

## 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 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 <sup>4</sup>	Pertussis (whooping cough) <sup>1,2,3,4,5</sup>
Anthrax <sup>1,4,5</sup>	Plague <sup>1,4,5</sup>
Botulism <sup>1,4</sup>	Poliovirus infection (paralytic or nonparalytic) <sup>1,4,5</sup>
Botulism, infant <sup>1,2,4</sup>	Rabies (human) <sup>1,4,5</sup>
Cholera <sup>1,3,4</sup>	Ricin toxin <sup>4,5</sup>
Diphtheria <sup>1,3,4,5</sup>	Rubella <sup>1,2,4,5</sup>
Haemophilus influenzae invasive disease,(including epiglottitis) <sup>1,2,3,5</sup>	Rubella (congenital syndrome) <sup>1,2,5</sup>
Hantavirus infection <sup>1,2,4,5</sup>	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) <sup>1,2,3,4</sup>
Hepatitis A <sup>1,2,3,4,5</sup>	Smallpox <sup>4,5</sup>
Measles <sup>1,2,3,4,5</sup>	Tuberculosis <sup>1,2,3,4,5</sup>
Meningococcal disease <sup>1,2,3,4,5</sup>	Vancomycin-intermediate Staphylococcus aureus (VISA) and Vancomycin-resistant Staphylococcus aureus (VRSA) infection <sup>1,4,5</sup>
Outbreaks, foodborne or waterborne <sup>1,2,3,4</sup>	Yellow fever <sup>1,4</sup>
Outbreaks, suspected, of other acute or occupationally-related diseases	

**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 <sup>1,2,4</sup>	Influenza-associated pediatric death <sup>1</sup>
Babesiosis <sup>4,5</sup>	Influenza A virus infection, novel subtypes
Blastomycosis <sup>5</sup>	Kawasaki disease <sup>2</sup>
Brucellosis <sup>1,4</sup>	Legionellosis <sup>1,2,4</sup>
Campylobacteriosis (campylobacter infection) <sup>3,4</sup>	Leprosy (Hansen Disease) <sup>1,2,3,4,5</sup>
Chancroid <sup>1,2</sup>	Leptospirosis <sup>4</sup>
Chlamydia trachomatis infection <sup>2,4,5</sup>	Listeriosis <sup>2,4</sup>
Cryptosporidiosis <sup>1,2,3,4</sup>	Lyme disease <sup>1,2</sup>
Cyclosporiasis <sup>1,4,5</sup>	Lymphocytic Choriomeningitis Virus (LCMV) infection <sup>4</sup>
Ehrlichiosis (anaplasmosis) <sup>1,5</sup>	Malaria <sup>1,2,4</sup>
E. coli O157:H7, other Shiga toxin-producing E. coli (STEC), enteropathogenic E. coli, enteroinvasive E. coli, and enterotoxigenic E. coli. <sup>1,2,3,4</sup>	Meningitis, bacterial (other than Haemophilus influenzae, meningococcal or streptococcal, which are reportable as distinct diseases) <sup>2</sup>
Giardiasis <sup>3,4</sup>	Mumps <sup>1,2,4,5</sup>
Gonorrhea <sup>1,2,4,5</sup>	Mycobacterial disease (nontuberculous)
Hemolytic uremic syndrome <sup>1,2,4</sup>	Psittacosis <sup>1,2,4</sup>
Hepatitis B <sup>1,2,3,4,5</sup>	Pelvic inflammatory disease <sup>2</sup>
Hepatitis C <sup>1,2</sup>	Q Fever <sup>4,5</sup>
Hepatitis D <sup>2,3,4,5</sup>	Rheumatic fever (newly diagnosed and meeting the Jones criteria) <sup>5</sup>
Hepatitis E <sup>3,4</sup>	
Histoplasmosis <sup>5</sup>	

Rocky Mountain spotted fever <sup>1,2,4,5</sup>	Lead intoxication (specify Pb levels)
Salmonellosis <sup>1,3,4</sup>	Other metal and pesticide poisonings
Syphilis <sup>1,2,4,5</sup>	Toxoplasmosis
Shigellosis <sup>1,3,4</sup>	Transmissible spongiform encephalopathy (TSE, human)
Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)	Trichinosis <sup>1,2,4</sup>
Streptococcus pneumoniae invasive disease (invasive pneumococcal) <sup>1</sup>	Tularemia <sup>4</sup>
Tetanus <sup>1,2,5</sup>	Typhoid fever <sup>1,2,3,4</sup>
Toxic shock syndrome <sup>1,2</sup>	Varicella (chickenpox) <sup>1,3,5</sup>
Toxic substance related diseases:	Vibriosis <sup>1,3,4</sup>
Infant methemoglobinemia	Yersiniosis <sup>3,4</sup>

**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)<sup>1,2,4</sup>  
Human immunodeficiency virus (HIV) infection<sup>2,4</sup>  
CD4 + T-lymphocyte count < 200/mL, or CD4 + T-lymphocyte percentage of total lymphocytes of < 14<sup>2</sup>

**Key:**

- <sup>1</sup> Infectious diseases designated as notifiable at the national level.
- <sup>2</sup> Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.
- <sup>3</sup> 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.
- <sup>4</sup> Source investigation by local health department is needed.
- <sup>5</sup> Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.