I. INTRODUCTION

These guidelines are intended to assist New Mexico Department of Health (NMDOH) public health nurses (PHNs), regional nurse epidemiologists and regional epidemiologists with investigations of notifiable infections and with implementation of control measures. The guidelines provide an overview of roles and responsibilities when investigating reports of notifiable conditions or diseases and discuss regional and local office collaboration with the Epidemiology and Response Division (Central Epi). When completing any public health investigation, it is important to refer to other resources such as the ones included at the end of this document.

II. RESPONSIBILITIES

Regional and local investigators are vital to disease surveillance, outbreak detection and disease control and prevention. The investigator’s role can include:

- Assessing the risk of the case for transmitting infectious diseases to others and preventing such transmission.
- Educating people about how to reduce the risk of infection.
- Identifying other potential cases.
- Identifying outbreaks and potential sources or sites of ongoing transmission.
- Helping to characterize the epidemiology of the infectious condition.

Investigators may be any or a combination of the following, depending on the investigation:

- Nurse epidemiologist.
- Regional epidemiologist.
- Local public health nurse.
- On-call epidemiologist (Central Epi.)
- Other epidemiologists (Central Epi.)
- Disease Prevention Specialists (DPS.)
- Health Promotion Specialists.
Other unlicensed, trained personnel as needed.

The responsibilities of local PHNs, nurse epidemiologists and regional epidemiologists may vary by NMDOH Region. In general, the nurse epidemiologist has the primary role in the region for infectious disease investigations while the regional epidemiologist has the primary role in the region for community health assessment. They may be involved in various components of the investigation depending on available resources and the acuity of the investigation. There may also be other NMDOH Divisions or agencies involved, depending on the disease and circumstance (e.g., Bureau of Health Emergency Management, New Mexico Environment Department, Division of Health Improvement).

III. PROCESSES

This section provides a general methodology for field investigations. Not all steps are necessary for every investigation. Condition-specific guidance for field investigations can be found in the Manual for Investigation and Control of Communicable Diseases in New Mexico (CD Manual). For hepatitis B and hepatitis C investigations, refer to the Hepatitis Protocol http://intranet/PHD/documents/HepatitisProtocol_November2011.pdf.

1) Initial Notification of Disease Investigation

NM Administrative Code 7.4.3.13 (cpr.state.nm.us/nmac/parts/title07/07.004.0003.htm) directs all physicians, laboratories, healthcare professionals and other persons having knowledge of specified disease or illness to report notifiable diseases or conditions to specified parties such as NMDOH Central Epi or their local/regional public health office. See Attachment A for a list of these notifiable conditions. As a result, regional and local investigators may be notified of a condition by

- The on-call Epidemiologist/Central Epi: A direct call to local or regional offices would usually be for an emergency or routine (urgent) investigation (See Glossary for definitions of emergency, routine (urgent) and routine conditions). Regions have specific procedures for responding to notifiable conditions that may differ from one another. Depending on the Region, designated staff may include the Regional Epidemiologist, Nurse Epidemiologist or other staff. For significant investigations handled only by Central Epi staff, the appropriate regional office will be notified of the investigation early in the process.

- New Mexico Electronic Disease Surveillance System (NM-EDSS): Depending on the Region, regular checking of the NM-EDSS database by a regional or local investigator will be the first notification of a routine investigation.

- A Region or local public health office may receive initial notice of a notifiable condition from a community setting (e.g., school, clinic, general public). The regional office may either:

  - Fax the report or call Central Epi to generate an investigation. A copy of the lab (if received directly from provider) should be forwarded to Central Epi.

    - Create an investigation in NM-EDSS and conduct a case interview independently.

      - This option necessitates that a Region acquire all of the pertinent demographic information and laboratory results. All new investigations
should be promptly entered into NM-EDSS in order to avoid duplicate work.

- If the initial report is of an emergency notifiable condition, regions/local public health offices must contact the epidemiologist on-call at (505)827-0006 (24/7/365) immediately.

2) Collecting Epidemiological Data

Regional and local investigators will often have to interview a case or a healthcare provider in order to collect epidemiological data:

Case Interview

Most conditions have a designated investigation form for the investigator to use during the case interview. For those conditions that do not have a specific form, use the General Infectious Disease Investigation Form. The investigation forms and a “Forms and Conditions Legend” document detailing which form to use may be accessed on the NM-EDSS portal on the “Forms” paddle (https://NM-EDSS/logon.asp). After conducting the interview, these data are entered into NM-EDSS. Investigators may also enter interview data directly into NM-EDSS during the phone interview. Any relevant information that cannot be entered into the existing data fields should be put in the General Comments field of the investigation. If the case doesn’t meet the case definition, update the case status in NM-EDSS to ‘not a case’ and summarize the decision in one or two sentences in the “General Comments” section in NM-EDSS.

Although there will be situations where speaking to the case is not possible, please always attempt to speak with the actual case if s/he is an adult. For cases less than 18 years old, interview the parent or guardian. However, you may consider simultaneously interviewing the parent and child – the child may have more information, for example of what s/he ate during school or with friends.

Depending on the complexity of the investigation, multiple calls to the case or provider may be required. In such cases, remind the case or provider that you may need to call again with additional questions or recommendations.

Cases who live on tribal reservations or lands should be referred to Central Epi to determine which tribal investigator needs to be contacted to investigate. Cases who live outside of New Mexico should also be referred to Central Epi.

Provider Interview

In general, providers are contacted for most “emergency” and “routine (urgent)” conditions and some “routine” conditions. Central Epi and field investigators will determine when provider interviews are necessary. Central Epi often conducts the provider interviews to:

- Gain additional information (e.g., case identifiers, lab/diagnostic results.)
- Obtain their clinical impressions.
- Determine if field investigation is indicated.
- Inform them we are going to contact their patient/case.

Field investigators may also call providers to:

- Determine if the case is aware of the diagnosis.
- Obtain additional information (e.g., vaccine history, social history.)
• Let the provider know that NMDOH will be contacting the patient/case for an interview. Sometimes, providers prefer to contact the patient/case first, in order to alert their patient/case of the diagnosis and that NMDOH is involved.

Be aware that for some “routine” conditions, where provider interviews are not commonly recommended (e.g., salmonellosis), the investigator may be the first one to inform a case of a lab result. This may occur because DOH receives the report sooner than the provider or because a patient/case is evaluated in a setting (e.g., urgent care) where providers do not typically follow patients’/cases’ results. In such circumstances, it may be helpful to explain to the case how labs are reported and the important role public health plays in helping prevent further transmission. If a case has questions about his or her individual treatment, encourage them to contact their provider.

Even after interviewing the case, the investigator may deem it necessary to contact the provider. If the investigator is uncertain about whether or not to contact a provider, consult with Central Epi. For example, if a symptomatic child who attends daycare has shigellosis and was not prescribed antibiotics, the investigator may decide to contact the provider. The investigator could discuss with the provider the need to exclude the child from daycare until s/he has had two negative stool cultures, and therefore ask the provider if s/he is considering antibiotic treatment for the child.

New Mexico State Immunization Information System (NMSIIS)

For vaccine-preventable diseases and conditions, investigators should always ask about vaccine status. NMSIIS (https://nmsiis.health.state.nm.us) is a person-based vaccination registry that investigators may use to check vaccine status. Vaccinations relevant to the investigation should be entered into NM-EDSS and associated with the investigation.

Emergency and Routine (Urgent) Conditions versus Routine Conditions

Tables 1 and 2 (below) outline an investigator’s response to conditions requiring emergency, routine (urgent) and routine investigations. Routine (Urgent) conditions require the same rapid response as Emergency conditions. Although these are not listed as emergencies on the notifiable condition list, they should be regarded as an emergency in terms of response. At a minimum, field investigators should assure they are following the number of attempts outlined here and maintain a reasonable time frame to complete the investigation. The exact time frame for initiating certain steps within these procedures may vary, depending on a Region’s preference and experience. Attempts to contact a case or provider for an interview should always be documented in the “General Comments” section of the investigation in NM-EDSS.

Investigators should enter the date they start the investigation by placing the date of initiation under “Investigation Start Date” under the “Investigation Summary” section in NM-EDSS. Date of initiation captures when they begin attempting to contact the case, not necessarily when they actually succeed in contacting the case.
### Table 1. Guidelines for Responding to Emergency and Routine (Urgent) Conditions

<table>
<thead>
<tr>
<th>Emergency and Routine (Urgent) Conditions</th>
<th>Time Frame to Initiate Investigation</th>
<th>Procedures for Contacting Case</th>
</tr>
</thead>
</table>
|                                          | Within 15 minutes                    | 1. The investigator attempts to contact the case by telephone. If the case is not available, try to gather more information from the person answering the phone about the case’s location or leave a vague but urgent message (e.g., “We are following up on an important public health issue and need to speak with X as soon as possible.”)  
2. If unable to establish contact, investigator calls the provider, facility, laboratory, and others to obtain additional contact information (e.g., cell phone or emergency contact) and reattempts to contact the case.  
3. If unable to contact the person after 2 hours of initiating the investigation, consult with on-call Epi to determine other possible courses of action. In planning the next steps, consideration will be given to the case’s condition and the history of attempts to contact case. The afterhours Epi on-call will consider whether to continue to reach the case.  
4. An investigator may be asked to visit a home or hospital. In these instances, if the case is not home or available at the hospital, the investigator leaves a notification on either the door or with other resident of home/staff of the medical facility. |

### Table 2. Guidelines for Responding to Routine Conditions

<table>
<thead>
<tr>
<th>Routine Conditions</th>
<th>Time Frame to Initiate Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Within 2 business days</td>
</tr>
</tbody>
</table>
1. The investigator makes at least 3 attempts to contact the case by phone over a 72 hr period (working days).

2. If case cannot be reached by phone after 72 hrs, a certified notification letter (see Attachment B) is sent to the case’s home address.

3. If the case does not respond to the initial letter within one week* of its mailing, a 2nd letter is sent.

4. If the case does not respond to the 2nd letter within one week of mailing, the case is closed and marked as “Lost to Follow-up” in the “General Comments” section of the investigation in NM-EDSS. Document in the “General Comments” section all attempts to contact the person prior to determining the case is “lost to follow-up”.

5. If case responds after the case has been closed, the Investigator will re-open the file to conduct the investigation.

* A week is defined as the time period of 7 calendar days. For example, if the report was received on a Wednesday, the investigator has until the following Wednesday to complete the procedures for that step.

3) Confirming the Diagnosis and Sample Collection

Condition specific criteria for confirming the diagnosis and determining case status can be found in the Manual for Investigation and Control of Communicable Diseases in New Mexico (CD Manual). Keep in mind that epidemiological case definitions may differ from clinical case definitions.

Confirming the diagnosis may require the field investigator to assure specimen collection:

- Field investigators may need to take multiple specimens (e.g. in a group setting) or multiple types of samples (e.g. blood, vomitus, stool, etc.). For specifics by condition, consult the CD Manual.

Before specimen collection, field investigators should be up to date on blood-borne pathogens training and adhere to appropriate safety precautions (e.g., contact respiratory or airborne precautions, depending on the pathogen). Refer to http://intranet/PHD/documents/PHDHealthandSafetyHandbook3.5_112011_000.pdf and http://intranet/PHD/documents/PHD_Infection_Control_HCW_v3.0_11112011.pdf for current PHD PPE and Health and Safety guidelines.

- Supplies in local NMDOH Public Health Division (PHD) public health offices will be stocked depending on regional circumstances. Supplies may be ordered through the NMDOH Scientific Laboratory Division (SLD) kit prep area at (505) 383-9073 or (505) 383-9056, or orders may be faxed to (505) 383-9062. In an outbreak situation, regional or local health offices may not have appropriate collection materials available. If an investigator needs more testing supplies, it may be necessary to contact a regional hospital for additional response supplies. See Attachment C for a list of commonly used supplies for field investigation and sample collection.
• Coordinate with Central Epi, New Mexico Environment Department (NMED) or other appropriate environment departments (e.g., Bernalillo County Environmental Health Department, the Albuquerque Environmental Health Department, the Indian Health Service [IHS] environmental sanitarians) and SLD for all food sample collections.

• Coordinate with the on-call Epi before collecting specimens related to outbreak investigations.

4) Control and Prevention Measures

Educating the case/provider of control and prevention measures

During investigations, educating the cases, contacts or providers is the only control and prevention measure required. Be prepared to provide information about the condition and how it is transmitted, diagnosed, treated and prevented. See the disease-specific fact sheets in the CD Manual for more information. Also, be prepared to explain the role of NMDOH in disease surveillance, investigation and control measures. See Administrative Code 7.4.3.9 (nmcrp.state.nm.us/nmac/parts/title07/07.004.0003.htm) for legal authority of NMDOH to protect public health. Refer all calls from the media either to the Public Information Officer or the on-call Epi. Central Epi and regional staff are available if additional questions arise during the investigation. All new educational materials should be approved by ERD leadership.

Contact investigation

The investigator interviews the case to determine if there are individuals who may be at risk for becoming infected with the disease based on their proximity to and time spent with the case. Refer to the CD Manual for additional disease-specific guidance on investigating contacts. In certain situations, cases or contacts may need prescriptions. During a public health event where immediate action is required to prevent further transmission of disease, DOH providers may write the prescription if an individual does not have timely access to health care.

Follow-up with cases in group settings

Potential group settings include, daycare centers, healthcare facilities and schools and other settings. Follow-up for cases in group settings may be complicated and investigators should refer to the CD Manual and consult with regional staff and Central Epi for specific steps. Depending on the condition and setting, other agencies may need to be involved. For example, investigators should work with the New Mexico Environment Department regarding kitchen and restaurant inspections. See Attachment D for contact information of collaborating agencies.

Investigators may also conduct site visits to coordinate prevention and control measures at group settings. It is important to maintain confidentiality and communicate information on a need-to-know basis. In certain settings (e.g., daycares and schools), letters may be developed to communicate disease information and recommendations. Central, regional and local staff should always be notified of any communication before distribution.

Jails and prisons pose special challenges. Work with the facility medical staff when possible.

Enterics in daycare settings require on-site inspection if there is more than one case in the setting. If resources allow, visitation to the daycare center to conduct surveillance and reinforce recommendations and prevention messages may be useful with even a single case. See Attachment E for a sample inspection form. New Mexico Children, Youth and Families Department (CYFD) licensing should be notified by NM DOH as necessary of any communicable disease investigations in a day care setting.

Outbreaks
In an outbreak, investigators may be required to address additional aspects of the investigation. A line list is often used to organize information, track cases and contacts for follow-up and communicate efficiently. It may include symptomatic and asymptomatic persons. Line lists contain protected case and contact information and should be emailed using internal encryption and not shared with other agencies unless case identifiers (including date of birth, sex and other potentially identifying information) are removed. Line lists are also the source for data on outbreaks, archived and required by Central Epi. Methods for sending line lists with protected health information (PHI) include a shared “FileZilla” site and the protected shared “nurseforms\X Drive” accessible by public health offices. See Attachment F for a sample line list.

All outbreaks will require coordination with Central Epi. All official communication to the public regarding outbreaks should go through the Public Information Officer. For more details on how to conduct outbreak investigations, consult with Central Epi.

5) Closing Out/Completing a Case Investigation

Once all prevention and control measures and interviews are complete, field investigators should ensure the following steps are finished:

- The case investigation has been entered in NM-EDSS
- Name, date of birth, sex, address, phone number, county and state have been completed on “Demographics” tab, and onset or diagnosis date has been entered
- The “Investigation Status” is changed from “open” to “closed” in NM-EDSS
- A notification has been submitted in NM-EDSS
- Assure that a copy of the lab (if received directly from provider) has been forwarded to Central Epi

IV. COLLABORATION BETWEEN REGIONAL AND CENTRAL EPI

The following section describes the collaborative responsibilities and investigation requirements for notifiable infectious conditions other than tuberculosis, sexually transmitted infections, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). For tuberculosis, sexually transmitted infections and HIV/AIDS reporting, see Public Health Division (PHD) protocols on the PHD intranet.

The following notifiable infectious conditions are summarized in Tables 3-8 and organized by the following program areas:

- Foodborne Diseases Program (Table 3)
- General Infectious Disease Program
  - Vaccine Preventable Diseases (Table 4)
  - Zoonotic Diseases (Table 5)
  - Other (Table 6)
- Bacterial Meningitis Invasive Respiratory Disease Program/Emerging Infections Program (Table 7)
- Hepatitis Program (Table 8) note: Hepatitis A and hepatitis E have been separated from the bloodborne viral hepatitis diseases and are found in the “General Infectious Diseases Program.”

See Glossary for definitions of the terms used in Tables 3-8.
<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Case Investigation?</th>
<th>Responsibility</th>
<th>Response Time</th>
<th>Type of Follow-up or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botulism, foodborne</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview – Central or Region</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td>Cholera</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview - Central or Region Contact Investigation - Central or Region</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td><em>E. coli</em> O157:H7 infections</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central Case Interview - Region</td>
</tr>
<tr>
<td><em>E. coli</em>, shiga-toxin producing (STEC) infections</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central Case Interview - Region</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central Case Interview - Central or Region</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td>Trichinosis</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td>Typhoid Fever</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview - Central or Region Contact Investigation</td>
</tr>
<tr>
<td>Vibrio Infections</td>
<td>Yes</td>
<td>Central-Regional Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central Case Interview - Central or Region</td>
</tr>
<tr>
<td><em>Yersinia enterocolitica</em></td>
<td>Yes</td>
<td>Central-Regional Collaboration</td>
<td>Routine</td>
<td>Provider Interview - Central Case Interview - Region</td>
</tr>
</tbody>
</table>
Table 4. General Infectious Diseases Program – Vaccine Preventable Diseases

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Case Investigation?</th>
<th>Responsibility</th>
<th>Response Time</th>
<th>Type of Follow-up or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview  Case Interview  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Hepatitis A - Acute</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central  Case Interview - Central or Region  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Measles</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central  Case Interview - Central or Region  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Mumps</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central  Case Interview - Region  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central  Case Interview - Central or Region  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Rubella, including congenital</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central  Case Interview - Central or Region  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Yes</td>
<td>Central</td>
<td>Routine (Urgent)</td>
<td>Provider Interview  Case Interview</td>
</tr>
<tr>
<td>Varicella</td>
<td>Yes</td>
<td>Region</td>
<td>Routine</td>
<td>Provider Interview  Case Interview</td>
</tr>
</tbody>
</table>

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New Mexico Department of Health, Epidemiology and Response Division,  
Infectious Disease Epidemiology Bureau  
December 2018  
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Table 5. General Infectious Diseases Program – Zoonoses

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Case Investigation?</th>
<th>Responsibility</th>
<th>Response Time</th>
<th>Type of Follow-up or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax (human)</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview  Case Interview  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Arbovirus (Dengue, Zika, Chikungunya)</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview  Case Interview</td>
</tr>
<tr>
<td>Avian Influenza (human)</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview  Case Interview  Contact Investigation  Contact Prophylaxis</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview-Central  Case Interview-Central  Contact Investigation-Central/Region</td>
</tr>
<tr>
<td>Colorado Tick Fever</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>Hantavirus pulmonary syndrome</td>
<td>Yes</td>
<td>Central</td>
<td>Routine (Urgent)</td>
<td>Provider Interview  Case Interview  Zoonotic Investigation</td>
</tr>
<tr>
<td>Leptospirosis</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview  Case Interview</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>Malaria</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview  Case Interview as needed</td>
</tr>
<tr>
<td>Plague</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview  Case Interview  Zoonotic Investigation</td>
</tr>
<tr>
<td>Psittacosis</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>Q fever</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>St. Louis Encephalitis</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview  Case Interview</td>
</tr>
<tr>
<td>Rabies</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview-Central  Case Interview-Central  Prophylaxis - Central/region</td>
</tr>
<tr>
<td>Relapsing Fever</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview  Case Interview  Zoonotic Investigation</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview  Case Interview</td>
</tr>
<tr>
<td>Tularemia (human)</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview  Case Interview  Zoonotic Investigation</td>
</tr>
<tr>
<td>West Nile Virus</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine</td>
<td>Provider Interview-Central  Case Interview-Central/region</td>
</tr>
<tr>
<td>Disease/Condition</td>
<td>Case Investigation?</td>
<td>Responsibility</td>
<td>Response Time</td>
<td>Type of Follow-up or Comments</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------</td>
<td>----------------------------</td>
<td>---------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Western Equine Encephalitis</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>Botulism, infant</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview - Central or Region</td>
</tr>
<tr>
<td>Botulism, wound</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview – Central or Region</td>
</tr>
<tr>
<td>Coccidioidomycosis (Valley Fever)</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Medical Record Review or Provider Interview</td>
</tr>
<tr>
<td>Cysticercosis</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Case Interview</td>
</tr>
<tr>
<td>Encephalitis, other</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome (HUS), post diarrheal</td>
<td>Yes</td>
<td>Central</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central Emerging Infection Program Chart Review</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview - Central Case Interview</td>
</tr>
<tr>
<td>Influenza, laboratory confirmed</td>
<td>No</td>
<td>Central</td>
<td>Routine</td>
<td>Influenza Sentinel Surveillance Program Review</td>
</tr>
<tr>
<td>Legionnaire’s disease</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Routine (Urgent)</td>
<td>Provider Interview - Central Case Interview – Region</td>
</tr>
<tr>
<td>Leprosy (Hansen’s Disease)</td>
<td>Yes</td>
<td>TB Program¹</td>
<td>Routine</td>
<td>Provider Interview - Central Case Interview</td>
</tr>
<tr>
<td>Poliomyelitis, paralytic</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Yes</td>
<td>Central</td>
<td>Emergency</td>
<td>Provider Interview - Central Case Interview</td>
</tr>
<tr>
<td>Toxic Shock Syndrome</td>
<td>No</td>
<td>Central</td>
<td>Routine</td>
<td>Emerging Infection Program Chart Review</td>
</tr>
</tbody>
</table>

¹Although Leprosy is currently listed with infectious diseases that are monitored by the Infectious Disease Epidemiology Bureau on the “Notifiable Diseases or Conditions in New Mexico”, it is a nontuberculous mycobacterial infection and therefore under the purview of the Tuberculosis Program.
Table 7. Bacterial Meningitis Invasive Respiratory Disease Program/Emerging Infections Program.

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Case Investigation?</th>
<th>Responsibility</th>
<th>Response Time</th>
<th>Type of Follow-up or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A Streptococcus, invasive infections</td>
<td>No</td>
<td>Central</td>
<td>Routine</td>
<td>Emerging Infections Program Chart Review</td>
</tr>
<tr>
<td>Group B Streptococcus, invasive infections</td>
<td>No</td>
<td>Central</td>
<td>Routine</td>
<td>Emerging Infections Program Chart Review</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em>, invasive infections</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Only if <em>Haemophilus influenzae</em> type b: Case Interview – Region Provider Interview – Central Contact Investigation Contact Prophylaxis-Region/Central If not type b: Emerging Infections Program Chart Review</td>
</tr>
<tr>
<td>Meningococcal infections, invasive (<em>Neisseria meningitidis</em>)</td>
<td>Yes</td>
<td>Central-Region Collaboration</td>
<td>Emergency</td>
<td>Case Interview – Region Provider Interview – Central Contact Investigation- Region Contact Prophylaxis- Region</td>
</tr>
<tr>
<td><em>Streptococcus pneumoniae</em>, invasive infections</td>
<td>No</td>
<td>Central</td>
<td>Routine</td>
<td>Emerging Infections Program Chart Review</td>
</tr>
<tr>
<td>Necrotizing Fasciitis</td>
<td>No</td>
<td>Central</td>
<td>Routine</td>
<td>Emerging Infections Program Chart Review</td>
</tr>
</tbody>
</table>
Table 8. Hepatitis Program

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Case Investigation?</th>
<th>Responsibility</th>
<th>Response Time</th>
<th>Type of Follow-up or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B - acute</td>
<td>Yes</td>
<td>Check with Regional Leadership</td>
<td>Routine</td>
<td>Provider Interview&lt;br&gt;Case Interview&lt;br&gt;Contact Investigation&lt;br&gt;Contact Prophylaxis</td>
</tr>
<tr>
<td>Hepatitis B - chronic</td>
<td>Yes</td>
<td>Check with Regional Leadership</td>
<td>Routine</td>
<td>Provider Interview&lt;br&gt;Case Interview&lt;br&gt;Contact Investigation&lt;br&gt;Contact Prophylaxis</td>
</tr>
<tr>
<td>Hepatitis B – perinatal</td>
<td>Yes</td>
<td>Check with Regional Leadership</td>
<td>Routine</td>
<td>Provider Interview&lt;br&gt;Case Interview&lt;br&gt;Contact Investigation&lt;br&gt;Contact Prophylaxis</td>
</tr>
<tr>
<td>Hepatitis C - acute</td>
<td>Yes</td>
<td>Check with Regional Leadership</td>
<td>Routine</td>
<td>Provider Interview&lt;br&gt;Case Interview</td>
</tr>
<tr>
<td>Hepatitis C – chronic</td>
<td>Yes</td>
<td>Check with Regional Leadership</td>
<td>Routine</td>
<td>Provider Interview&lt;br&gt;Case Interview</td>
</tr>
</tbody>
</table>

Table 9. Healthcare Associated Infections

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Case Investigation?</th>
<th>Responsibility</th>
<th>Response Time</th>
<th>Type of Follow-up or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbapenam Resistant Enterobacteriaceae</td>
<td>Yes</td>
<td>Central</td>
<td>Routine (Urgent)</td>
<td>Provider Interview&lt;br&gt;Case Interview&lt;br&gt;Contact Investigation&lt;br&gt;Contact Prophylaxis</td>
</tr>
<tr>
<td>Clostridium difficile</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview&lt;br&gt;Case Interview&lt;br&gt;Contact Investigation&lt;br&gt;Contact Prophylaxis</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>Yes</td>
<td>Central</td>
<td>Routine</td>
<td>Provider Interview&lt;br&gt;Case Interview&lt;br&gt;Contact Prophylaxis</td>
</tr>
</tbody>
</table>

V. GLOSSARY OF TERMS

Case Investigation is the process of gathering data on an individual reported to have a specific condition. Of note, some information (e.g., demographic data) is relatively common across case investigations, while other information (e.g., immunization history, food history) varies by condition. Although a case may not require individual case follow-up (or an investigation), a notifiable condition still requires reporting and subsequent entry into NM-EDSS. Reports of
notifiable conditions (for example, Hepatitis C or outbreaks) that do not require individual case investigation should be forwarded to Central Epi for follow-up.

**Central/Central Epi** refers to the Infectious Disease Epidemiology Bureau within the Epidemiology and Response Division in NMDOH.

**Central-Region Collaboration** denotes collaboration between Central Epi and Region to investigate the disease.

**Contact Prophylaxis** refers to measures taken to prevent disease in contacts, such as chemoprophylaxis and/or vaccination.

**Emergency** refers to notifiable conditions that require immediate reporting by telephone to Central Epi. The “Notifiable Diseases or Conditions in New Mexico” list divides the reportable conditions into two categories: (1) “emergency” or (2) “routine.” See Table 1 for appropriate response for emergency conditions.

**Epidemiology** is the study of the distribution and patterns of health-events, health-characteristics and their causes or influences in well-defined populations.

**Local** refers to local public health offices. Each county has one or more local public health offices. See [http://nmhealth.org/location/public/](http://nmhealth.org/location/public/) for a listing of all NMDOH local public health offices.

**New Mexico Electronic Disease Surveillance System (NM-EDSS)** is a web-based system used by public health staff throughout the state to track investigations of suspect, probable, and confirmed cases of notifiable infectious diseases. NM-EDSS is modified from the CDC National Electronic Disease Surveillance System (NEDSS). Notifiable conditions are reported to CDC through NM-EDSS.

**Notifiable Conditions** are diseases, infections and conditions listed in NM Administrative Code 7.4.3.13 ([nmccpr.state.nm.us/nmac/parts/title07/07.004.0003.htm](http://nmccpr.state.nm.us/nmac/parts/title07/07.004.0003.htm)) This Code requires all physicians, laboratories, health care professionals, and other persons having knowledge of an individual with a notifiable condition to report the individual to the Epidemiology and Response Division or their local/regional public health office. Of note, any known or suspected outbreak is notifiable, even if it is a condition where a single case would not normally be notifiable.

**Region** refers to the administrative units used by NMDOH Public Health Division and Epidemiology and Response Division. There are four regions in New Mexico, and each is a collection of one or more counties. There is one administrative office for each of the regions. See Attachment G for a map of the regions.

**Responsibility** refers to whether the Region or Central Epi office should have the primary responsibility in the follow-up of a particular disease. However, even if a disease is marked as “Region”, please feel free to contact Central if questions arise at any time during the investigation. Even in cases marked ‘Central’ there may be Central-Region collaboration (example: coordinating sample submission for rabies).

**Routine** refers to notifiable conditions that require reporting within 24 hours to Central Epi. The “Notifiable Diseases or Conditions in New Mexico” list divides the reportable conditions into two categories: (1) “emergency” or (2) “routine.” See Table 2 for appropriate response time for routine conditions.

**Routine (Urgent)** refers to routine conditions that are regarded as more urgent due to potential impact on the public’s health. Therefore “routine (urgent)” designates a disease that is not listed as emergency on the notifiable condition list but should be regarded as emergency in terms of response. See Table 1 for appropriate response times for routine (urgent) conditions.
Zoonoses are infectious diseases in animals that can be transmitted to people. The natural reservoir for the infectious agent is an animal. Zoonotic investigations are conducted by Central Epi.

VI. References

The following are good resources when conducting an investigation:

4. Center for Disease Control and Prevention website (www.cdc.gov)
8. NM School Health Manual (nmschoolhealthmanual.org)
9. NM Department of Health Go-kit manual

VII. Attachments

Attachment A: Notifiable Conditions List  
Attachment B: Sample Contact Letter  
Attachment C: Investigation Supplies  
Attachment D: Important Numbers  
Attachment E: Sample Day Care Inspection Form  
Attachment F: Sample Line List (GI Illness)  
Attachment G: Map of DOH Regions  
Attachment H: Clinical Protocol/Manual Approval Sheet  
Attachment I: ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL
Attachment A: Notifiable Conditions List

NOTIFIABLE DISEASES OR CONDITIONS IN NEW MEXICO

7.4.3.13 NEW MEXICO ADMINISTRATIVE CODE

ALL REPORTS INCLUDING ELECTRONIC LABORATORY REPORTS OF NOTIFIABLE CONDITIONS MUST INCLUDE:
1. The disease or condition being reported;
2. Patient’s name, date of birth/age, gender, race/ethnicity, address, patient’s telephone numbers, and occupation;
3. Physician or licensed healthcare professional name and telephone number; and
4. Healthcare facility or laboratory name and telephone number, if applicable.
Laboratory or clinical samples for conditions marked with [*] are required to be sent to the Scientific Laboratory Division.

EMERGENCY REPORTING OF DISEASES OR CONDITIONS
The following diseases, confirmed or suspected, require immediate reporting by telephone to Epidemiology and Response Division at 505-827-0006. If no answer, call 1-866-885-6485.

**Infectious Diseases**
- Anthrax*
- Avian or novel influenza*
- Bordetella species*
- Botulism (any type)*
- Cholera*
- Diphtheria*
- Haemophilus influenzae invasive infections*
- Measles
- Meningococcal infections, invasive*
- Plague*
- Poliomyelitis, paralytic and non-paralytic
- Rabies
- Rubella (including congenital)
- Severe Acute Respiratory Syndrome (SARS)*
- Smallpox*
- Tularemia*
- Typhoid fever*
- Yellow fever

**Other Conditions**
- Acute illnesses or conditions of any type involving large numbers of persons in the same geographic area
- Severe smallpox vaccine reaction
- Other illnesses or conditions of public health significance
- Illnesses or conditions suspected to be caused by the intentional or accidental release of biologic or chemical agents*
- Suspected foodborne illness in two or more unrelated persons*
- Suspected waterborne illness or conditions in two or more unrelated persons*

**Infectious Diseases in Animals**
- Anthrax
- Plague
- Rabies
- Tularemia

**ROUTINE REPORTING OF DISEASES OR CONDITIONS**

**Infectious Diseases** (Report case within 24 hours to Epidemiology and Response Division at 505-827-0006; or contact the local health office)

- Brucellosis
- Campylobacter infections*
- Clostridium difficile*
- Coccidioidomycosis
- Colorado tick fever
- Cryptosporidiosis
- Cysticercosis
- Hemolytic uremic syndrome
- Hepatitis A, acute
- Hepatitis B, acute or chronic
- Hepatitis C, acute or chronic
- Hepatitis E, acute
- Influenza-associated pediatric death
- Influenza, laboratory confirmed hospitalization
- Relapsing fever
- Rocky Mountain spotted fever
- Salmonellosis*
- Shigellosis*
- St. Louis encephalitis infections
- Streptococcus pneumoniae invasive
- Tetanus
### Attachment A: Notifiable Conditions List

<table>
<thead>
<tr>
<th>Condition</th>
<th>Disease 1</th>
<th>Disease 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclosporiasis</td>
<td>Legionnaires' disease</td>
<td>Trichinellosis</td>
</tr>
<tr>
<td>Dengue</td>
<td>Leptospirosis</td>
<td>Toxic shock syndrome</td>
</tr>
<tr>
<td>E. coli 0157:H7 infections*</td>
<td>Listeriosis*</td>
<td>Varicella</td>
</tr>
<tr>
<td>E. coli, shiga-toxin producing (STEC)</td>
<td>Lyme disease</td>
<td>Vibrio infections*</td>
</tr>
<tr>
<td>Encephalitis, other</td>
<td>Malaria</td>
<td>West Nile Virus infections</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>Mumps</td>
<td>Western equine encephalitis infections</td>
</tr>
<tr>
<td>Group A streptococcal invasive infections*</td>
<td>Necrotizing fasciitis*</td>
<td>Yersinia infections*</td>
</tr>
<tr>
<td>Group B streptococcal invasive infections*</td>
<td>Psittacosis</td>
<td></td>
</tr>
<tr>
<td>Hantavirus pulmonary syndrome</td>
<td>Q fever</td>
<td></td>
</tr>
</tbody>
</table>

**Infectious Diseases in Animals (Report case within 24 hours to Epidemiology and Response Division at 505-827-0006; or contact the local health office).**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Disease 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arboviral, other</td>
<td>Psittacosis</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>West Nile Virus infections</td>
</tr>
</tbody>
</table>

**Tuberculosis* or Other Nontuberculous Mycobacterial Infections (including Mycobacterium avium complex or leprosy)**

Report suspect or confirmed cases within 24 hours to Tuberculosis Program, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; or call 505-827-2473.

**Sexually Transmitted Diseases**

Report to Infectious Disease Bureau - STD Program, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110, Fax 505-476-3638; or call 505-476-3636.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Disease 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chancroid</td>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Chlamydia trachomatis infections</td>
<td>Syphilis</td>
</tr>
</tbody>
</table>
### Attachment A: Notifiable Conditions List

#### HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome)

Report to HIV and Hepatitis Epidemiology Program, 1190 St. Francis Dr., N1350, Santa Fe, NM 87502, fax 505-476-3544 or call 505-476-3515.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Testing Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>All CD4 lymphocyte tests (count and percent)</td>
<td>All positive HIV cultures</td>
</tr>
<tr>
<td>All confirmed positive HIV antibody tests</td>
<td>Opportunistic infections, cancers, and any other test or condition indicative of</td>
</tr>
<tr>
<td>(screening test plus confirmatory test)</td>
<td>HIV or AIDS</td>
</tr>
<tr>
<td>All HIV genotype tests</td>
<td></td>
</tr>
</tbody>
</table>

#### Occupational Illness and Injury

Report to Epidemiology and Response Division, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; or call 505-827-0006.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Testing Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestosis</td>
<td>Occupational asthma</td>
</tr>
<tr>
<td>Coal worker’s pneumoconiosis</td>
<td>Silicosis</td>
</tr>
<tr>
<td>Hypersensitivity pneumonitis</td>
<td>Occupational burn hospitalization</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>Occupational injury death</td>
</tr>
<tr>
<td>Noise induced hearing loss</td>
<td>Other illnesses or injuries related to occupational exposure</td>
</tr>
</tbody>
</table>

#### Health Conditions Related to Environmental Exposures and Certain Injuries

Report to Epidemiology and Response Division, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; or call 505-827-0006.

<table>
<thead>
<tr>
<th>Environmental Exposures</th>
<th>Testing Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pesticide poisoning</td>
<td>Mercury in urine greater than 3 micrograms/liter or Uranium in urine greater than</td>
</tr>
<tr>
<td>Arsenic in urine greater than 50 micrograms/liter</td>
<td>0.2 micrograms/liter or 0.2 micrograms/gram creatinine</td>
</tr>
<tr>
<td>Carbon monoxide poisoning</td>
<td>Mercury in blood greater than 5 micrograms/liter</td>
</tr>
<tr>
<td>Infant methemoglobinemia</td>
<td>Other suspected environmentally-induced health conditions</td>
</tr>
<tr>
<td>Lead (all blood levels)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Testing Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug overdose</td>
<td></td>
</tr>
<tr>
<td>Firearm injuries</td>
<td></td>
</tr>
<tr>
<td>Traumatic brain injuries</td>
<td></td>
</tr>
</tbody>
</table>

#### Adverse Vaccine Reactions

Report to Vaccine Adverse Events Reporting System, http://www.vaers.hhs.org. Send copy of report to Immunization Program Vaccine Manager, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; fax 505-827-1741.

#### Healthcare-associated infections

Central line-associated bloodstream infections (CLABSI) events

#### Cancer

Report to NM DOH designee: New Mexico Tumor Registry, University of New Mexico School of Medicine, Albuquerque, NM 87131. Report all malignant and in situ neoplasms and all intracranial neoplasms, regardless of the tissue of origin.

#### Human Papillomavirus (HPV)
## Attachment A: Notifiable Conditions List

Report to NM DOH designee: Laboratories report the following tests to the New Mexico HPV Pap Registry, 1816 Sigma Chi Rd NE, Albuquerque, NM 87106, phone 505-272-5785 or 505-277-0266.

- Papanicolaou test results (all results)
- Cervical, vulvar and vaginal pathology results (all results)
- HPV test results (all results)

### Birth Defects

Report to Epidemiology and Response Division, NM Department of Health, P.O. Box 26110, Santa Fe, NM 87502-6110; or call 505-827-0006.

- All birth defects diagnosed by age 4 years, including:
  - Defects diagnosed during pregnancy
  - Defects diagnosed on fetal deaths
- Defects found in chromosome testing on amniotic fluid, chorionic villus sampling and products of conception for Trisomy 13, Trisomy 18 and Trisomy 21

### Genetic and Congenital Hearing Screening

Report to Children’s Medical Services, 2040 S. Pacheco, Santa Fe, NM 87505; or call 505-476-8868.

- Neonatal screening for congenital hearing loss (all results)
- Suspected or confirmed congenital hearing loss in one or both ears
- All conditions identified through statewide newborn genetic screening
Attachment B: Sample Contact Letter

<Client Name>
<Address>
<City and Zip code>

<Date>

Dear <Mr. or Ms. Case Name>:
Please call the <Public Health Office> at <phone number> as soon as possible. It is important we speak to you, but it is NOT an emergency. If you receive this letter on a weekend or holiday, just call us the following workday.
Office hours are 8:00 AM to 5:00 PM Monday through Friday. Thank you for your time and cooperation.

Por favor, llame a la <Public Health Office> a <phone number> lo más pronto posible.
Es importante que hablemos con usted, pero NO es una emergencia. Si usted recibe esta carta en un fin de semana o un día de vacación, por favor llámenos el próximo día laboral.
Las horas de la oficina son 8:00am a 5:00pm lunes a viernes. Muchas gracias por su tiempo y cooperación.

{Name of sender}
<Title>
<Phone number>
Attachment C: Go-kit Investigation Supplies

In an emergency situation or on short notice, a public health office should have the appropriate supplies to initiate epidemiological activities in a field setting. This checklist includes supplies associated with investigation activities: case investigation, contact tracing, and laboratory testing activities. Specific supplies needed may vary depending on the type of disease outbreak. Expiration dates should be checked regularly. Some supplies may be pre-assembled in Go-Kits, ready-to-go packs that allow for quick and easy access to the necessary field equipment and supplies. The go-kit supplies are carried in a rolling expanded briefcase.

General Supplies

- Gloves
- Biohazard sharps container
- Pens / Clipboards
- Notebook / Notepad
- Business cards
- Tissues
- Biohazard bags
- Table paper/tape
- Hand sanitizer
- Surgical masks

Enteric

- Styrofoam cooler for post-collection
- Frozen ice packs (3-4) inside cooler
- Enteric Module
- Norovirus Module (if testing to rule out norovirus)

Forms

- Disease fact sheets: campylobacter, cryptosporidium, shigella, salmonella, STEC
- Instructions for collecting stool specimen (EM and EM & NoV if testing to rule out noro)
- GI Illness Line List
- SLD General Clinical Request Form (for enteric testing)
- SLD General Clinical Request Form (for norovirus testing, if testing to rule out norovirus)
- SLD General Clinical Request Form (blank)
- Stool Specimen and Enteric Organism Transport (from CD Manual)

Hepatitis A

- Styrofoam cooler
• Frozen ice packs (3-4) inside cooler
• Vaccine
• Vaccine Module
• Phlebotomy Module

Forms
• Hepatitis A Fact Sheet
• Hepatitis A VIS
• Treatment of Epidemiology Cases or Contacts Form
• Adult Vaccine Consent Form
• NM VFC Vaccine Administration Form
• HIPAA policy and acknowledgement form
• SLD General Clinical Request Form (blank)

Respiratory/Influenza-like Illness (ILI)
• Styrofoam cooler for post-collection
• Second cooler for vaccine
• Frozen ice packs (3-4) inside cooler
• Viral Respiratory Kit
• Vaccine
• Vaccine Module

Forms
• Respiratory/ILI Line List
• Influenza Fact Sheet
• Influenza VIS
• HIPAA policy and acknowledgement form
• SLD General Clinical Request Form
• SLD Form: Collection and Transport of a Viral Sample
• Adult Flu Vaccine Consent Form
• NM VFC Vaccine Administration Form
• Treatment of Epidemiology Cases or Contacts form

Meningococcal

Additional Supplies
• Styrofoam cooler
- Frozen ice packs (3-4) inside cooler
- Water (if none available)
- Medication (Ceftriaxone, Rifampin, and/or Ciprofloxacin depending on situation)
- Vaccine
- Vaccine Module
- Oral Medication Administration Module

**Forms**
- 2008 CD Manual chemoprophylaxis section
- 2013 CD Manual Meningococcal Disease section
- Ceftriaxone/Rocephin education sheets
- Rifampin education sheets
- Ciprofloxacin education sheets
- Treatment of Epidemiology Cases or Contacts form
- Meningococcal factsheet
- Meningococcal VIS
- Adult Vaccine Consent Form
- NM VFC Vaccine Administration Form
- HIPAA policy and acknowledgement form

**Norovirus**

**Additional Supplies**
- Styrofoam cooler for post-collection
- Frozen ice packs (3-4) inside cooler
- Norovirus Module
- Enteric Module (if testing to rule out enteric pathogens)

**Forms**
- Norovirus Fact Sheet
- SLD General Clinical Request Form (for norovirus testing)
- SLD General Clinical Request Form (for enteric testing, if testing to rule out enteric pathogens)
- SLD General Clinical Request Form (blank)
- Instructions for collecting stool specimen (NoV and EM & NoV if testing to rule out enteric pathogens)
- Stool Specimen and Enteric Organism Transport (from CD Manual)
- CD Manual Norovirus Control Measures and Recommendations
- GI Illness Line List
- Educational materials (can also grab a pre-assembled “Noro Education, Control, and Prevention” folder)
  - Sample GI Illness Line List
  - CDC Norovirus in Healthcare Facilities Fact Sheet
  - CDC Norovirus: Facts for Food Handlers
  - CDC Norovirus Illness: Key Facts
  - CDC Clean and Disinfect Norovirus / Help Prevent the Spread of Norovirus

**Pertussis**

**Additional Supplies**
- Styrofoam cooler for post-collection
- Second cooler for vaccine
- Frozen ice packs (3-4) inside cooler
- Rubber bands (if doing cultures)
- Medication
- Pertussis PCR Kit
- Pertussis Culture Kit (optional)
- Vaccine
- Vaccine Module

**Forms**
- Pertussis Line List
- Pertussis Fact Sheet
- CD Manual Treatment, Surveillance, and Control of Pertussis
- Tdap VIS
- HIPAA policy and acknowledgement form
- Azithromycin education sheets
- SMX-TMP education sheets
- SLD General Clinical Request Form (for pertussis testing)
- Instructions for collecting pertussis PCR and culture
- Adult Vaccine Consent Form
Phlebotomy

- Plastic sleeves for blood draw/tube holder
- Tourniquets
- Tubes/ tube labels
- 22 gauge butterfly needles
- 21 gauge butterfly needles
- 20 gauge butterfly needles
- Syringes of different gauges
- Alcohol pads
- Cotton balls
- Band-aids

Rash Illness

Additional Supplies

- Styrofoam cooler for post-collection
- Frozen ice packs (3-4) inside cooler
- Second cooler for vaccine
- Vaccine
- Vaccine Module
- Viral Rash Kit
- Phlebotomy Module

Forms

- Disease fact sheets: measles, varicella, hand/foot/mouth
- MMR VIS
- Chickenpox VIS
- Adult Vaccine Consent Form
- NM VFC Vaccine Administration Form
- Instructions for viral collection
- SLD General Clinical Request form (blank)
- Treatment of Epidemiology Cases or Contacts form
- HIPAA policy and acknowledgement form
Attachment D: Important Numbers

Central Epi/On-Call Epidemiologist
  Telephone: 505-827-0006
  Fax: 505-827-0013

State Laboratory Division
  Telephone: 505-383-9000
  Fax: 505-383-9011
  Kit Prep T: (505)383-9073 F: (505)383-9062

Children, Youth, and Families Department

City of Albuquerque Urban Biology Division Melise Taylor 505-250-2567 or Nick Pederson 505-452-5303

Environment Department
  http://www.nmenv.state.nm.us/NMED/field_op.html for a listing of field offices
  City of Albuquerque Environment Department Francelli Lugo 505-768-2632

DOH Public Information Officer
  Telephone: 505-827-2619

Division of Health Improvement
  Telephone: 505-476-9093
  Incident Reporting line: 1-800-752-8649

NE region call-down list
  Epidemiology Nurse, Kevin Aicher 505-946-8837
  Director of Nursing, Patrice Crass 505-476-2671

NW region call-down list
  San Juan County Nurse Manager, Kendra Matthews 505-327-4461 x 155
Metro region call-down list
Epidemiology Nurse Francelia Jojola 505-841-4145
Nurse Epidemiologist 1 505-841-4118
Nurse Epidemiologist 2 505-841-4116
Director of Nursing 1 505-841-4675
Director of Nursing 2 505-841-4677

SE region Call-down list
Nancy Giannini 575-355-2362
Lisa McDonald 575-624-6050  ext.: 6184
Carri Redden 575-347-2409  ext.: 6224

SW region call-down list
Nurse Epidemiologist, Bernadette Gutierrez 575-528-6017
Regional Program Manager, Travis Leyva 575-528-5031 cell: 575-640-8664
Regional Health Officer, Eugene Marciniak 575-528-5137 cell: 575-649-5984
### Attachment E: Sample Day Care Inspection Form

**Day Care Center:** ____________________________  **Director:** ____________________________

**Telephone:** ____________________  **Contact Person:** __________________________________________

**Address:** __________________________________________________________  **Zip:** __________

**Reason for investigation:**
____________________________________________________________________________________

**Facility Currently Licensed:**
____________________________________________________________________________________

**Demographic Information:**

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Students</th>
<th>Staff</th>
<th>Kitchen Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

**Classroom Population:**
- ___ Infants (0-12Mo)
- ___ Toddler (12Mo-2Yr)
- ___ 3 Years
- ___ 4 Years
- ___ 5 Years
- ___ Kindergarten
- ___ School Age
- ___ Kindergarten
- ___ School Age
- ___ Drop ins
- ___ Part-time

**Number Bathrooms:** _____  **Number Diaper Changing Areas:** ______

<table>
<thead>
<tr>
<th>General Inspection</th>
<th>Yes</th>
<th>No</th>
<th>Kitchen Inspection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing notified</td>
<td>___</td>
<td>___</td>
<td>Separate kitchen staff</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Licensing/regulation/not dis.avail.</td>
<td>___</td>
<td>___</td>
<td>Clean clothes/hair restrained</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>All children/part of day</td>
<td>___</td>
<td>___</td>
<td>Clothes chd/kth &amp; Chd</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Environmental health notified</td>
<td>___</td>
<td>___</td>
<td>Food prepared at DCC</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Common airflow/rooms</td>
<td>___</td>
<td>___</td>
<td>Recent AEHD inspection</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Permanent or float teachers</td>
<td>___</td>
<td>___</td>
<td>Dry foods off floor</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Communicable disease lecture offered</td>
<td>___</td>
<td>___</td>
<td>Dishwasher/bleach rinse</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Information/health education offered</td>
<td>All foods covered</td>
<td>CD letter/parents &amp; staff</td>
<td>Fly &amp; rodent control</td>
<td></td>
<td></td>
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<tr>
<td>-------------------------------------</td>
<td>-------------------</td>
<td>--------------------------</td>
<td>----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate cots/mats for naps</td>
<td></td>
<td>Coat racks 12” apart</td>
<td>Screen door</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tables cleaned w/ disinfectant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toys cleaned (when?)</td>
<td></td>
<td></td>
<td>Separate hand washing sink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathrooms: soap, paper towels</td>
<td></td>
<td></td>
<td>Proper serving utensils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot &amp; cold running water</td>
<td></td>
<td>Label/separate toothbrushes</td>
<td>No contamination of cooked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder cover/holding child</td>
<td></td>
<td></td>
<td>w/ raw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate cubby holes</td>
<td></td>
<td></td>
<td>Unwr/prh food reserved</td>
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</tr>
</tbody>
</table>

**Diaper Change Areas Inspection**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impermeable ¾”/washable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab. Tissue/every diaper change</td>
<td></td>
<td></td>
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<tr>
<td>10% bleach opaque bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross contamination prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All hands washed after change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mats/cribs 30” apart when used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate cribs labeled w/ names</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impermeable mattress covers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed container for soiled diapers</td>
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</table>

Investigator: _____________________________________________ Date: ______________________
Attachment F: Sample Line List

GI Illness Line List

**Confirmed Case Definition:**

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>age</th>
<th>gender</th>
<th>Onset date</th>
<th>Cx date</th>
<th>Meets case definition?</th>
<th>Vomiting</th>
<th>Diarrhea</th>
<th>Max stools in 24 hrs</th>
<th>Blood in stool</th>
<th>Duration</th>
<th>Phone #</th>
<th>Comments</th>
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Attachment H

PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET

PROGRAM: ERD/PHD

CLINICAL PROTOCOL/MANUAL TITLE: Public Health Nurse Investigation Guidelines

Reviewed by:

Name: ____________________________ Date: __________________

Name: ____________________________ Date: __________________

Name: ____________________________ Date: __________________

Name: ____________________________ Date: __________________

Name: ____________________________ Date: __________________

Name: ____________________________ Date: __________________

_____________________________________________________________________

Program Manager: __________________ Date: ______________

Bureau Chief: ____________________ Date: ______________

Bureau Medical Director: _____________ Date: ______________