Communicable Diseases and Other Notifiable Conditions

CATEGORY I:
The following diseases are of urgent public health importance and shall be reported IMMEDIATELY by telephone or fax to the patient's local health officer upon identification of a case or suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DOH 4151) to the address on the form, or enter the data into the Wisconsin Electronic Disease Surveillance System, within 24 hours. Public health intervention is expected as indicated. See s. DHS 145.04 (3) (a).

Any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications
Anthrax
Botulism
Botulism, infant
Cholera
Diphtheria
Haemophilus influenzae invasive disease,(including epiglottitis)
Hantavirus infection
Hepatitis A
Measles
Meningococcal disease
Outbreaks, foodborne or waterborne
Outbreaks, suspected, of other acute or occupationally-related diseases
Pertussis (whooping cough)
Plague
Poliovirus infection (paralytic or nonparalytic)
Rabies (human)
Ricin toxin
Rubella
Rubella (congenital syndrome)
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS–CoV)
Smallpox
Tuberculosis
Vancomycin–intermediate Staphylococcus aureus (VISA) and Vancomycin–resistant Staphylococcus aureus (VRSA) infection
Yellow fever

CATEGORY II:
The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DOH 4151) or by other means or by entering the data into the Wisconsin Electronic Disease Surveillance System within 72 hours of the identification of a case or suspected case. See s. DHS 145.04 (3) (b).

Arboviral disease
Babesiosis
Blastomycosis
Brucellosis
Campylobacteriosis (campylobacter infection)
Chancroid
Chlamydia trachomatis infection
Cryptosporidiosis
Cyclosporiasis
Ehrlichiosis (anaplasmosis)
E. coli 0157:H7, other Shiga toxin–producing E. coli (STEC), enteropathogenic E. coli, enteroinvasive E. coli, and enterotoxigenic E. coli
Giardiasis
Gonorrhea
Hemolytic uremic syndrome
Hepatitis B
Hepatitis C
Hepatitis D
Hepatitis E
Histoplasmosis
Influenza–associated pediatric death
Influenza A virus infection, novel subtypes
Kawasaki disease
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
Listeriosis
Lyme disease
Lymphocytic Choriomeningitis Virus (LCMV) infection
Malaria
Meningitis, bacterial (other than Haemophilus influenzae, meningococcal or streptococcal, which are reportable as distinct diseases)
Mumps
Mycobacterial disease (nontuberculous)
Psittacosis
Pelvic inflammatory disease
Q Fever
Rheumatic fever (newly diagnosed and meeting the Jones criteria)
Rocky Mountain spotted fever\textsuperscript{1,2,4,5} 
Salmonellosis\textsuperscript{1,3,4} 
Syphilis\textsuperscript{1,2,4,5} 
Shigella\textsuperscript{1,3,4} 
Streptococcal disease (all invasive disease caused by Groups A and B Streptococci) 
Streptococcus pneumoniae invasive disease (invasive pneumococcal)\textsuperscript{1} 
Tetanus\textsuperscript{1,2,5} 
Toxic shock syndrome\textsuperscript{1,2} 
Toxic substance related diseases: 
  Infant methemoglobinemia

Lead intoxication (specify Pb levels) 
Other metal and pesticide poisonings
Toxoplasmosis 
Transmissible spongiform encephalopathy (TSE, human) 
Trichinosis\textsuperscript{1,2,4} 
Tularemia\textsuperscript{4} 
Typhoid fever\textsuperscript{1,2,3,4} 
Varicella (chickenpox)\textsuperscript{1,3,5} 
Vibriosis\textsuperscript{1,3,4} 
Yersiniosis\textsuperscript{3,4}

**CATEGORY III:**

The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DOH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DOH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b), Stats., and s. DHS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS)\textsuperscript{1,2,4} 
Human immunodeficiency virus (HIV) infection\textsuperscript{2,4} 
CD4 + T−lymphocyte count < 200/mL, or CD4 + T−lymphocyte percentage of total lymphocytes of < 14\textsuperscript{2}

**Key:**

\textsuperscript{1} Infectious diseases designated as notifiable at the national level. 
\textsuperscript{2} Wisconsin or CDC follow−up form is required. Local health departments have templates of these forms in the Epinet manual. 
\textsuperscript{3} High−risk assessment by local health department is needed to determine if patient or member of patient’s household is employed in food handling, day care or health care. 
\textsuperscript{4} Source investigation by local health department is needed. 
\textsuperscript{5} Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.