

I. Purpose

The *Notifiable Disease Investigation Guide* provides recommended procedures for field surveillance staff (FSS) to investigate notifiable diseases in Alabama. The purpose of this guide is to ensure that each FSS obtains the most accurate and complete information in a uniform manner, within an appropriate timeframe, considering all available resources. This guide includes sample letters that can be utilized to obtain data from healthcare providers and patients. Standard timeframes (see Illustration A) are provided to ensure that cases are completed within a reasonable timeframe. Each investigation is different and will vary, but in the end, each investigation must have basic information to be complete and reported to CDC. Notifications submitted more than 30 calendar days after the “Date of Report”, as documented within the investigation, will be considered overdue for quality assessment purposes. If an investigation will be overdue, please notify the Surveillance Branch Staff (SBS) prior to the due date.

II. Procedure

Obtain clinical information from the ordering provider or infection preventionist (IP), whenever possible. Use the available clinical information and the CDC case definition to determine case status. If after contacting the ordering provider or IP, the case status is clearly “Not a Case”, a patient interview is not necessary. However, if the clinical information is not adequate to definitively classify it as “Not a Case”, a patient interview will be necessary to determine cases status.

When experiencing difficulty contacting an ordering provider or IP, please attempt and document at least three phone calls on different dates. If possible, leave at least one message within the three attempts. If unsuccessful contacting by phone, follow up with a letter or fax that specifies the information required to complete the investigation for the specific disease (see Appendix A and B). Complete within 7 days of the “Date of Report” of the initial laboratory or morbidity report.

If the ordering provider or IP are not available after multiple attempts, contact the patient. The laboratory or reporting facility may provide demographic information, if previously not obtained. If adequate contact information is unavailable, close the investigation. Document all contact attempts indicating in the “General Comments” that contact information was not available to proceed with patient interview.

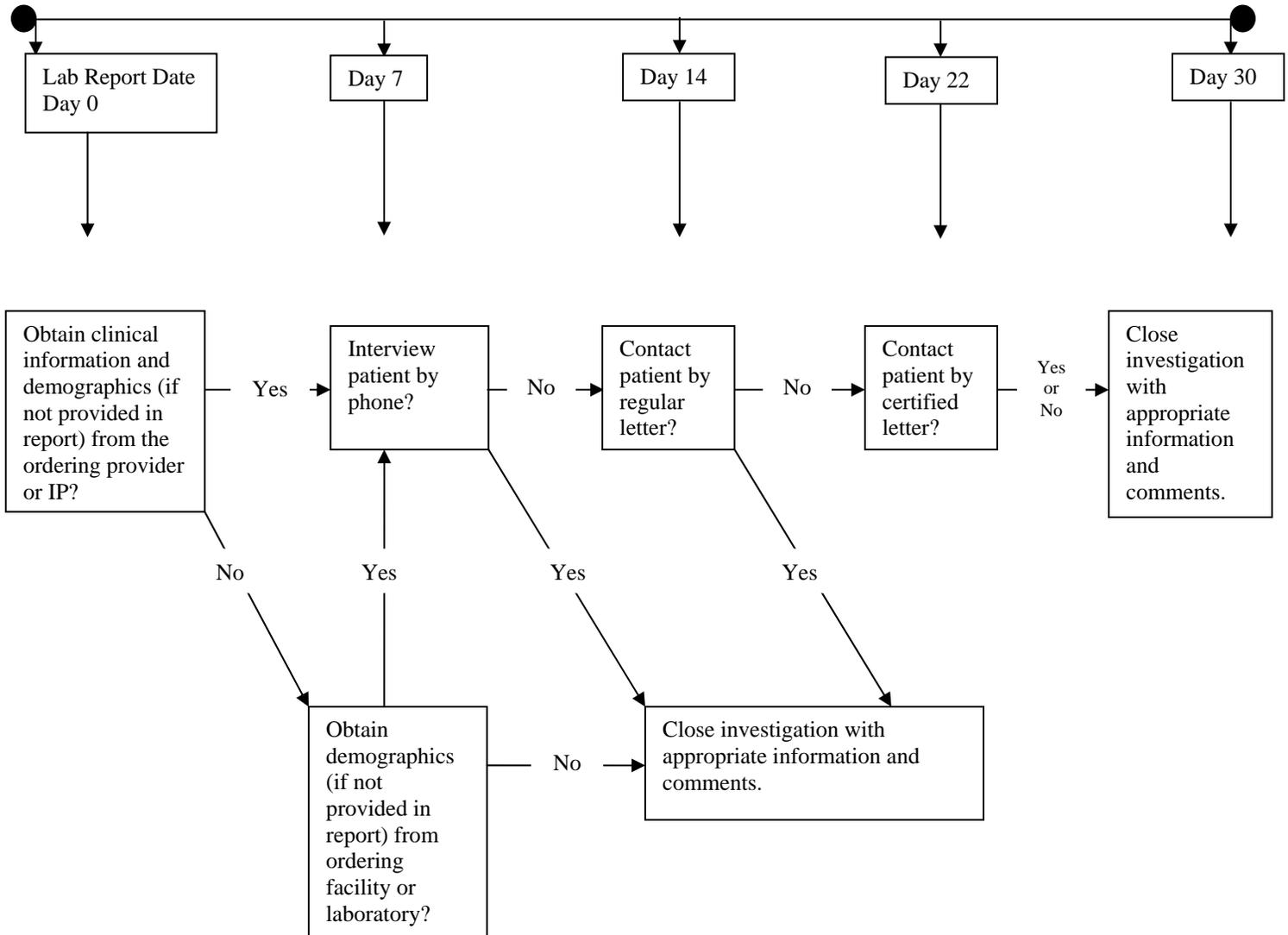
If demographic information is available, attempt and document at least three phone calls to the patient on different dates and times, until the interview is completed. If possible, leave at least one message within the three attempts. In order to be successful, at least one after-hours attempt may be necessary. Allow up to 7 days to complete this process.

If you are unsuccessful contacting the patient by phone, follow up with a regular letter, available in English and Spanish (see Appendix C and D), requesting that the patient call. **Do not mail unsolicited disease specific information to the patient.** Allow the patient 8 days to respond to the letter. If no response, follow up with a certified letter and allow an additional 8 days for the patient to respond. If unable to contact patient for interview after at least three calls and sending both letters, close the investigation with documentation of all contact attempts and results. A home or hospital visit may be necessary for some investigations, and will be considered on a case-by-case basis in consultation with the Epidemiology Surveillance Branch.

There is no statute of limitations on investigating cases. If there is concern that too much time has elapsed since the patient was ill to obtain useful information, consult with the Epidemiology Surveillance Branch before closing an investigation without interviewing the patient. For quality assessment purposes and feedback for performance appraisals, the investigation information and completion timeframe will be assessed based upon this guide.

Illustration A

The following timeline illustrates the general steps to follow in order to avoid delinquent investigations. Actual timeframes will vary based upon the circumstances of each individual case.



Appendix A

Hepatitis Information Request to Provider

Date _____

Please provide the following information for _____, DOB _____, related to their recent diagnosis/positive laboratory result for _____. This written request is based upon Alabama State Board of Health, Administrative Code, Chapter 420-4-1, Notifiable Diseases, <http://www.alabamaadministrativecode.state.al.us/docs/hlth/index.html>. Please contact me if you have any questions. Thank you for your assistance.

Name, Degree
 Title
 Public Health Area
 334-555-1234 office
 223-555-4321 fax

Patient Information		
Address	City	Zip
Phone	Ethnicity	Race
Symptoms		
Anorexia?	Y	N
Abdominal Pain?	Y	N
Nausea?	Y	N
Vomiting?	Y	N
Jaundice?	Y	N
If yes to any symptoms, what was the onset date?		
Does the patient have chronic hepatitis B?	Y	N
Does the patient have chronic hepatitis C?	Y	N
Any evidence the patient sero-converted in the last 6 months?	Y	N
Was the patient pregnant?	Y	N
If yes, due date?		
Was patient hospitalized <i>for this illness</i> ?	Y	N
If yes, what hospital?		
Dates patient was hospitalized		
Risk factors for disease, if known		

Please include a copy of related laboratory results with date of collection, specifically ALT, AST, and any hepatitis test results available.

Appendix B

General Information Request to Provider

Date

Please provide the following information for _____, DOB _____, related to their recent diagnosis/positive laboratory result for _____. This written request is based upon Alabama State Board of Health, Administrative Code, Chapter 420-4-1, Notifiable Diseases, <http://www.alabamaadministrativecode.state.al.us/docs/hlth/index.html>. Please contact me if you have any questions. Thank you for your assistance.

First Last, Degree
 Title
 Public Health Area
 334-555-1234 office
 223-555-4321 fax

Patient Information		
Address	City	Zip
Phone	Ethnicity	Race
Symptoms		
Diarrhea?	Y	N
Vomiting?	Y	N
Abdominal pain?	Y	N
Fever?	Y	N
Other symptoms, please list		
If yes to any symptoms, what was the onset date?		
List any antibiotics and date prescribed		
Was patient hospitalized <i>for this illness</i> ?	Y	N
If yes, what hospital?		
Dates patient was hospitalized		
Patient's occupation, if known		
Potential source of exposure, if known		

Please include a copy of related laboratory results.

Appendix C

Letter Requesting Patient Contact (Print on ADPH Letterhead)

Date

Ms. Jane Doe
1234 Any Street
Montgomery, Alabama 36104

Dear Ms. Doe,

I have tried to contact you by phone, but have been unsuccessful. Please contact me at your earliest convenience regarding an important matter. If you reach my voicemail, please leave a message with a telephone number and a good time of day to contact you. Thank you in advance for your cooperation.

First Last, Degree
Title
Public Health Area
334-555-1234 office

Appendix D

Letter Requesting Patient Contact (Spanish)

Date

Ms. Jane Doe
1234 Any Street
Montgomery, Alabama 36104

Estimado,

He intentado comunicarme con usted por teléfono, pero no he podido. Por favor comuníquese pronto conmigo por un asunto de salud importante. Si se comunica con mi correo de voz, por favor, deje un mensaje con un número de teléfono y la hora del día apropiada para que yo me comunique con usted. Desde ya, gracias por su cooperación.

First Last, Degree
Title
Public Health Area
334-555-1234 office