

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 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, pursuant to s. DHS 145.04 (3) (a). 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}	Rubella ^{1,2,4,5}
Botulism (<i>Clostridium botulinum</i>) (including food-borne, infant, wound, and other) ^{1,2,4,5}	Rubella (congenital syndrome) ^{1,2,5}
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ²	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) ^{1,2,3,4}
Cholera (<i>Vibrio cholera</i>) ^{1,3,4}	Smallpox ^{4,5}
Diphtheria (<i>Corynebacterium diphtheria</i>) ^{1,3,4,5}	Tuberculosis ^{1,2,3,4,5}
<i>Haemophilus influenzae</i> invasive disease, (including epiglottitis) ^{1,2,3,5}	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection ^{1,4,5}
Hantavirus infection ^{1,2,4}	Viral Hemorrhagic Fever (VHF) (including Crimean-Congo, Ebola, Lassa, Lujo, and Marburg viruses, and New World Arenaviruses) ^{1,2,3,4}
Hepatitis A ^{1,2,3,4,5}	
Measles (rubeola) ^{1,2,3,4,5}	Yellow fever ^{1,4}
Meningococcal disease (<i>Neisseria meningitidis</i>) ^{1,2,3,4,5}	Outbreaks, confirmed or suspected:
Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV) ^{2,3,4}	Foodborne or waterborne ^{1, 3,4,6}
Pertussis (whooping cough, caused by any <i>Bordetella</i> infection) ^{1,2,3,4,5}	Occupationally-related diseases ⁶
Plague (<i>Yersinia pestis</i>) ^{1,4,5}	Other acute illnesses ^{3,4,6}
Poliovirus infection (paralytic or nonparalytic) ^{1,4,5}	
Primary Amebic Meningoencephalitis (PAM) (<i>Naegleria fowleri</i>) ^{2,4,5,6}	Any detection of or illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications ⁴
Rabies (human, animal) ^{1,4,5}	
Ricin toxin ^{4,5}	

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}	<i>Chlamydia trachomatis</i> infection ^{1,2,4,5}
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}	Coccidioidomycosis (Valley Fever) ^{1,2,4}
Babesiosis ^{1,2,4,5}	Cryptosporidiosis (<i>Cryptosporidium</i> infection) ^{1,2,3,4}
Blastomycosis ²	Cyclosporiasis (<i>Cyclospora</i> infection) ^{1,2}
Borreliosis (other than Lyme disease which is reportable as a distinct disease) ^{2,4,6}	Ehrlichiosis ^{1,2,5}
Brucellosis ^{1,2,4}	Environmental and occupational lung diseases:
Campylobacteriosis (<i>Campylobacter</i> infection) ^{1,2,3,4}	Asbestosis ⁶
Chancroid (<i>Haemophilus ducreyi</i>) ^{1,2}	Silicosis ^{1,6}
	Chemical pneumonitis ⁶
	Occupational lung diseases caused by bio-dusts and bio-aerosols ⁶
	<i>E. coli</i> infection, (caused by Shiga toxin-producing <i>E. coli</i> (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 disease 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 disease or other condition designated as notifiable at the national level.

² Required Wisconsin or CDC follow-up form completed by public health agency.

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.