

2026

OREGON HEALTH AUTHORITY

Investigative Guidelines

1

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

2

2



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Investigation of Diseases

3

3

Why do we Investigate?

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



4

4

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Smallpox vaccination, 1881

5

5

Case Investigation Components

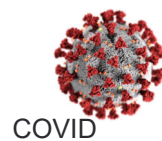
Who is affected?

What is the agent?

When did the disease occur?

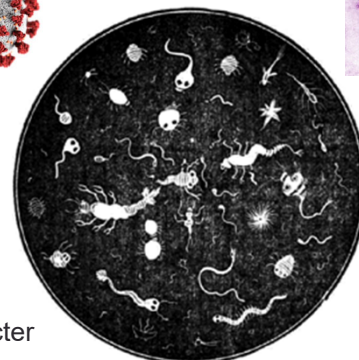
Where did the cases occur?

How did they get infected?



COVID

ANIMALCULE IN WATER.



Ebola



Campylobacter



Gonorrhea

Water under microscope illustration, 1846

6

6

Case Investigation: Who

Demographics

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



7

7

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.



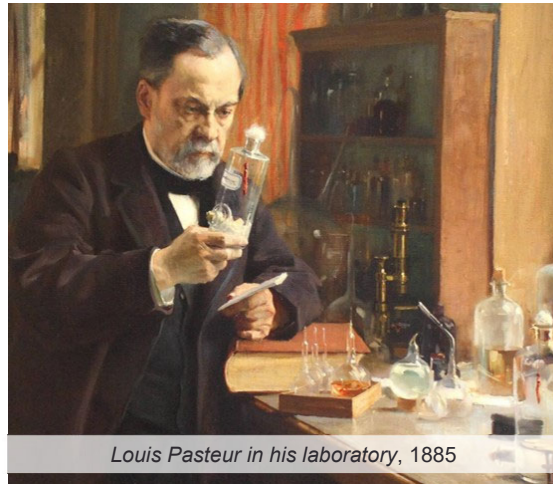
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Case investigation: What

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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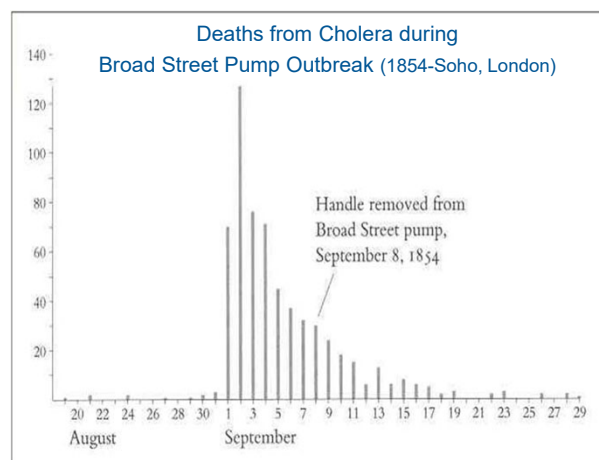
Case Investigation: When

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



10

10

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



11

11

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

12

12



**OREGON
HEALTH
AUTHORITY**

Investigative Guidelines

13

13

Have these Investigative Guidelines handy

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

14

14

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

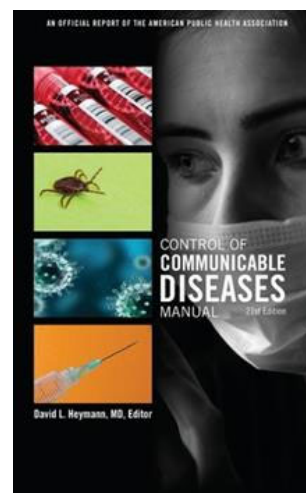
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Investigative Guidelines: Overview

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)



16

16

Part 1: Disease Reporting

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

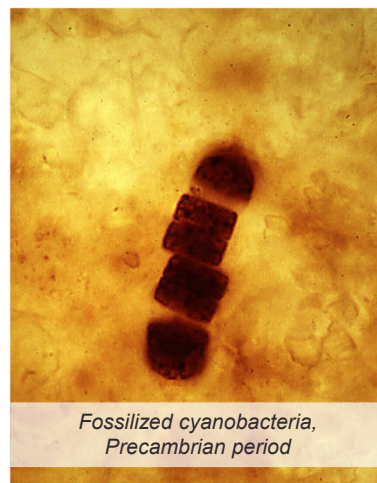


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17

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*

18

18

Part 3: Case Definition, Diagnosis, Laboratory

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



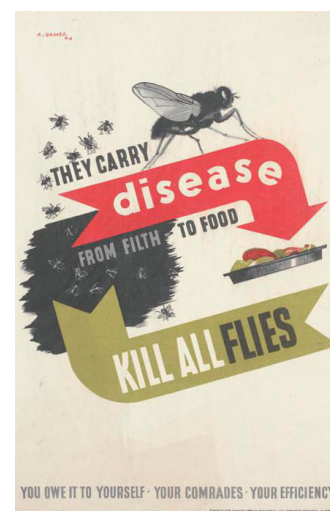
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Part 4: Routine Case Investigation

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



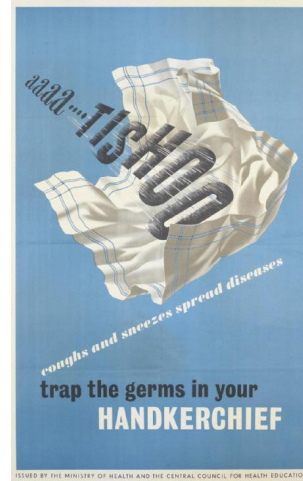
~1940

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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

21

21

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

22

22

Find them online!

The screenshot shows the Oregon Health Authority website. The navigation bar includes: About OHA, Programs and Services, Oregon Health Plan, Health System Reform, Licenses and Certificates, Public Health, and Jobs. The breadcrumb trail is: 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
Anthrax	03/2019
Botulism	09/2022
Cadmium toxicity	10/2019
Campylobacteriosis	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](#)

23

23

The image features five circular microscopic views of bacteria. Two are labeled 'A' and 'B'. The Oregon Health Authority logo is centered over the images. Below the images is a blue banner with the text 'Practice: Case Studies'.

Practice: Case Studies

24

24

Incubation Period

List the incubation periods for the following diseases:

- Shigellosis
- Rabies
- Meningococcal disease

- In which section of the Guideline is this information found?

25

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29

29

Case Definitions: Shigellosis

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?

30

30

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31

Case Definitions: Shigellosis

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"?

32

32

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Case Definitions: Meningococcal Disease

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?

34

34

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What would make it a confirmed case?

36

36

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37

37

Case Study: Meningococcal Disease

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?

38

38

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40

40

Diagnostic Testing: Rabies

What confirmatory lab tests are available for rabies?

41

41

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42

42

Diagnostic Testing: Rabies

What confirmatory lab tests are available for rabies?

Where is this testing of animal tissue performed?

43

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Diagnostic Testing: Rabies

What confirmatory lab tests are available for rabies?

Where is this testing of animal tissue performed?

44

44



Confused, questioning, lost?

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



45

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 <p>STDs</p>  <p>Jillian Garai STD Nurse Consultant jillian.d.garai@oha.oregon.gov 503-358-5176 OHA STD Prevention</p>	 <p>HIV</p>  <p>Lea Bush HIV Surveillance Coordinator/Manager lea.bush@oha.oregon.gov 971-673-0183 HIV Data and Analysis</p>	 <p>TB</p>  <p>Heidi Behm TB Nurse Consultant/TB Controller Heidi.BEHM@oha.oregon.gov 971-673-0169 OHA TB Program</p>
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46

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