

**PROPOSED ORDER OF
DEPARTMENT OF HEALTH SERVICES
TO ADOPT PERMANENT RULES**

The Wisconsin Department of Health Services proposes an order to **amend** DHS 145.03 (19) and (19) (Note), DHS 145.05 (2), (3), and (4) (Note), DHS 145.07 (2), (2) (Note), (3), and (3) (Note), DHS 145.09 (1) (Note), (2) (Note), DHS 145.10 (1), (1) (Note), and (3) (Note), DHS 145.12 (2) (Note), DHS 145.12 (4) (b) 2. (Note) and (4) (b) 3. (Note), DHS 145.13 (1) (a) (Note), DHS 145.22 and (Note), and to **repeal and recreate** DHS 145 Appendix A of the Wisconsin Administrative Code, relating to control of communicable diseases.

RULE SUMMARY

Statute interpreted

Sections 252.02 (1) and (4), 252.07 (11), 254.51 (3), and 227.11 (2) (a), Stats.

Statutory authority

Sections 252.02 (1) and (4), 252.07 (11), 254.51 (3), and 227.11 (2) (a), Stats.

Explanation of agency authority

The department's authority to promulgate rules is as follows:

Section 252.02 (1) and (4), Stats., reads:

(1) The department may establish systems of disease surveillance and inspection to ascertain the presence of any communicable disease. Any agent of the department may, with a special inspection warrant issued under s. 66.0119, enter any building, vessel or conveyance to inspect the same and remove therefrom any person affected by a communicable disease. For this purpose, the agent may require the person in charge of the vessel or conveyance, other than a railway car, to stop the same at any place and may require the conductor of any railway train to stop the train at any station or upon any sidetrack, for such time as may be necessary.

(4) The department may promulgate and enforce rules or issue orders for guarding against the introduction of any communicable disease into the state, for the control and suppression of communicable diseases, for the quarantine and disinfection of persons, localities and things infected or suspected of being infected by a communicable disease and for the sanitary care of jails, state prisons, mental health institutions, schools, hotels and public buildings and connected premises. Any rule or order may be made applicable to the whole or any specified part of the state, or to any vessel or other conveyance. The department may issue orders for any city, village or county by service upon the local health officer. Rules that are promulgated and orders that are issued under this subsection supersede conflicting or less stringent local regulations, orders or ordinances.

Section 252.07 (11), Stats., reads: The department may promulgate any rules necessary for the administration and enforcement of this section, including, if necessary to prevent or control the transmission of mycobacterium tuberculosis, rules that require screening of members of specific groups that are at risk for contracting or transmitting mycobacterium tuberculosis.

Section 254.51 (3), Stats., reads: The department shall promulgate rules that establish measures for prevention, surveillance and control of human disease that is associated with animal-borne and vector-borne disease transmission.

Section 227.11 (2) (a), Stats., reads: Rule-making authority is expressly conferred on an agency as follows:

(a) Each agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation. All of the following apply to the promulgation of a rule interpreting the provisions of a statute enforced or administered by an agency:

1. A statutory or nonstatutory provision containing a statement or declaration of legislative intent, purpose, findings, or policy does not confer rule-making authority on the agency or augment the agency's rule-making authority beyond the rule-making authority that is explicitly conferred on the agency by the legislature.

2. A statutory provision describing the agency's general powers or duties does not confer rule-making authority on the agency or augment the agency's rule-making authority beyond the rule-making authority that is explicitly conferred on the agency by the legislature.

3. A statutory provision containing a specific standard, requirement, or threshold does not confer on the agency the authority to promulgate, enforce, or administer a rule that contains a standard, requirement, or threshold that is more restrictive than the standard, requirement, or threshold contained in the statutory provision.

Related statute or rule

See the “Statutes interpreted” and “Statutory authority” sections.

Plain language analysis

Chapter DHS 145 establishes a surveillance system for the purpose of controlling the incidence and spread of communicable diseases. This surveillance system consists of timely and effective communicable disease reporting by local health departments, laboratories, health care facilities, schools, day care centers, and others (reporters); methods of intervention to prevent transmission of communicable diseases; means of investigation; and prevention and control of outbreaks by local health officers and the department.

Since 2008, when the list of communicable diseases was last revised, a number of communicable diseases and conditions, including Ebola, valley fever, and dengue, have been determined by the state epidemiologist to be reportable, or have been recommended as reportable at the national level by the Council of State and Territorial Epidemiologists (CSTE). These communicable diseases are not currently listed in ch. DHS 145. The outdated list therefore makes it difficult for reporters to determine whether to report a disease or condition, and adds to the failure of not reporting diseases not specifically listed.

The department proposes to revise the list to include communicable diseases and conditions declared notifiable by the state epidemiologist, and/or CSTE. The CSTE encourages states to

establish parallel reporting requirements and typically places under surveillance novel pathogens, or those with severe manifestations, whose transmission is amenable to control by public health measures. The department also proposes to remove any disease or condition from the list that may no longer be reportable.

The department also proposes to incorporate updated standards by reference, including for methods of communicable disease control, laboratory testing, and treatment. Chapter DHS 145 includes numerous literature citations to standards the department incorporated by reference that are now outdated, and may lead to implementation of inaccurate and possibly harmful recommendations for disease control and prevention. It also obligates the department and local health departments to maintain access to outdated materials to meet public health accreditation requirements.

There are no reasonable alternatives to rulemaking. Without proposed revisions to ch. DHS 145, disease reporters may fail to report communicable diseases that threaten public health, national communicable disease data may not reflect diseases occurring in Wisconsin, (3) public health surveillance and response to those diseases may be diminished, and the rule would remain outdated.

Summary of, and comparison with, existing or proposed federal regulations

There appears to be no existing or proposed federal regulation that addresses the activities to be regulated by the proposed rule.

Comparison with rules in adjacent states

Illinois:

Illinois JCAR Administrative Code Title 77, Chapter I, Subchapter k, Part 690, Subpart A, Section 690.20 Incorporated and Referenced Materials contains a list of communicable disease references that includes the American Academy of Pediatrics Red Book. Proposed rule revisions include a new reference to this source.

Illinois JCAR Administrative Code Title 77, Chapter I, Subchapter k, Part 690, Subpart B, Section 690.100 Diseases and Conditions contains a list and description of reportable diseases and conditions similar to ch. DHS 145 Appendix A.

Iowa:

Iowa Administrative Code 641, Chapter 1 Reportable Diseases, Poisonings and Conditions, and Quarantine and Isolation contains references similar to those incorporated in ch. DHS 145.

Iowa Administrative Code 641, Chapter 1, Appendix A (Table of Reportable Communicable and Infectious Diseases) and Appendix B (Table of Reportable Poisonings and Conditions) contain lists and reporting instructions similar to ch. DHS 145 Appendix A.

Michigan:

In accordance with Michigan Public Act 368 of 1978, 333.5111, the Department of Community Health maintains a list of reportable diseases, infections, and disabilities. The list is reviewed and

revised at least annually. The most recent version is available at www.michigan.gov/cdinfo and is not incorporated directly into statute or code. The list is similar to the content in ch. DHS 145 Appendix A.

Minnesota:

Minnesota Chapter 4605 Department of Health Communicable Diseases includes a list of reportable infectious diseases in section 4605.7040 Disease and Reports; Clinical Materials Submission. The list is similar to the infectious diseases included in ch. DHS 145 Appendix A.

Summary of factual data and analytical methodologies

Data were obtained through feedback from DHS 145 advisory committee members, and electronically published Center for Disease Control and Prevention (CDC) and CSTE infectious disease documents. The data sources and analysis used in drafting the rules are accurate, reliable and objective.

Analysis and supporting documents used to determine effect on small business

None. The proposed rule is anticipated to have little to no economic impact on small businesses.

Effect on small business

The proposed rule is anticipated to have little to no economic impact on small businesses.

Agency contact person

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Place where comments are to be submitted and deadline for submission

Comments may be submitted to the agency contact person that is listed above until the deadline given in the upcoming notice of public hearing. The deadline for submitting comments and the notice of public hearing will be posted on the Wisconsin State Legislature's Administrative Rules website, <http://docs.legis.wisconsin.gov/code>.

RULE TEXT

SECTION 1. DHS 145.03 (19) and (19) (Note) are amended to read:

DHS 145.02 (19) "Other disease or condition having the potential to affect the health of other persons" means a disease that can be transmitted from one person to another but that is not listed in Appendix A of this chapter and therefore is not reportable under this chapter, although it is listed in ~~*Control of Communicable Diseases Manual*, 18th edition (2004), edited David L Heymann, and published by official reports of the American Public Health Association, unless specified otherwise by the state epidemiologist.~~

Note: The ~~handbook~~, official report of the American Public Health Association entitled *Control of Communicable Diseases Manual*, 18th 20th edition (2004) (2015), edited by David L. Heymann, is on file in the Department's Division of Public Health and the Legislative Reference Bureau, and is available for purchase from the American Public Health Association, Publications Sales, PO Box 933019, Atlanta, GA 31193-3019.

SECTION 2. DHS 145.05 (2), (3), and (4) (Note) are amended to read:

DHS 145.05 (2) Local health officers shall follow the methods of control set out in ~~section 9 under each communicable disease listed in the 18th edition (2004) of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by official reports of~~ the American Public Health Association and the American Academy of Pediatrics, unless specified otherwise by the state epidemiologist. Specific medical treatment shall be prescribed by a physician or an advanced practice nurse prescriber.

DHS 145.05 (3) Any person licensed under ch. 441 or 448, Stats., attending a person with a communicable disease shall instruct the person in the applicable methods of control contained in ~~*Control of Communicable Diseases Manual*, 18th edition (2004), edited by David L. Heymann, published by official reports of~~ the American Public Health Association and the American Academy of Pediatrics, unless specified otherwise by the state epidemiologist, and shall cooperate with the local health officer and the department in their investigation and control procedures.

DHS 145.05 (4) (Note) ~~The *handbook*, official report of the American Public Health Association entitled *Control of Communicable Diseases Manual*, 18th 20th edition (2004) (2015), edited by David L. Heymann, is on file in the Department's Division of Public Health and the Legislative Reference Bureau, and is available for purchase from the American Public Health Association, Publications Sales, PO Box 933019, Atlanta, GA 31193-3019. The official report of the American Academy of Pediatrics entitled *Red Book: 2015 Report of the Committee on Infectious Diseases*, 30th edition (2015), edited by David W. Kimberlin is available for purchase from the American Academy of Pediatrics, 141 Northwest Point Blvd, Elk Grove Village, IL 60007-1019. These reports are on file in the Department's Division of Public Health and the Legislative Reference Bureau.~~

SECTION 3. DHS 145.07 (2) and (Note), and (3) and (Note) are amended to read:

DHS 145.07 (2) PERSONAL CARE. Home health agency personnel providing personal care in the home and persons providing personal care in health care facilities, day care centers and other comparable facilities shall refrain from providing care while they are able to transmit a communicable disease through the provision of that care, in accord with the methods of communicable disease control contained in official guidance of the Centers for Disease Control and Prevention, "Guideline for Infection Control in Health Care Personnel, 1998," unless specified otherwise by the state epidemiologist.

Note: The ~~publication~~, official guidance of the Centers for Disease Control and Prevention entitled, “Guideline for Infection Control in Health Care Personnel, 1998,” is on file in the Department’s Division of Public Health and the Legislative Reference Bureau, and ~~is available for purchase from the National Technical Information Service (NTIS), U.S. Dept. of Commerce, 5285 Port Royal Road, Springfield, VA 22161, (703) 486-4650.~~ may be found in the *American Journal of Infection Control*, vol. 26, 1998, pp. 289-354.

DHS 145.07 (3) FOOD HANDLERS. Food handlers shall refrain from handling food while they have a disease in a form that is communicable by food handling, in accord with the methods of communicable disease control contained in ~~*Control of Communicable Diseases Manual*, 16th edition (1995), edited by Abram S. Benenson, and published by official reports of the American Public Health Association, unless specified otherwise by the state epidemiologist.~~

Note: The ~~handbook~~, official report of the American Public Health Association entitled *Control of Communicable Disease Manual*, ~~16th~~ 20th edition ~~(1995)~~ (2015), edited by ~~Abram S. Benenson~~ David L. Heymann, is on file in the Department’s Division of Public Health and the Legislative Reference Bureau, and is available for purchase from the American Public Health Association, ~~1015 Fifteenth St., NW, Washington D.C. 20005.~~ Publication Sales, PO Box 933019, Atlanta, GA 31193-3019.

SECTION 4. DHS 145.09 (1) (Note) and (2) (Note) are amended to read:

DHS 145.09 (1) Note: Isolates for the state repository should be sent to: Mycobacteriology Laboratory, Wisconsin State Laboratory of Hygiene, Room 121, 465 Henry Mall 2601 Agriculture Dr., Room 254, Madison, WI 53706 53718.

DHS 145.09 (2) Note: The official statement of the Association of Public Health Laboratory entitled “*Mycobacterium tuberculosis: assessing your laboratory*”, 2013 is on file in the Legislative Reference Bureau, and is available from the Department’s Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

SECTION 5. DHS 145.10 (1) and (Note) and (3) (Note) are amended to read:

DHS 145.10 (1) All persons with infectious tuberculosis or suspected tuberculosis, and their contacts, shall exercise all reasonable precautions to prevent the infection of others, ~~under the using the applicable~~ methods of control set out in ~~section 9 under tuberculosis, pages 565 to 572, listed in the 18th edition (2004) of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the official reports of the American Public Health Association, unless specified otherwise by the state epidemiologist.~~

Note: The ~~handbook~~ official report of the American Public Health Association entitled *Control of Communicable Diseases Manual*, ~~18th~~ 20th edition ~~(2004)~~ (2015), edited by David L. Heymann, is on file in the Department’s Division of Public Health and the Legislative Reference Bureau, and is available for purchase from the American Public Health Association, Publications Sales, PO Box 933019, Atlanta, GA 31193-3019.

DHS 145.10 (3) Note: The official statements of the American Thoracic Society may be found in the Centers for Disease Control and Prevention's recommendations and report "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." The report may be found in the *Morbidity and Mortality Weekly Report*, June 9, 2000, Vol. 49, No. RR-6. The official statements of the American Thoracic Society's "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" Society, entitled "Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis" may be found in the *American Journal of Respiratory and Critical Care Medicine Clinical Infectious Diseases*, vol. 49 63, 1994 2016, pp. 1359-1374 e147-e195. These reports are on file in the Legislative Reference Bureau, and are available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

SECTION 6. DHS 145.12 (2) (Note), (4) (b) 2. (Note), and (4) (b) 3. (Note) are amended to read:

DHS 145.12 (2) Note: "High-risk groups" are defined in the Centers for Disease Control and Prevention report, "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." entitled "Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection – United States, 2010." The report may be found in the *Morbidity and Mortality Weekly Report*, *Morbidity and Mortality Weekly Report*, June 9 25, 2000 2010, Vol 49 vol. 59, No. RR-65, and is on file in the Legislative Reference Bureau, and is available from the Department's Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

DHS 145.12 (4) (b) 2. Note: The official statement of the National Tuberculosis Controllers Association entitled "Tuberculosis Nursing: a Comprehensive Guide to Patient Care Tuberculosis Nursing: a Comprehensive Guide to Patient Care" is on file in the Legislative Reference Bureau, and is available from the National Tuberculosis Controllers Association, 2951 Flowers Road South, Suite 102, Atlanta, GA 30341 5533. 2452 Spring Rd, SE, Smyrna, GA 30080-3838.

DHS 145.12 (4) (b) 3. Note: The official statements of the American Thoracic Society entitled "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." may be found in the Centers for Disease Control and Prevention's recommendations and report "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection." The report may be found in the *Morbidity and Mortality Weekly Report* *Morbidity and Mortality Weekly Report*, June 9, 2000, Vol. 49, No. RR-6. The official statement of the American Thoracic Society's "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" Society, entitled "Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis" may be found in the *American Journal of Respiratory and Critical Care Medicine Clinical Infectious Diseases*, vol. 49 63, 1994 2016, pp. 1359-1374 e147-e195. The official statement of the American Thoracic Society's Society entitled "Diagnostic Standards and

Classification of Tuberculosis in Adults and Children” may be found in *American Journal of Respiratory and Critical Care Medicine*, vol. 161, 2000, pp.1376-1395. These reports are on file in the Legislative Reference Bureau, and are available from the Department’s Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

SECTION 7. DHS 145.13 (1) (a) (Note) is amended to read:

DHS 145.13 (1) (a) Note: “High-risk persons” are defined in the Centers for Disease Control and Prevention report, ~~“Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection.”~~ entitled “Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection – United States, 2010.” The report may be found in the ~~Morbidity and Mortality Weekly Report~~ *Morbidity and Mortality Weekly Report*, ~~June 9 25, 2000 2010, Vol vol. 49 59, No. RR-6 5,~~ and is on file in the Legislative Reference Bureau, and is available from the Department’s Division of Public Health, P.O. Box 2659, Madison, WI 53701–2659.

SECTION 8. DHS 145.22 and (Note) are amended to read:

DHS 145.22 **Treatment guidelines.** ~~Nationally recognized guidelines, including the “Sexually Transmitted Diseases Treatment Guidelines, 2006” published by the U.S. Department of Health and Human Services,~~ The official statements of the Centers for Disease Control and Prevention shall be considered in the treatment of sexually transmitted diseases unless otherwise specified by the state epidemiologist. Specific medical treatment shall be prescribed by a physician or advanced practice nurse prescriber.

Note: ~~The publication, official statements of the Centers for Disease Control and Prevention entitled “Sexually Transmitted Diseases Treatment Guidelines, 2006 2015,” is on file in the Department’s Division of Public Health and the Legislative Reference Bureau, and may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9325. Telephone: (202) 512-1800. found in the *Morbidity and Mortality Weekly Report*, June 5, 2015, vol. 64, RR-3.~~

SECTION 9. DHS 145 Appendix A is repealed and recreated to read:

Chapter DHS 145

APPENDIX A

Communicable Diseases and Other Notifiable Conditions

CATEGORY I:

The following diseases are of urgent public health importance and shall be reported IMMEDIATELY by telephone to the patient's local health officer or to the local health officer's designee upon identification of a case or suspected case. In addition to the immediate report, complete and fax, mail or electronically report an Acute and Communicable Diseases Case Report (DHS F-44151) 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).

Anthrax^{1,4,5}
Botulism (*Clostridium botulinum*) (including foodborne, infant, wound, and other)^{1,2,4,5}
Carbapenem-resistant *Enterobacteriaceae* (CRE)²
Cholera (*Vibrio cholera*)^{1,3,4}
Diphtheria (*Corynebacterium diphtheria*)^{1,3,4,5}
Haemophilus influenzae invasive disease, (including epiglottitis)^{1,2,3,5}
Hantavirus infection^{1,2,4}
Hepatitis A^{1,2,3,4,5}
Measles (rubeola)^{1,2,3,4,5}
Meningococcal disease (*Neisseria meningitidis*)^{1,2,3,4,5}
Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV)^{2,3,4}
Pertussis (whooping cough, caused by any *Bordetella* infection)^{1,2,3,4,5}
Plague (*Yersinia pestis*)^{1,4,5}
Poliovirus infection (paralytic or nonparalytic)^{1,4,5}
Primary Amebic Meningoencephalitis (PAM) (*Naegleria fowleri*)^{2,4,5,6}
Rabies (human, animal)^{1,4,5}
Ricin toxin^{4,5}

Rubella^{1,2,4,5}
Rubella (congenital syndrome)^{1,2,5}
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)^{1,2,3,4}
Smallpox^{4,5}
Tuberculosis^{1,2,3,4,5}
Vancomycin-intermediate *Staphylococcus aureus* (VISA) and Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection^{1,4,5}
Viral Hemorrhagic Fever (VHF) (including Crimean-Congo, Ebola, Lassa, Lujo, and Marburg viruses, and New World Arenaviruses)^{1,2,3,4}
Yellow fever^{1,4}

Outbreaks, confirmed or suspected:
Foodborne or waterborne^{1,3,4,6}
Occupationally-related diseases⁶
Other acute illnesses^{3,4,6}

Any detection of or illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications⁴

CATEGORY II:

The following diseases shall be reported by fax, mail, or electronic reporting to the patient's local health officer or to the local health officer's designee on an Acute and Communicable Disease Case Report (DHS F-44151) 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).

Anaplasmosis^{1,2,5}
Arboviral disease (including, but not limited to, disease caused by California serogroup, Chikungunya, Dengue, Eastern Equine Encephalitis, Powassan, St. Louis Encephalitis, West Nile, Western Equine Encephalitis, and Zika viruses)^{1,2,4}
Babesiosis^{1,2,4,5}
Blastomycosis²

Borreliosis (other than Lyme disease which is reportable as a distinct disease)^{2,4,6}
Brucellosis^{1,2,4}
Campylobacteriosis (*Campylobacter* infection)^{1,2,3,4}
Chancroid (*Haemophilus ducreyi*)^{1,2}
Chlamydia trachomatis infection^{1,2,4,5}
Coccidioidomycosis (Valley Fever)^{1,2,4}
Cryptosporidiosis (*Cryptosporidium* infection)^{1,2,3,4}

Cyclosporiasis (*Cyclospora* infection)^{1,2}
 Ehrlichiosis^{1,2,5}
 Environmental and occupational lung diseases:
 Asbestosis⁶
 Silicosis^{1,6}
 Chemical pneumonitis⁶
 Occupational lung diseases caused by bio-dusts and bio-aerosols⁶
 Other non-infectious environmental and occupational lung diseases⁶
E. coli infection, (caused by Shiga toxin-producing *E. coli* (STEC)^{1,2,3,4}
E. coli infection (caused by enteropathogenic (EPEC), enteroinvasive (EIEC), or enterotoxigenic *E. coli* (ETEC)^{2,3,4}
 Free-living amebae infection (including Acanthamoeba disease (including keratitis) and Balamuthia mandrillaris disease)^{2,4}
 Giardiasis^{1,2,3,4}
 Gonorrhea (*Neisseria gonorrhoeae*)^{1,2,4,5}
 Hemolytic uremic syndrome^{1,2,3,4}
 Hepatitis B^{1,2,3,4,5}
 Hepatitis C^{1,2}
 Hepatitis D^{2,3,4}
 Hepatitis E
 Histoplasmosis²
 Influenza-associated hospitalization²
 Influenza-associated pediatric death^{1,2,4}
 Influenza A virus infection, novel subtypes^{1,2}
 Kawasaki disease²
 Latent Tuberculosis infection (LTBI)^{2,5}
 Legionellosis^{1,2,4,5}
 Leprosy (Hansen's Disease)^{1,2,3,4,5}
 Leptospirosis^{1,2,4}
 Listeriosis^{1,2,4}
 Lyme disease^{1,2}
 Lymphocytic Choriomeningitis Virus (LCMV) infection⁴
 Malaria (*Plasmodium* infection)^{1,2,4,5}

Meningitis, bacterial (other than *Haemophilus influenzae*, meningococcal or streptococcal, which are reportable as distinct diseases)²
 Mumps^{1,2,4,5}
 Mycobacterial disease (nontuberculous)
 Pelvic inflammatory disease²
 Psittacosis^{1,2,4}
 Q Fever (*Coxiella burnetii*)^{1,2}
 Rheumatic fever (newly diagnosed and meeting the Jones criteria)⁵
 Rickettsiosis (other than spotted fever rickettsiosis which is reportable as a distinct disease)^{2,4,6}
 Salmonellosis^{1,2,3,4}
 Shigellosis (*Shigella* infection)^{1,2,3,4}
 Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever)^{1,2,4,5}
 Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)
Streptococcus pneumoniae invasive disease (invasive pneumococcal)¹
 Syphilis (*Treponema pallidum*)^{1,2,4,5,6}
 Tetanus^{1,2,5}
 Toxic shock syndrome^{1,2}
 Toxic substance related diseases:
 Blue-green algae (Cyanobacteria) and Cyanotoxin poisoning^{2,4,6}
 Carbon monoxide poisoning^{1,6}
 Infant methemoglobinemia⁶
 Lead (Pb) intoxication (specify Pb levels)^{1,6}
 Metal poisonings other than lead (Pb)⁶
 Pesticide poisonings^{1,6}
 Toxoplasmosis
 Transmissible spongiform encephalopathy (TSE, human)
 Trichinosis^{1,2,4}
 Tularemia (*Francisella tularensis*)^{1,2,4,5}
 Typhoid fever (*Salmonella* Typhi)^{1,2,3,4}
 Varicella (chickenpox)^{1,3,5}
 Vibriosis (non-cholera *Vibrio* infection)^{1,2,3,4}
 Yersiniosis^{2,3,4}
 Zika virus infection^{1,2}

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on a Wisconsin Human Immunodeficiency Virus (HIV) Infection Case Report Form (DHS F-44338) or by other means within 72 hours after identification of a known or suspected case. Additionally, the following laboratory results shall be reported on all persons newly or previously diagnosed with HIV infection each time the test is conducted: all CD4+ test results (CD4+ T-lymphocyte counts and percentages), both detectable and undetectable HIV viral load results, HIV genotypic

results, and all components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive. See s. 252.15 (7) (b), Stats., and s. DHS 145.04 (3) (b).

Human immunodeficiency virus (HIV) infection (AIDS has been reclassified as HIV Stage III)^{1,2,4}

Key:

¹ Infectious diseases or other condition designated as notifiable at the national level.

² Wisconsin or CDC follow-up form is required.

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.

⁴ Source investigation by local or state health department is needed.

⁵ Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

⁶ Coordination between local and state health departments is recommended for follow-up.

SECTION 10. EFFECTIVE DATE: This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register, as provided in s. 227.22 (2), Stats.