LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS			
NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)	
CHOLERA		Vibrio cholerae O1 & O139	
PREPARING FOR INVESTIGATION			
KNOW THE DISEASE/CONDITION	<ul><li>See Man</li><li>Stud Dise</li><li>Prin</li></ul>	d about Cholera in the CD Manual. the case definition for Cholera in the CD fual. dy the APHA Control of Communicable eases Manual, 19 <sup>th</sup> ed., pp 120 -129. t and review reporting forms: 1: Confidential Disease Report (DHHS 2124) 2: Cholera (DHHS/EPI #6)	
CONDUCTING INVESTIGATION			
COLLECT CLINICAL INFORMATION	resi que If pa med repo Obta date Lool supp defii Befo	port of <i>V. cholera</i> in a North Carolina dent without a travel history should be stioned.  Itient hospitalized for this disease, obtain lical record (admission note, progress note, labort(s), and discharge summary).  In healthcare provider clinical notes from etcs) of service for this disease/condition.  It for evidence in the medical record that corts clinical findings described in the case nition.  In the contacting the patient, verify what the mation the healthcare provider has shared with coatient/family.	
REVIEW LABORATORY INFORMATION	<ul> <li>Obta</li> <li>Veri</li> <li>Evalued</li> <li>Ensider</li> <li>confisped</li> <li>submette</li> </ul>	ain laboratory reports specific to this disease.  fy serogroup is O1 or O139.  uate laboratory results to determine if irements of the case definition are satisfied. The isolate is sent to the SLPH for irmatory testing. Notify the SLPH of impending simen. Use the following link for specimen mission information:  //slph.state.nc.us/microbiology/Cholera.asp	
APPLY THE CASE DEFINITION		the case definition to determine if the clinical laboratory findings meet the case definition ria.	

## **IMPLEMENTING CONTROL MEASURES** ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE If potential source of exposure is not evident in clinical information, interview patient to obtain additional information (focus on travel history and seafood consumption). Meal companions, for the 5 days prior to onset of symptoms in patient, should be interviewed. IMPLEMENT CONTROL MEASURES TO PREVENT If source of exposure is suspected to be **DISEASE AND ADDITIONAL EXPOSURES** contaminated shellfish notify Shellfish Sanitation Section (NC DENR) immediately of all suspect or confirmed cases. Contact information: NC DENR, Shellfish Sanitation Section (252) 726-6827 NC DENR, Division of Marine Fisheries (252) 726-7021 Cooperate with NC DENR, Shellfish Sanitation Section to stop distribution and/or trace back any potentially contaminated products or foods. Use the CDC website www.cdc.gov to teach at risk people about the disease. REPORTING INVESTIGATION REPORT TO NC COMMUNICABLE Enter Part 1 and Part 2 Communicable Disease **DISEASE BRANCH (CD)** Reports into NC EDSS as a new event, or update the existing event if already entered. Assign event to State Disease Registrar when case investigation complete. CASE FINDING Active surveillance of close contacts to cholera patient (persons who shared food and drink) from 5 days of last exposure. Chemoprophylaxis of close contacts and household members is indicated if there is high likelihood of secondary transmission. Refer symptomatic individuals to healthcare provider for evaluation. If two or more cases are epidemiologically linked, report as an outbreak of cholera. If indicated, submit outbreak summary report within 30 days from close of outbreak. Refer to Outbreak Investigation section of the CD Manual for additional guidance on Outbreak Summary Report.

SPECIAL CONSIDERATIONS		
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	•	Verify the laboratory test results of all cases by sending specimen(s) to the SLPH/CDC for reference testing.  You will have to specify on the Special Bacteriology form DHHS T806 to test for Vibrio species. Use the following link to obtain form: <a href="http://slph.state.nc.us/Forms/DHHS-T806.pdf">http://slph.state.nc.us/Forms/DHHS-T806.pdf</a>
RISK COMMUNICATION	•	Consider using risk communication tools conservatively if this is a low profile case.  Outbreaks will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release.  NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.