LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS		
NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)
CREUTZFELDT – JAKOB DISEASE (CJD)		PRION
REPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	 Read about Creutzfeldt-Jakob disease in the CD Manual. See the case definition for Creutzfeldt-Jakob disease in the CD Manual. Search and read recent CDC article(s) on CJD. Study APHA Control of Communicable Diseases Manual, 19th ed., pp 216 – 222. Refer to CDC article "Information on Creutzfeldt-Jakob Disease For Funeral Home, Cemetery, and Crematory Practitioners" dated April 25, 2005 from the following website: www.cdc.gov/ncidod/dvrd/cjd/funeral directors.htm Print and review reporting forms: Part 1: Confidential Disease Report (DHHS 2124) Part 2: Creutzfeldt-Jakob Disease (DHHS/EPI #66) 	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	 auto If pa meo repo Obta date Lool supp 	phosis frequently made post-mortem, obtain psy report. tient hospitalized for this disease, obtain lical record (admission note, progress note, labort(s), and discharge summary). ain healthcare provider clinical notes from p(s) of service for this disease/condition. At for evidence in the medical record that ports clinical findings described in the case nition.
REVIEW LABORATORY INFORMATION	 Rev Note testi Path Res forw Eva 	iew laboratory report(s) specific to this disease. e: Confirmatory lab reports usually result from ng done at the National Prion Disease hology Surveillance Center at Case Western erve University. Results are routinely arded to DHHS/DPH. luate laboratory results to determine if hirements of the case definition are satisfied.
APPLY THE CASE DEFINITION	clini	the CDC case definition to determine if the cal and laboratory findings meet the case nition criteria.

IMPLEMENTING CONTROL MEASURES	
IMPLEMENT TO IDENTIFY SOURCE OF EXPOSURE IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES REPORTING INVESTIGATION REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	 Review clinical records for potential source(s) of exposure. If source of exposure is not evident in clinical information, interview family to obtain additional information about patient (past surgical history, tissue, organ, bone, or bone marrow transplant, dura mater graft, human-derived pituitary hormone extract, blood or blood product transfusions; history of travel to variant CJD endemic countries; history of hunting or exposure to animal or human neural tissue). Use the CDC website, www.cdc.gov to teach at risk people about the disease. Be aware of special World Health Organization (WHO) infection control guidelines regarding sterilization. Review the article at the following website: http://www.who.int/csr/resources/publications/bse/WHO CDS CSR APH 2000 3/en/ Educate persons at potential risk of exposure (e.g. persons who will handle the body postmortem and healthcare workers who may come in contact with CNS fluids during care). Reassure healthcare workers and family members that this disease is not spread by normal contact. Enter Part 1 and Part 2 Communicable Disease 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	 During the course of the investigation, look for history of disease in deceased family members. If two or more current cases are found that are epidemiologically linked, report as an outbreak of Creutzfeldt-Jakob disease.
SDECIAL CONSIDERATIONS	Credizielui-Jakob disease.
PERSONAL PROTECTIVE MEASURES	Universal precautions and special precautions during autopsy and postmortem care. See CDC
RISK COMMUNICATION	 article reference (above) for funeral directors. Consider using risk communication tools conservatively if this is a low profile, randomly-occurring case. Outbreaks will need NC HAN alerts, EPI-X reports, MD alerts, and a press release. NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.