How do I prioritize case investigations?

The ugency of case investigations depend on the seriousness of the disease and the timeframe within which control measures must be implemented. This, in turn, is dependent on the incubation period of the disease, the mode of spread (e.g., respiratory versus fecal-oral or foodborne), the mortality rate and potential for complications. For example, a single case of menigococcal menigitis is an emergency because rifampin must be administered to contacts as soon as possible to be effective in preventing the next generation of illness. Aseptic meningitis is usually not an emergency because the disease is relatively benign and the only available control measures are good handwashing and other hygienic measures.

Generally, the highest priority are the diseases that can cause the most serious consequences in the shortest amount of time and/or those diseases that require the quickest response (i.e., prophy, control measures) to mitigate the spread. Some questions to ask to assist in determining the priority of an investigation include: a) how contagious is it; b) who else exposed and population of those exposed; c) can interventions prevent additional spread (i.e., phrophy; removal of source).

Outbreak priorities - give highest priority to those OB's that:
a) are caused by a severe life-threatening illness; b) affect populations at high risk for complications of the illness; c) affect a large number of persons (widespread/multistate); d) might be associated with a food-service establishment; e) might be associated with a commercially distributed food product that is still being consumed; f) might be associated with adulterated foods; g) associated with possible BT agent; h) associated with an unusual disease or disease not normally associated with a cluster

Below is a guideline for the relative urgency of single cases and clusters of disease. This list is not all-inclusive and is ***NOT a substitute for your good professional judgement***. If you have questions about priorities always consult your supervisor or the state health department for guidance.

Disease	Priority Single Case: 1 = highest; 5 = lowest	OB Investigation Priority 1=highest; 5 = lowest	Priority - Special Circumstances/Populations	24hr reportable	Notes	AAR**
Amebiasis	5	3	Higher priority in person with sensitive job occupation*	*		OB 10+
Anthrax	1	1		Yes	Consider possible BT agent; utilize ICS Structure for response	Any case
Aseptic Meningitis	5	5				No
Basidiobolomycosis	5	4				Any OB
Botulism	2	1		Yes	Antitoxin required; removal of food source (foodborne bot takes precidence over other types); consider possible BT agent; utilize ICS Structure for response	Any OB
Brucellosis	3	2			Consider possible lab exposures; possible foodborne; possible BT agent	Any OB
Campylobacter	4	2	Higher priority in person with sensitive job occupation*	*		OB 10+
Chagas disease	5	3				Any AZ OB
Cholera	2	1	Higher priority in person with sensitive job occupation*		Considered possible BT agent; utilize ICS Structure for response	Any OB
Coccidioidomycosis	5	5				No
Colorado tick fever	4	3				No
CJD	5	3				Any OB
Cryptosporidiosis	5	2	Higher priority in person with sensitive job occupation*	*		OB 10+
Cyclospora infection	5	2				OB 10+
Cysticercosis	5	3				OB 10+
Dengue	5	3				Any AZ OB
Diphtheria	2	1		Yes	utilize ICS Structure for response	Any OB
Ehrlichiosis	4	3				No
Emerging/Exotic disease	2	1		Yes	utilize ICS Structure for response	Any OB
Encephalitis-Parasitic (N. fowleri/Balamuthia)	2	1			Possibility to provide antimicrobials if early on in disease process. Contact CDC. Utilize ICS Structure for response	Any OB
Escherichia coli - Enterohemorrhagic	3	2	Higher priority in person with sensitive job occupation*	Yes		Any OB 5+
Escherichia coli - Enterotoxigenic	3	2	Higher priority in person with sensitive job occupation*	Yes		Any OB 5+
Giardiasis	4	3	Higher priority in person with sensitive job occupation*	*		OB 10+
H. flu - invasive	3	2				Any OB
Hansen's disease	4	3				Any OB
Hantavirus	3	2				OB 5+
Hemolytic uremic syndrome	3	2	Higher priority in person with sensitive job occupation*	Yes		Any OB
Hepatitis A	3	2	Higher priority in person with sensitive job occupation*	*	Possibility to immunize contacts (with vaccine and IG) within 2 wks of exposure	OB 5+

Hepatitis B and D	4	3				HAI OB only
Hepatitis E	3	2		*		Any OB
Influenza mortality in a child	3	2				No
Influenza	4	3	Pandemic influenza or newly emerging higher priority			OB novel
Kawasaki syndrome	5	5				No
Legionellosis	4	3	Higher priority if HAI			Any OB
Leptospirosis	4					Any OB
Listeriosis	3	2	Higher priority in person with sensitive job occupation*	Yes		Any OB
Lyme disease	5					Any AZ OB
Malaria	4	3	Domestically acquired malaria higher priority (2)			Any AZ OB
Measles	2	1		Yes	Higher urgency with close contacts: Vaccine may be effective if given within 3 days of 1st exposure, prophylaxis may be effective (IG) if given within 6 days after 1st exposure. Utilize ICS Structure for response	Any OB
Menigococcal invasive disease	2	2	Higher priority in special populations (i.e.: college students,)	Yes	If close contacts: provide chemoprophlaxis	Any OB
Mumps	4	3				Any OB
MRSA	None	5				HAI OB only
Norovirus	5	3				OB 50+
Pertussis	3	2		Yes	If close contacts: provide chemoprophlaxis or vaccination	OB 10+^
Plague (Y. pestis)	2	1		Yes	Consider possible BT agent; utilize ICS Structure for response	Any OB
Polio	1	1		Yes	If close contacts: vaccination with IPV. Utilize ICS Structure for response	Any case
Psittacosis	4	4				Any OB
Q fever	3	3				Any OB
Rabies in human	1	1		Yes	Utilize ICS Structure for response	Any case
Relapsing fever	4	3				Any OB
Reye syndrome	4	3				No
RMSF	3	2				Any new OB
Rubella	3	2		*		Any OB
Rubella syndrome, cong	3	2				Any OB
Salmonellosis	3	2	Higher priority in person with sensitive job occupation*	*		OB 10+
Scabies	None	4				No
SARS	1	1		Yes	Utilize ICS Structure for response	Any case
Shigellosis	4	3	Higher priority in person with sensitive job occupation*	*		OB 10+
Smallpox	1	1		Yes	Consider possible BT agent; utilize ICS Structure for response	Any case
Strep Grp A: invasive	5	4				HAI OB only
Strep Grp B: Invasive in infants <90days	5	4				HAI OB only
Strep pneumoniae	5	4				HAI OB only
Taeniasis	4	3		*		OB 5+
Tetanus	3	3			Antitoxin may be necessary	Any case
Toxic shock syndrome	4	3				Any OB
Trichinosis	4	3				OB 5+
Tularemia	3	2		Yes	Considered possible BT agent	Any OB
Typhoid fever	3	2	Higher priority in person with sensitive job occupation*	Yes	Considered possible BT agent	Any OB
Typhus fever	3	2				Any OB
Unexplained death with fever	3	2				Any OB
Vaccinia-related adverse event	4	4				No
VRSA/VISA	3	2	Higher priority if HAI	Yes		Any OB
VRSE	5	4	Higher priority if HAI	Yes		Any OB

Varicella	5	4				OB 10+
Vibrio infection	3	2	Higher priority in person with sensitive job occupation*	*		Any OB
Viral hemorrhagic fever	2	1		Yes	Considered possible BT agent; utilize ICS Structure for response	Any case
WNV	3	3				OB 10+
Yellow fever	3	2	Higher priority if domestically acquired	Yes		Any OB
Yersiniosis	5	3	Higher priority in person with sensitive job occupation*	*		OB 10+
** Sensitive job occupation = foodhandler/healthcare worker/childcare*						
**After Action Report/Hotwash needs to be completed in these circumstances						
^ AAR only needed in OB in single setting (i.e. school)						