LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS		
NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)
SEVERE ACUTE RESPIRATORY SYNDROME (SARS)		SARS Coronavirus
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	 Read about SARS in the CD Manual. See the case definition for SARS in the CD Manual. Study APHA Control of Communicable Diseases Manual, 19th ed., pp 547 - 555. Refer to: http://www.epi.state.nc.us/epi/gcdc/sars/sars.html for the North Carolina SARS Response Plan (01/21/04). Refer to CDC MMWR: Revised U.S. Surveillance and Case Definition for Severe Acute Respiratory Syndrome (SARS) and Update on SARS Cases – United States and Worldwide, December 2003. December 12, 2003; 52(49); pp 1202-1206. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5249a2. htm Print and review reporting forms: Part 1: Confidential Disease Report (DHHS 2124)	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	 immediate Begin sep symptoms Obtain me biopsy rep summary) Look for e clinical fine Evaluate t exposure. 	Branch of the report or suspect case of SARS by before beginning to investigate. aration and masking of patients with respiratory immediately. dical record (admission note, progress note, port(s), other lab report(s), and discharge vidence in the medical record that supports dings described in the case definition. the epidemiological evidence for possible Travel history to an area with a current or other linkage to active cases is required.
REVIEW LABORATORY INFORMATION	Evaluate I the case of	poratory report(s) specific to this disease. aboratory results to determine if requirements of lefinition are satisfied. ealthcare provider if further testing of the patient d.

APPLY THE CASE DEFINITION	 Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria. 		
IMPLEMENTING CONTROL MEASURES			
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	 Review clinical records for potential source(s) of exposure. If source of exposure is not evident in clinical information, interview patient to obtain additional information. 		
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	Use the CDC website <u>www.cdc.gov/ncidod/sars/guidance/index.htm</u> and the <u>North Carolina SARS Response Plan (January 2004)</u> to determine control measures.		
REPORTING INVESTIGATION			
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	 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 symptoms of the disease in other exposed individuals, refer symptomatic individuals to healthcare provider for evaluation and institute appropriate control measures.		
SPECIAL CONSIDERATIONS			
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	Refer to the North Carolina SARS Response Plan (January 2004) for submission of clinical specimens to the SLPH for confirmatory testing.		
PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR)	 Implement the local and <u>North Carolina SARS Response</u> <u>Plan (January 2004)</u>. 		
PERSONAL PROTECTIVE MEASURES	 SARS is extremely infective, implement the local and North Carolina SARS Response Plan (January 2004). 		
RISK COMMUNICATION	 Any case or suspect case of SARS will draw intense media interest. Continual communication between local, state and federal health officials will be necessary. Ensure public information officers are involved and updated. Any case will need NC HAN alerts, EPI-X reports, MD alerts and press releases. NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed. 		