



VPD General Public Health

Investigation Checklist for Local Health Departments

This guide is intended for use by local health departments when conducting VPD public health case investigations. Each disease may require specific or additional, information but the following is intended to be used as general guidance in public health follow up. For more details, please refer to the disease chapters and guidance documents which can be found on each disease specific page, accessible via: <https://www.nj.gov/health/cd/topics/>

- Obtain relevant clinical and epidemiologic information
 - Interview medical provider
 - It is important to speak with someone in the office. Please do not rely only on faxing case investigation forms.
 - If case was reported due to a positive laboratory result – reason the test was ordered?
 - Are there any pending laboratory tests?
 - Is the provider considering any alternate diagnoses? How high on differential is the reportable disease being investigated?
 - Interview case/guardian – integral part of case investigation
 - If initial contact information is unavailable or incorrect:
 - inquire with providers whether alternate contact info is on file
 - NJIIS and CDRSS are great resources
 - internet search on the address/phone/name or tax records are also possible sources of alternate contact information.
 - Verify case's demographic info (e.g., spelling of name, DOB, address/phone, race/ethnicity, etc)
 - Inquire about signs/symptoms
 - Review with provider AND case/guardian – histories sometimes differ
 - Obtain onset dates (may need to prompt with holidays or a calendar) and descriptions for each symptom
 - Consider case definition clinical criteria and typical disease presentation
 - Inquire about possible exposure
 - Source of infection known?
 - Recent travel? (obtain details such as location, dates, flight information)
 - Other risk factors?
- Review reported laboratory tests/results
 - Were appropriate specimens collected and tested?
 - What is the interpretation of results?
 - Are additional tests needed? (e.g., serotyping/serogrouping)
 - Were isolates submitted to [PHEL](#) as required by N.J.A.C. 8:57-1.7?
 - If case was created for an asymptomatic person, why was test ordered?

- Review treatment – was case treated appropriately for reported disease?
 - Name and dates of treatment
 - Does treatment shorten infectious period?
 - If case was asymptomatic, why were they prescribed treatment?
- Review immune status – obtain/document dates for relevant immunizations
 - [Potential sources](#) include [NJIS](#), primary medical provider records, school or military records, case/guardian records
 - Inquire with patient whether they were ever known by another name (e.g., maiden/married name)
 - Inquire with patient where they were born (e.g., state, country)
- Initiate public health response – varies by disease
 - Determine infectious period and incubation period
 - Ensure case is isolated, if still infectious
 - Identify contacts exposed during case’s infectious period
 - Assess immune status of exposed contacts (may affect quarantine/PEP guidance)
 - Refer exposed contacts for post-exposure prophylaxis and/or quarantine, when appropriate
 - Issue exposure notifications in collaboration with facilities (e.g., schools, health care settings), when appropriate
 - Include NJDOH in decision making discussion prior to distribution of messaging
 - Follow up with contacts at the end of a full incubation period to determine whether additional cases have occurred
- Finalize CDRSS data entry, assign appropriate case classification, and “LHD Close” case when investigation is complete:
 - Illness onset date
 - Demographics (including race/ethnicity)
 - Signs/symptoms (including onset dates)
 - Risk factors
 - Hospital admission/discharge dates
 - Mortality
 - Pregnancy status
 - Immunizations (all doses relevant to case under investigation)
 - [Industry and Occupation](#) section (current occupation, industry, and employer details)
 - Treatment (document name of treatment w/ dates)
 - Disease Specific Questionnaires, where appropriate
 - Assessment/prophylaxis of close contacts
 - Case status: NJDOH follows [CSTE/CDC case definitions](#)

PLEASE NOTE: The NJDOH Regional Epidemiology Program and disease subject matter experts are willing and able to answer questions and provide guidance – please call or email us any time!