> <li>Consider risk communication messages to public and health professionals.</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>During the course of the investigation, look for symptoms of the disease in other exposed individuals.</li> <li>Refer symptomatic individuals to healthcare provider for evaluation.</li> </ul>

<b>SPECIAL CONSIDERATIONS</b>	
<b>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>PERSONAL PROTECTIVE MEASURES</b>	<ul style="list-style-type: none"> <li>• Contact precautions are indicated when dealing with Streptococcus, Group A infections.</li> </ul>
<b>RISK COMMUNICATION</b>	<ul style="list-style-type: none"> <li>• Cases of this disease may pique interest among media, health professionals, government officials, and the public should hospitalization and deaths occur.</li> <li>• Consider using risk communication tools conservatively if this is an isolated low profile case.</li> <li>• Outbreaks will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release.</li> <li>• NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.</li> </ul>