



**Alabama Department of Public Health
Bureau of Communicable Disease
Infectious Diseases & Outbreaks Division
Notifiable Diseases/Conditions Investigations Guide**

Purpose

The *Notifiable Diseases/Conditions Investigation Guide* provides procedures for Area Investigators to investigate notifiable diseases in Alabama. The purpose of this guide is to ensure that each Area Investigator obtains accurate and complete information in a uniform manner, and provides appropriate control measures within the required timeframe. Area Investigators must focus on the timeframe in which control measures are provided (see Appendix 1). Providing control measures in a timely manner can prevent the spread of disease and a potential outbreak.

Procedure

4-hour Immediate, Extremely Urgent Notifiable Diseases/Conditions:

1. Immediately upon receiving the report, contact provider or infection preventionist (IP) most familiar with the case report.
 - a. Initiate standard disease-specific investigation within the Alabama National Electronic Disease Surveillance System (NEDSS) Base System (ALNBS).
 - b. Ask provider
 - i. If patient* has been informed of lab results or diagnosis and
 - ii. What education was provided to the patient*
 - c. Provide information from the ADPH TEST website (<http://www.adph.org/epi/Default.asp?id=5192>) on CDC Recommended Test methods and Specimen Types.
 - d. Explain to provider, that you will contact patient* to complete investigation and provide additional control measures.
 - e. If the provider/IP is not available and does not call back within one hour, contact patient*.
2. Same day of report, contact patient* by phone.
 - a. Complete standard disease-specific investigation within ALNBS.

** or patient representative*

- b. Provide education on control measures and document the date you provided the control measures to the patient in the date field: “Date ADPH Investigator provided patient, or patient representative, with Control Measures.”
3. Central Office Infectious Diseases & Outbreak Division (ID&O) staff will consult with the State Epidemiologist or designee on all 4-hour notifiable diseases/conditions for assistance and guidance on investigation.

24-hour – Immediate, Urgent Notifiable Diseases/Conditions

1. On the same day report is received, contact provider or infection preventionist (IP) associated with the case.
 - a. Initiate standard disease-specific investigation within the ALNBS.
 - b. Ask provider:
 - i. If patient* has been informed of lab result or diagnosis and
 - ii. What education was provided to the patient*
 - c. Provide information from the ADPH TEST website (<http://www.adph.org/epi/Default.asp?id=5192>) on CDC Recommended Test methods and Specimen Types.
 - d. Explain to provider, that you will contact patient* to complete investigation and provide additional control measures.
 - e. If the provider/IP is not available or does not call back within same day, contact patient* the next morning.
 - f. Follow-up with FAX to provider (see Attachment A).
2. Within two days of report, contact patient* by phone
 - a. Complete standard disease-specific investigation within ALNBS.
 - b. Provide education on control measures and document date control measures were provided to patient in the date field: “Date first control measures initiated.”
 - c. If patient* cannot be reached:
 - i. Attempt at least two phone calls to patient* during different times of the day.
 - ii. If all phone calls are unsuccessful, follow up with a letter sent via regular mail (USPS), available in English or Spanish - see Attachments B & C.

Allow five business days for patient to respond to letter. If no response, follow up with a certified letter, and allow an additional five business days to respond.

** or patient representative*

5-day Standard Notifiable Diseases/Conditions

1. Within 24 hours of report being received, contact provider or infection preventionist (IP) associated with the case.
 - a. Initiate standard disease-specific investigation within the ALNBS.
 - b. Ask provider:
 - i. If patient has been informed of lab result or diagnosis and
 - ii. What education was provided to the patient*
 - c. Provide information and website (<http://www.adph.org/epi/Default.asp?id=5192>) on CDC Recommended Test methods and Specimen Types
 - d. Explain to provider, that you will contact patient to complete investigation and provide additional control measures.
 - e. If the provider/IP is not available and does not call back within 24 hours, contact patient* the next day.
 - f. Follow-up with FAX to provider (see Attachment A).
2. Within three days of report, contact patient* by phone
 - a. Complete disease investigation using respective disease investigation form.
 - b. Provide education on control measures and document date control measures were provided to patient in the date field: "Date first control measures initiated."
 - c. If patient* cannot be reached:
 - i. Attempt at least two phone calls to patient* during different times of the day.
 - ii. If all phone calls are unsuccessful, follow up with a regular letter, available in English or Spanish (see Attachments B & C). Allow five business days for patient to respond to letter, and if no response, follow up with a certified letter, and allow an additional five business days to respond.

** or patient representative*

Attachment A: Note from AI to Provider for FAX Cover Page

Note: Use PHA approved FAX cover sheet, and format letter/memo according to ADPH Written Communication Guidelines and print on letterhead.

Example 1: Successful Contact with Provider

To: Provider, Facility

FAX Number:

Date:

From: AI Name, Degree, Title, Public Health Area

Office Phone Number:

Office FAX Number:

Thank you for your time to discuss your report of a notifiable disease. As discussed, I will contact (Patient Name) (DOB) to complete the investigation and provide education for (Notifiable Disease). Please visit adph.org/epi for more information on reporting diseases and reliable test methods, and call me with any questions or concerns regarding this disease investigation.

Example 2: Unsuccessful Contact with Provider

To: Provider, Facility

FAX Number:

Date:

From: AI Name, Degree, Title, Public Health Area

Office Phone Number:

Office FAX Number:

I was unsuccessful in my attempt to contact you about a report of a notifiable disease. I will contact (Patient Name) (DOB) to complete the investigation and provide education for (Notifiable Disease). Please visit adph.org/epi for more information on reporting diseases and required / recommended test methods, and call me with any questions or concerns regarding this disease investigation.

** or patient representative*

Attachment B: Letter Requesting Patient Contact (Print on ADPH Letterhead)

Note: Format letter according to ADPH Written Communication Guidelines and print on 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

** or patient representative*

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Attachment C: Letter Requesting Patient Contact (Spanish)

Note: Format letter according to ADPH Written Communication Guidelines and print on letterhead.

Date

Ms. Jane Doe
1234 Any Street
Montgomery, Alabama 36104

Estimado,

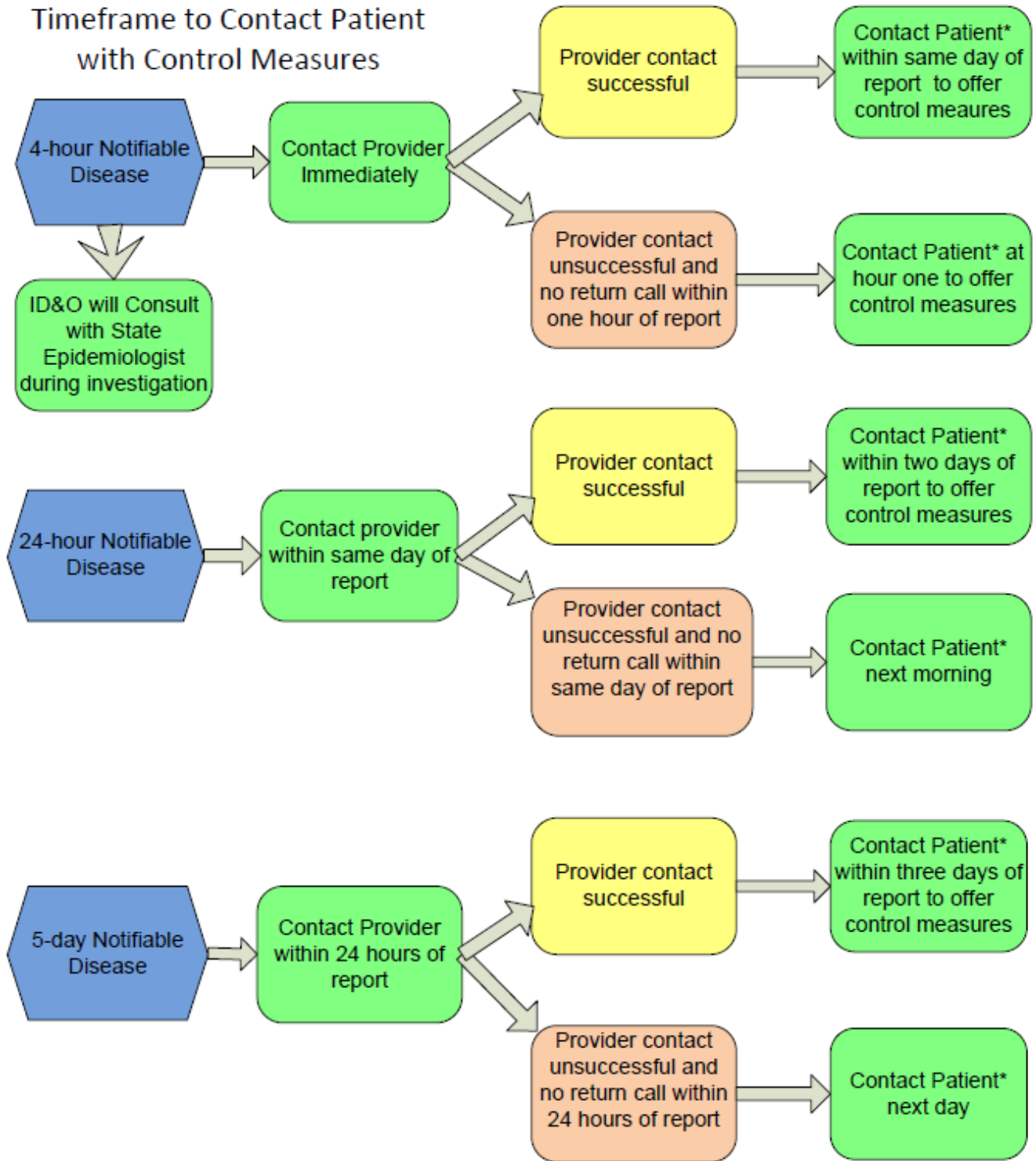
He intentado comunicarme con usted por teléfono, pero no he podido. Por favor comuníquese pronto conmigo por un asunto de salud importante. Si se comunica con mi correo de voz, por favor, deje un mensaje con un número de teléfono y la hora del día apropiada para que yo me comunice con usted. Desde ya,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

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

** or patient representative*

Appendix 1: Control Measures Flowchart

Timeframe to Contact Patient with Control Measures



* or patient representative