

**New Mexico Department of Health (NMDOH)
Center for Health Protection**

**Guidelines for Public Health Investigations for Regional and Local
Offices**

**Public Health Nurse Investigation Protocol
Revised February 2026**

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 Center for Health Protection (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). <https://www.nmhealth.org/about/erd/ideb/ids/cdm/>

1) Initial Notification of Disease Investigation

NM Administrative Code 7.4.3.13

(<https://www.srca.nm.gov/parts/title07/07.004.0003.html>) 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. See Region-specific call down list. 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 1-833-SWNURSE (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 they are 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 they 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 they have had two negative stool cultures, and therefore ask the provider if they are 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. Users may also query NMSIIS from within NM-EDSS by following these steps:

- 1) Open the case investigation and click Manage Associations on the top left.
- 2) Scroll down to the Vaccinations section and click Query Registry.
- 3) A pop-up window with pre-populated information for the case-patient will appear. Click Submit Query.
- 4) If the patient is in NMSIIS, there will be a row with their information from NMSIIS along with a Registry Patient ID. Click on the ID.
- 5) A list of all available vaccines the case-patient has in NMSIIS will appear. You may sort categories alphabetically to find vaccines of interest more easily. Check the box(es) of any vaccine(s) you would like to import, then click Import.

6) The chosen vaccines will then be associated with that case investigation. Click Submit at the bottom of the page to save changes.

Urgent Conditions versus Routine Conditions

Tables 1 and 2 (below) outline an investigator’s response to conditions requiring emergency, urgent and routine investigations. 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 ensure 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 Urgent Conditions

Emergency and Urgent Conditions	
Time Frame to Initiate Investigation	Within 15 minutes
Procedures for Contacting Case	<ol style="list-style-type: none"> 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 after hours Epi on-call will consider whether to continue to reach the case. 4. An investigator <i>may</i> 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

Routine Conditions	
Time Frame to Initiate Investigation	Within 2 business days
Procedures for Contacting the Case	<ol style="list-style-type: none"> 1. The investigator makes <i>at least</i> 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 <https://www.nmhealth.org/publication/view/general/5152/>

- 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 orders may be faxed to (505) 383-9062, or email a specimen kit order form (nmhealth.org/publication/view/form/1507/) to DOH-SLD-KitPrep@doh.nm.gov (preferred method). 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 (<https://www.srca.nm.gov/wp-content/uploads/attachments/7.4.3new.pdf>) 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 CHP 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. There are various Subject Matter Experts at the Infectious Disease Epidemiology Bureau that can assist with recommendations. Investigators are encouraged to reach out to the SMEs for support. 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 and consider working with the incarcerated epi team who maintains close connections with facility medical and security 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 encrypted email, LiquidFiles, 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 3. Foodborne Diseases Program

Disease/Condition	Case Investigation?	Responsibility	Response Time	Type of Follow-up or Comments
Botulism, foodborne	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview – Central or Region
Campylobacteriosis	Yes	Region	Routine	Case Interview
Cholera	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview - Central or Region Contact Investigation- Central or Region
Cryptosporidiosis	Yes	Region	Routine	Case Interview
Cyclosporiasis	Yes	Region	Routine	Case Interview
E. coli O157:H7 infections	Yes	Central-Region Collaboration	Urgent	Provider Interview - Central Case Interview - Region
E. coli, shiga-toxin producing (STEC) infections	Yes	Central-Region Collaboration	Urgent	Provider Interview - Central Case Interview -Region
Giardiasis	Yes	Region	Routine	Case Interview
Hepatitis A - Acute	Yes	Central-Region Collaboration	Urgent	Provider Interview - Central Case Interview - Central or Region Contact Investigation Contact Prophylaxis
Listeriosis	Yes	Central-Region Collaboration	Urgent	Provider Interview - Central Case Interview - Central or Region
Salmonellosis	Yes	Region	Routine	Case Interview
Shigellosis	Yes	Region	Routine	Case Interview
Trichinosis	Yes	Region	Routine	Case Interview
Typhoid Fever	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview - Central or Region Contact Investigation
Vibrio Infections	Yes	Central-Regional Collaboration	Urgent	Provider Interview - Central Case Interview - Central or Region
<i>Yersinia enterocolitica</i>	Yes	Central-Regional Collaboration	Routine	Provider Interview - Central Case Interview- Region

Table 4. General Infectious Diseases Program – Vaccine Preventable Diseases

Disease/Condition	Case Investigation?	Responsibility	Response Time	Type of Follow-up or Comments
Diphtheria	Yes	Central	Emergency	Provider Interview Case Interview Contact Investigation Contact Prophylaxis
Measles	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview - Central Contact Investigation Contact Prophylaxis
Mumps	Yes	Central-Region Collaboration	Urgent	Provider Interview - Central Case Interview – Central or Region Contact Investigation Contact Prophylaxis
Pertussis	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview - Region Contact Investigation Contact Prophylaxis
Poliomyelitis or Acute Flaccid Myelitis (AFM)	Yes	Central	Emergency	Provider Interview Case Interview Contact Investigation
Rubella, including congenital	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview - Central Contact Investigation Contact Prophylaxis
Tetanus	Yes	Central	Urgent	Provider Interview Case Interview
Varicella	Yes	Region	Routine	Provider Interview Case Interview Contact Investigation Contact Prophylaxis

Table 5. General Infectious Diseases Program – Zoonoses

Disease/Condition	Case Investigation?	Responsibility	Response Time	Type of Follow-up or Comments
Anthrax (human)	Yes	Central	Emergency	Provider Interview Case Interview Contact Investigation Contact Prophylaxis
Arbovirus (Dengue, Zika, Chikungunya)	Yes	Central	Routine	Provider Interview Case Interview
Avian or Novel Influenza (human)	Yes	Central	Emergency	Provider Interview Case Interview Contact Investigation Contact Prophylaxis
Brucellosis	Yes	Central	Urgent	Provider Interview-Central Case Interview-Central Contact Investigation- Central
Colorado Tick Fever	Yes	Central	Routine	Provider Interview
Hantavirus pulmonary syndrome	Yes	Central	Urgent	Provider Interview Case Interview Zoonotic Investigation
Leptospirosis	Yes	Central	Routine	Provider Interview Case Interview
Lyme Disease	Yes	Central	Routine	Provider Interview
Malaria	Yes	Central	Routine	Provider Interview Case Interview as needed
Plague	Yes	Central	Emergency	Provider Interview Case Interview Zoonotic Investigation
Psittacosis	Yes	Central	Routine	Provider Interview
Q fever	Yes	Central	Routine	Provider Interview
St. Louis Encephalitis	Yes	Central	Routine	Provider Interview Case Interview
Rabies	Yes	Central-Region Collaboration	Emergency	Provider Interview-Central Case Interview-Central Prophylaxis- Central/region
Relapsing Fever	Yes	Central	Routine	Provider Interview Case Interview Zoonotic Investigation
Rocky Mountain Spotted Fever	Yes	Central	Routine	Provider Interview Case Interview
Tularemia (human)	Yes	Central	Emergency	Provider Interview Case Interview Zoonotic Investigation
West Nile Virus	Yes	Central-Region Collaboration	Routine	Provider Interview-Central Case Interview-Central/region

Western Equine Encephalitis	Yes	Central	Routine	Provider Interview
Yellow fever	Yes	Central	Emergency	Provider Interview Case Interview

Table 6. General Infectious Diseases Program – Other

Disease/Condition	Case Investigation?	Responsibility	Response Time	Type of Follow-up or Comments
Botulism, infant	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview - Central or Region
Botulism, wound	Yes	Central-Region Collaboration	Emergency	Provider Interview - Central Case Interview – Central or Region
Coccidioidomycosis (Valley Fever)	Yes	Central	Routine	Medical Record Review or Provider Interview
Cysticercosis	Yes	Central	Routine	Case Interview
Encephalitis, other	Yes	Central	Routine	Provider Interview
Hemolytic uremic syndrome (HUS), post diarrheal	Yes	Central	Urgent	Provider Interview - Central Emerging Infection Program Chart Review
Hepatitis E	Yes	Central	Routine	Provider Interview Case Interview Contact Investigation
Influenza, laboratory confirmed	No	Central	Routine	Influenza Sentinel Surveillance Program Review
Legionnaire's disease	Yes	Central-Region Collaboration	Urgent	Provider Interview - Central Case Interview - Region
Leprosy (Hansen's Disease)	Yes	Central	Routine	Provider Interview Case Interview
Severe Acute Respiratory Syndrome (SARS)	Yes	Central	Emergency	Provider Interview Case Interview Contact Investigation
Smallpox	Yes	Central	Emergency	Provider Interview Case Interview Contact Investigation
Toxic Shock Syndrome	No	Central	Routine	Emerging Infection Program Chart Review

Table 7. Bacterial Meningitis Invasive Respiratory Disease Program/Emerging Infections Program

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

Table 8. Hepatitis Program

Disease/Condition	Case Investigation?	Responsibility	Response Time	Type of Follow-up or Comments
Hepatitis B - acute	Yes*	Region	Routine	Provider Interview Case Interview Contact Investigation Contact Prophylaxis
Hepatitis B - chronic	Yes*	Region	Routine	Provider Interview Case Interview Contact Investigation Contact Prophylaxis
Hepatitis B – perinatal	Yes	Perinatal Hepatitis B Coordinator	Routine	Provider Interview Case Interview Contact Prophylaxis
Hepatitis C - acute	Yes	Central	Routine	Provider Interview Case Interview
Hepatitis C – chronic	Yes	Central	Routine	Provider Interview Case Interview

*If case is discovered to be pregnant, investigator needs to report the case to the hepatitis B perinatal coordinator Brandy Jones brandy.jones@doh.nm.gov

Table 9. Healthcare Associated Infection

Disease/Condition	Case Investigation?	Responsibility	Response Time	Type of Follow-up or Comments
Carbapenam Resistant Enterobacteriaceae	Yes	Central	Urgent	Provider Interview Case Interview Contact Investigation Contact Prophylaxis
Clostridium difficile	Yes	Central	Routine	Provider Interview Case Interview Contact Investigation Contact Prophylaxis
Pseudomonas aureginosa	Yes	Central	Routine	Provider Interview Case Interview Contact Prophylaxis

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 Center for Health Protection 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 <https://www.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 (<https://www.srca.nm.gov/parts/title07/07.004.0003.html>) 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 Center for Health Protection 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 Center for Health Protection. There are five 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.

Urgent refers to routine conditions that are regarded as more urgent due to potential impact on the public’s health. Therefore “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 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 for conducting an investigation:

1. [Manual for Investigation and Control of Communicable Diseases in New Mexico, New Mexico Department of Health, December, 2023.](#)
2. Heymann DL, (ed.). Control of Communicable Diseases Manual, 21st Edition, American Public Health Association, 2022. (updates: <https://www.apha.org/publications/published-books/ccdm>)
3. Report of the Committee on Infectious Diseases. AAP Red Book, 33rd Edition, 2024 (<https://publications.aap.org/redbook/book/755/Red-Book-2024-2027-Report-of-the-Committee-on>)
4. Center for Disease Control and Prevention website (www.cdc.gov)
5. Epidemiology and Prevention of Vaccine-Preventable Diseases. 14th Edition, Revised 2021. (a.k.a. “The Pink Book”) (<https://www.cdc.gov/pinkbook/hcp/table-of-contents/index.html>)
6. [New Mexico Foodborne Illness Investigation manual, New Mexico Department of Health, 2024.](#)
7. NM Department of Health [Gastrointestinal \(GI\) Outbreaks Toolkit](#)

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*	<i>Haemophilus influenzae</i> invasive infections*	Rubella (including congenital)
Avian or novel influenza*	Measles	Severe Acute Respiratory Syndrome (SARS)*
Bordetella species*	Meningococcal infections, invasive*	Smallpox*
Botulism (any type)*	Plague*	Tularemia*
Cholera*	Poliomyelitis, paralytic and non-paralytic	Typhoid fever*
Diphtheria*	Rabies	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	Rabies
Plague	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	Hemolytic uremic syndrome	Relapsing fever
<i>Campylobacter</i> infections*	Hepatitis A, acute	Rocky Mountain spotted fever
<i>Clostridium difficile</i> *	Hepatitis B, acute or chronic	Salmonellosis*
Coccidioidomycosis	Hepatitis C, acute or chronic	Shigellosis*
Colorado tick fever	Hepatitis E, acute	St. Louis encephalitis infections
Cryptosporidiosis	Influenza-associated pediatric death	<i>Streptococcus pneumoniae</i> invasive infections*
Cysticercosis	Influenza, laboratory confirmed hospitalization only	Tetanus
Cyclosporiasis	Legionnaires' disease	Trichinellosis
Dengue	Leptospirosis	Toxic shock syndrome
<i>E. coli</i> 0157:H7 infections*	Listeriosis*	Varicella
<i>E. coli</i> , shiga-toxin producing (STEC) infections*	Lyme disease	<i>Vibrio</i> infections*
Encephalitis, other	Malaria	West Nile Virus infections
Giardiasis	Mumps	Western equine encephalitis infections
Group A streptococcal invasive infections*	Necrotizing fasciitis*	<i>Yersinia</i> infections*
Group B streptococcal invasive infections*	Psittacosis	
Hantavirus pulmonary syndrome	Q fever	

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

Arboviral, other	Psittacosis
Brucellosis	West Nile Virus infections

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.

Attachment A: Notifiable Conditions List

Chancroid
Chlamydia trachomatis infections

Gonorrhea

Syphilis

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.

All CD4 lymphocyte tests (count and percent)	All positive HIV cultures	Opportunistic infections, cancers, and
All confirmed positive HIV antibody tests (screening test plus confirmatory test)	All tests for HIV RNA or HIV cDNA (viral load tests)	any other test or condition indicative of HIV or AIDS
All HIV genotype tests	All tests to detect HIV proteins	

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.

Asbestosis	Occupational asthma	Silicosis
Coal worker's pneumoconiosis	Occupational burn hospitalization	
Hypersensitivity pneumonitis	Occupational injury death	Other illnesses or injuries related to occupational exposure
Mesothelioma	Occupational pesticide poisoning	
Noise induced hearing loss	Occupational traumatic amputation	

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.

Environmental Exposures

All pesticide poisoning	Mercury in urine greater than 3 micrograms/liter or	Uranium in urine greater than 0.2 micrograms/liter or 0.2 micrograms/gram creatinine
Arsenic in urine greater than 50 micrograms/liter	Mercury in blood greater than 5 micrograms/liter	
Carbon monoxide poisoning		Other suspected environmentally-induced health conditions
Infant methemoglobinemia		
Lead (all blood levels)		

Injuries

Drug overdose	Firearm injuries	Traumatic brain injuries
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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
Clostridium difficile infections

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)

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)
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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 found in chromosome testing on amniotic fluid, chorionic villus
Defects diagnosed on fetal deaths	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
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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
- N-95 respirators (fit tested)
- Eye protection that covers sides of face

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 nonavailable)
- Medication (Ceftriaxone, Rifampin, and/or Ciprofloxacin depending on situation)
- Vaccine
- Vaccine Module
- Oral Medication Administration Module

Forms

- 2023 CD Manual chemoprophylaxis section
- 2023 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
- NM VFC Vaccine Administration Form
- Treatment of Epidemiology Cases or Contacts 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: 1-833-SWNURSE
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
<https://www.nmeccd.org/contact-us/> for a listing of Child Care Licensing Offices

City of Albuquerque Urban Biology Division:
Nick Pederson 505-452-5301

Environment Department
<https://www.env.nm.gov/contact-us/> for a listing of field offices

Eugene Knight: 575-258-3272 (for pool exposures statewide) or Bob Bates (IHS pools) 505-248-7613 or City of Albuquerque Lorrie Stoller 505-768-2718.

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

Attachment E: Sample Day Care Inspection Form

Day Care Center: _____ Director: _____

Telephone: _____ Contact Person: _____

Address: _____ Zip: _____

Reason for investigation: _____

Facility Currently Licensed: _____

Demographic Information: _____

Total Population: _____ Students: _____ Staff: _____ Kitchen Staff: _____

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

Number Bathrooms: _____ Number Diaper Changing Areas: _____

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

<u>Diaper Change Areas Inspection</u>	<u>Yes</u>	<u>No</u>	<u>Comments:</u>
Impermeable ¾"/washable	___	___	
Tab. Tissue/every diaper change	___	___	
10% bleach opaque bottle	___	___	
Cross contamination prevention	___	___	
All hands washed after change	___	___	
Mats/cribs 30" apart when used	___	___	
Separate cribs labeled w/names	___	___	
Impermeable mattress covers	___	___	
Closed container for soiled diapers	___	___	

Investigator: _____ Date: _____

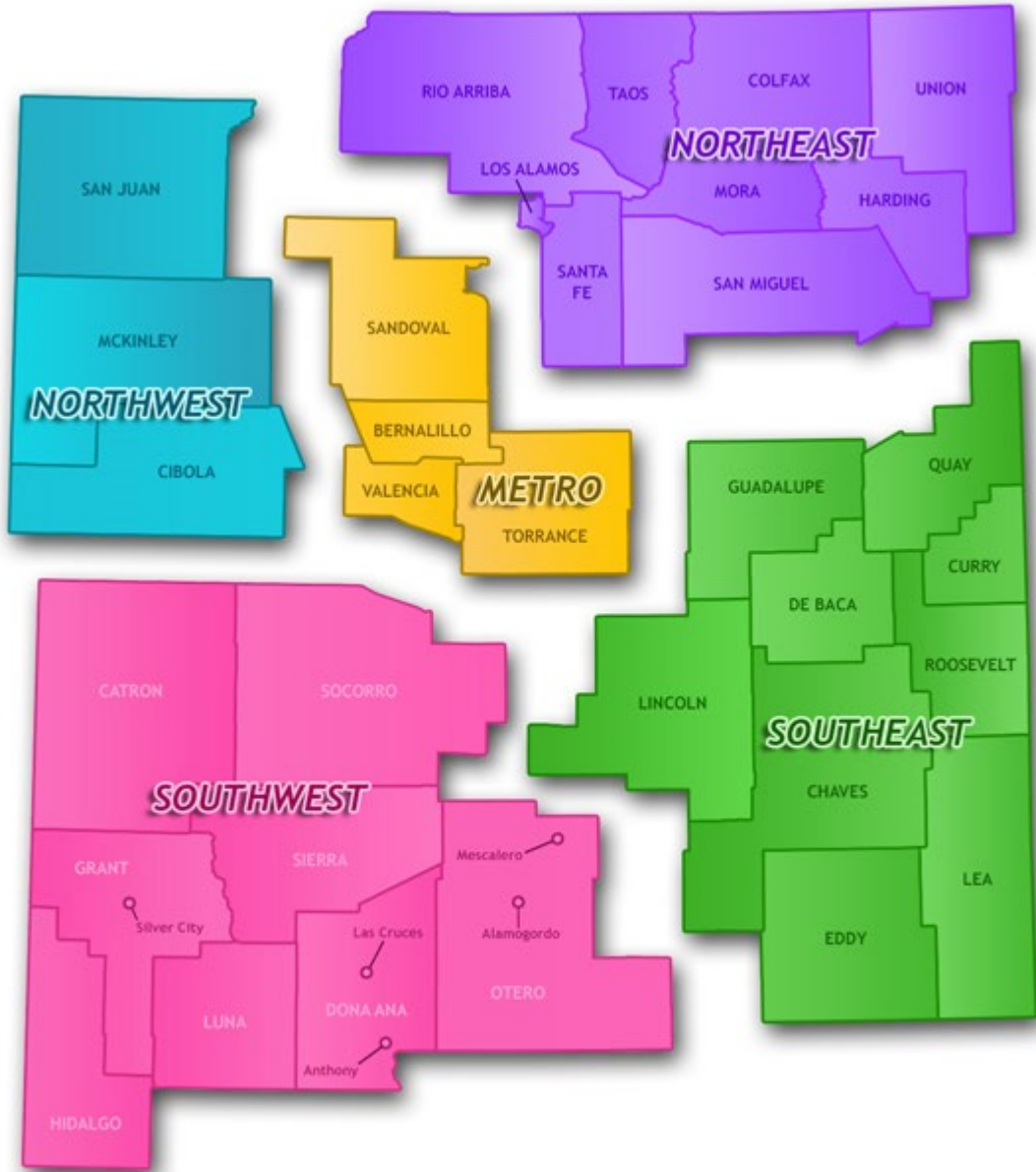
Attachment F: Sample Line List

GI Illness Line List

Confirmed Case Definition:

Name	DOB	age	gender	Onset date	Cx date	Meets case definition?	Vomiting	Diarrhea	Max stools in 24 hrs	Blood in stool	Duration	Phone #	Comments

Attachment G: Map of Public Health Division Regions



Attachment H

**PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET**

PROGRAM: CHP/PHD

CLINICAL PROTOCOL/MANUAL TITLE: Public Health Nurse Investigation Guidelines

Reviewed by:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Program Manager: _____ Date: _____

Bureau Chief: _____ Date: _____

Bureau Medical Director: _____ Date: _____

PHD Medical Director: _____ Date: _____

Regional Health Officer: _____ Date: _____

PHD Chief Nurse: _____ Date: _____