LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS				
NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)		
TYPHOID, CARRIAGE		S. typhi		
PREPARING FOR INVESTIGATION				
KNOW THE DISEASE/CONDITION	M	ead about Typhoid Carriage/Acute in the CD anual.		
		ee the case definition for Typhoid Carriage in the D Manual.		
	• Si M	udy APHA <i>Control of Communicable Diseases</i> anual, 19 <sup>th</sup> ed., pp 664 - 671. int and review reporting forms:		
	P	art 1: Confidential Disease Report (DHHS 2124) art 2: Typhoid, Carriage (DHHS/EPI #144)		
CONDUCTING INVESTIGATION				
COLLECT CLINICAL INFORMATION	m re • O da • Lo su de	patient hospitalized for this disease, obtain edical record (admission note, progress note, lab port(s), and discharge summary). btain healthcare provider clinical notes from ate(s) of service for this disease/condition. bok for evidence in the medical record that upports clinical findings described in the case effinition.		
REVIEW LABORATORY INFORMATION	<ul> <li>E<sup>1</sup></li> <li>re</li> <li>di</li> <li>re</li> <li>C</li> </ul>	eview laboratory report(s) specific to this disease. valuate laboratory results to determine if quirements of the case definition are satisfied. erologic evidence alone is not sufficient for a agnosis. Isolation of the organism is quired. ontact healthcare provider if further testing of the atient is indicated.		
APPLY THE CASE DEFINITION	• U	se case definition to determine if the clinical and boratory findings meet the case definition criteria.		
IMPLEMENTING CONTROL MEASURES	-			
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	ex • In • O oy	eview clinical records for potential source(s) of cposure. terview case for travel history. btain food history to include seafood (particularly vsters), water source, raw fruits/vegetables, ilk/milk products. Include source (location		
	se de	eafood acquired from, restaurant, grocery store, eli, etc.). ake every effort to find the source of the illness.		

IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul> <li>If food handler, exclude from food handlin asymptomatic, culture negative and follow practice hand hygiene.</li> <li>Must have 3 consecutive negative stool c (and urine cultures in areas endemic for schistosomiasis) at least 1 month apart w culture being done 48 hours after comple antibiotics. At least 1 of the 3 consecutive should be taken after purging.</li> <li>Inform environmental health specialist an Communicable Disease Branch if a food has been excluded.</li> <li>If healthcare worker with direct patient ca exclusion criteria as for food handler appl</li> <li>If childcare attendee younger than 5 year exclude until 3 consecutive negative stoo specimens at least 1 month apart with init being done 48 hours after completion of a For those 5 years of age and older, exclu hours without diarrhea.</li> <li>Household contacts of cases should not be employed in sensitive occupations (food handlers/healthcare workers, etc.) until 2 stool and urine cultures at least 24 hours have been obtained.</li> <li>Antibiotic treatment is recommended for t carriers and is successful in 80% of the carriers and is successful in 80% of the carriers and contacts of known typhoid carries food and after defecation.</li> <li>Use the CDC website www.cdc.gov to teapeople about the disease.</li> </ul>	ving best ultures ith initial tion of e samples d the handler re, same y. s of age, l tial culture antibiotics. de until 24 be negative apart yphoid ases. te to ed to riers. n proper serving ach at risk

CASE FINDING	<ul> <li>During the course of the investigation, look for symptoms of disease in other exposed individual (other infants in daycare or household contacts example).</li> <li>Refer symptomatic individuals to healthcare provider for evaluation.</li> <li>Individuals who are symptomatic are reported a Typhoid, Acute (#44).</li> </ul>	, for
SPECIAL CONSIDERATIONS		
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul> <li>Verify the laboratory test results of all cases by sending specimen(s) to the SLPH/CDC for reference testing.</li> </ul>	
RISK COMMUNICATION	<ul> <li>Cases of this disease may pique interest amony media, health professionals, government officia and the public.</li> <li>Outbreaks of cases will need NC HAN alerts, E reports, MD alerts, and probably a press releas</li> <li>NC DHHS Public Information Office (919) 733-9190 is available to assist local health department as needed.</li> </ul>	ls, PI-X e.