

**2025**

**OREGON HEALTH AUTHORITY**

# Investigative Guidelines

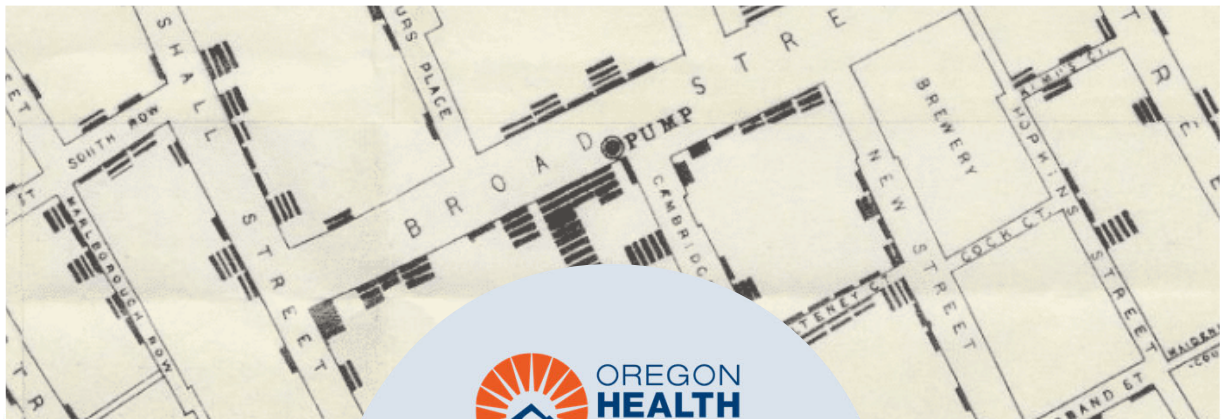
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## Objectives

- Describe the steps in case investigation
- Become familiar with the structure of the Investigative Guidelines
- Practice using the Investigative Guidelines to determine case status

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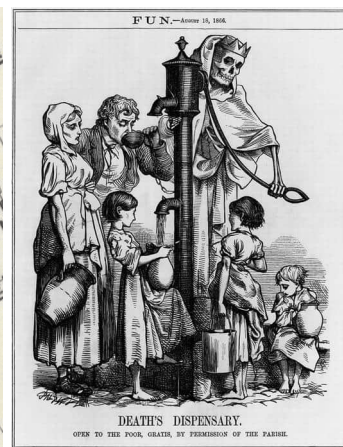
## Investigation of Diseases

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### Why do we Investigate?

- Protect contacts
- Identify risk factors
- Detect outbreaks
- Monitor epidemiologic trends
- Guide public health programs
- Facilitate public health research



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Smallpox vaccination, 1881

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## Case Investigation Components

Who is affected?

What is the agent?

When did the disease occur?

Where did the cases occur?

How did they get infected?



Water under microscope illustration, 1846

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## Case Investigation: Who

### Demographics

- Name, address, sex, age
- Occupation/worksites
  - Daycare
  - School
  - Food handler
  - Healthcare worker



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## Case Investigation: Who

### REALD Questions

- Race, Ethnicity, Language, and Disability

### SOGI Questions

- Sexual Orientation, Gender Identity

[Oregon statute](#) requires REALD & SOGI be collected annually. It helps us understand health inequities in our communities

[Training resources](#) are available.



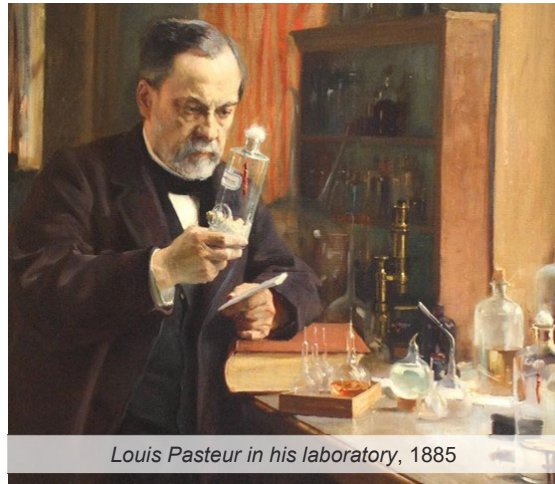
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## Case investigation: What

What is the disease or diagnosis?

- Verify the diagnosis
- Lab tests
- Clinical data
- Epi linkages



*Louis Pasteur in his laboratory, 1885*

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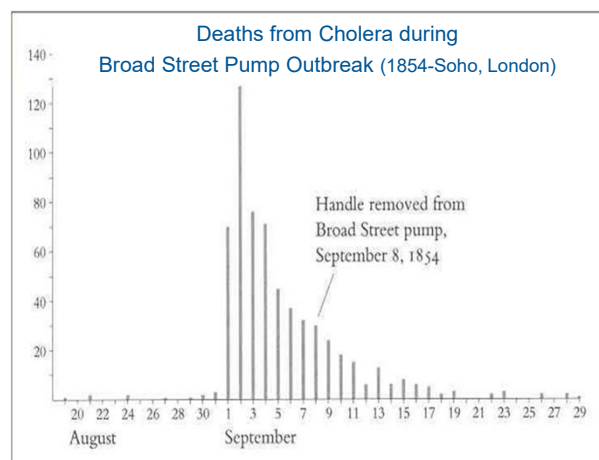
## Case Investigation: When

### Infectious Timeline

- **Exposure period:** when was our case exposed?
- **Incubation period**
- **Communicable period:** when was the case able to transmit disease to others?

### Epidemic curve:

- Plotting number of cases by illness onset



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## Case investigation: Where and How

### Where

- Place of residence
- Place of occupation
- Activity sites

### How (possible exposures)

- Travel history
- Environmental exposures
- Contaminated food
- Other, based on agent

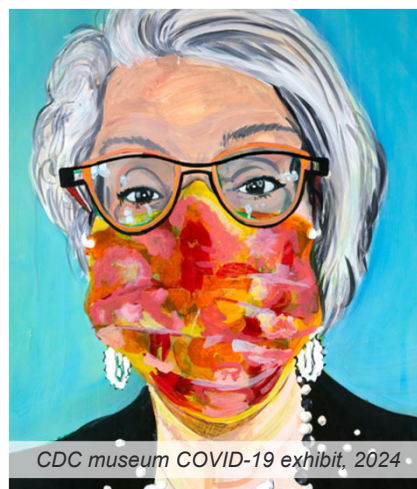


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## Case Investigation: Contact Management

- Communicable period
  - Household roster
  - Other close contacts
- Screening for disease
- Prophylaxis if necessary
  - Antibiotics, vaccines, immunoglobulin
- Education



CDC museum COVID-19 exhibit, 2024

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### **Have these Investigative Guidelines handy**

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- [Shigellosis](#)
- [Meningococcal Disease](#)
- [Rabies and Animal Bites](#)

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Because each disease is unique, ACDP  
has developed **Investigative Guidelines**  
for most of the reportable diseases

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## Investigative Guidelines: Overview

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A labor of love; they combine:

- Basics of disease  
(like in a textbook)
- Public health elements  
(*cf.*, *Control of Communicable Diseases Manual*)
- Pertinent Oregon law  
(e.g., exclusion and testing requirements)



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## Part 1: Disease Reporting

- Purpose of Reporting and Surveillance
- Lab and Physician Reporting Requirements
- Local Health Department Reporting and Follow-up Responsibilities

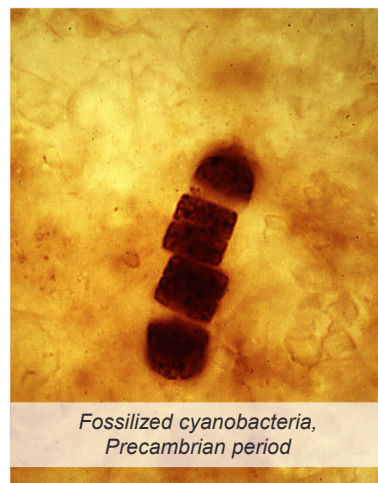


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## Part 2: The Disease and Its Epidemiology

- Etiologic Agent
- Description of Illness
- Reservoirs
- Modes of Transmission
- Incubation Period
- Period of Communicability
- Treatment



*Fossilized cyanobacteria,  
Precambrian period*

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## Part 3: Case Definition, Diagnosis, Laboratory

- Confirmed Case Definition
- Presumptive Case Definition
- Suspect Case Definition
- Services Available at OSPHL



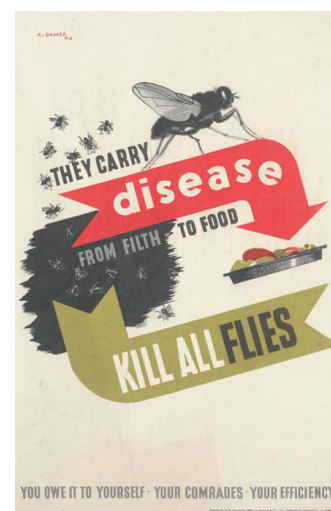
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## Part 4: Routine Case Investigation

- Determine Source of Infection
- Identify Potentially Exposed Persons
- Environmental Evaluation



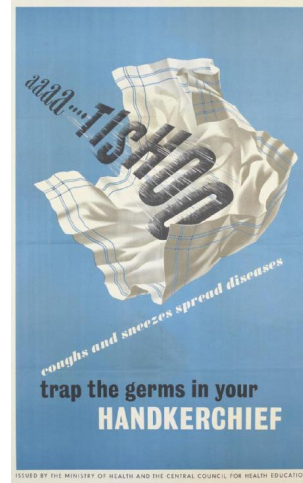
~1940

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## Part 5: Controlling Further Spread

- Education
- Isolation and Work or Day-care Restrictions
- Follow-Up of Cases
- Protection of Contacts
- Environmental Measures



~1940

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## Part 6: Managing Special Situations

- Each Investigative Guideline has recommendations specific for that disease
- **FOR EXAMPLE:** Meningococcal Disease
  - Daycare Association
  - Determining outbreak
  - Troubleshooting prophylaxis availability




~1940

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## Find them online!



[About OHA](#)
[Programs and Services](#)
[Oregon Health Plan](#)
[Health System Reform](#)
[Licenses and Certificates](#)
[Public Health](#)
[Jobs](#)

[Public Health Division](#)
[Diseases and Conditions](#)
[Acute and Communicable Disease](#)
[Disease Reporting](#)
[Investigative Guidelines](#)

### Oregon Disease Investigative Guidelines

[Disease Reporting](#)
[Case Report Forms](#)
[Investigative Guidelines](#)
[What and When to Report](#)
[How and Where to Report](#)
[Reporting Rules](#)
[Collecting REALD](#)
[Electronic Laboratory Reporting \(ELR\)](#)

#### Download Investigative Guidelines

For reportable diseases lacking Oregon-specific investigative guidelines or case report forms, please contact the epidemiologist on call for assistance at 971-673-1111.

Disease Guideline	Last Updated
<a href="#">Anthrax</a>	03/2019
<a href="#">Botulism</a>	09/2022
<a href="#">Cadmium toxicity</a>	10/2019
<a href="#">Campylobacteriosis</a>	05/2022

#### Resources

- [For Local Health Departments](#)
- [For Providers and Laboratories](#)
- [Disease Case Report Forms](#)
- [Reporting Disease: What and When to Report](#)
- [Processing Lab Reports for](#)

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## Practice: Case Studies

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## Incubation Period

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List the incubation periods for the following diseases:

- Shigellosis
- Rabies
- Meningococcal disease
  
- In which section of the Guideline is this information found?

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## Case Definitions: Shigellosis

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A nurse calls to report that a 4-year-old girl is admitted with severe abdominal cramps, nausea and bloody diarrhea, and moderate fever.

A culture independent diagnostic test (CIDT) at the hospital detects *Shigella* in her stool, but no culture was performed. The stool sample is sent to OSPHL for further testing.

Does this meet the confirmed case definition for shigellosis?

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## Case Definitions: Shigellosis

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OSPHL reports that testing done on the girl's stool specimen was unable to identify any *Shigella* spp.

Since this test is negative, should she be considered "no case"?

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## Case Definitions: Meningococcal Disease

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An infection control practitioner calls to report a 14-year-old male, admitted via the emergency room to the intensive care unit with fever, hypotension, maculopapular rash, diminished level of consciousness. Blood and cerebrospinal fluid (CSF) cultures are negative, but Gram stain of CSF showed Gram-negative diplococci.

Does this meet the case definition as a confirmed case of Meningococcal disease?

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## Case Study: Meningococcal Disease

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In the week before this case's onset he attended a 4 hour study group, went to church for 1 hour, went hiking with his family, kissed his girlfriend.

Which of his contacts should get postexposure prophylaxis?

What are appropriate antibiotic prophylaxis options?

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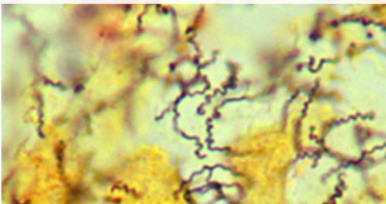

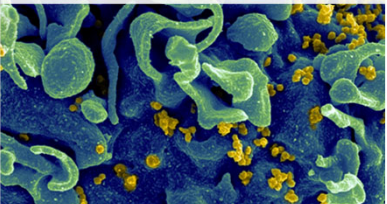

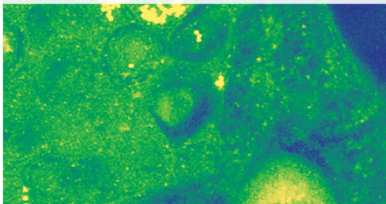
## Diagnostic Testing: Rabies

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What confirmatory lab tests are available for rabies?


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 <h2>STDs</h2>  <p><b>Jillian Garai</b> STD Nurse Consultant <a href="mailto:jillian.d.garai@oha.oregon.gov">jillian.d.garai@oha.oregon.gov</a> 503-358-5176 <a href="#">OHA STD Prevention</a></p>	 <h2>HIV</h2>  <p><b>Lea Bush</b> HIV Surveillance Coordinator/Manager <a href="mailto:lea.bush@oha.oregon.gov">lea.bush@oha.oregon.gov</a> 971-673-0183 <a href="#">HIV Data and Analysis</a></p>	 <h2>TB</h2>  <p><b>Heidi Behm</b> TB Nurse Consultant/TB Controller <a href="mailto:Heidi.BEHM@oha.oregon.gov">Heidi.BEHM@oha.oregon.gov</a> 971-673-0169 <a href="#">OHA TB Program</a></p>
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## Confused, questioning, lost?

**ACDP 24/7 Epi On-Call:**  
**971-673-1111**



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