

Chapter HFS 145

APPENDIX A
COMMUNICABLE DISEASES

CATEGORY I:

The following diseases are of urgent public health importance and shall be reported **IMMEDIATELY** 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 within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax ^{1,4,5}	Meningococcal disease ^{1,2,3,4,5}
Botulism ^{1,4}	Pertussis (whooping cough) ^{1,2,3,4,5}
Botulism, infant ^{1,2,4}	Plague ^{1,4,5}
Cholera ^{1,3,4}	Poliomyelitis ^{1,4,5}
Diphtheria ^{1,3,4,5}	Rabies (human) ^{1,4,5}
Foodborne or waterborne outbreaks ^{1,2,3,4}	Ricin toxin ^{4,5}
Haemophilus influenzae invasive disease, (including epiglottitis) ^{1,2,3,5}	Rubella ^{1,2,4,5}
Hantavirus infection ^{1,2,4,5}	Rubella (congenital syndrome) ^{1,2,5}
Hepatitis A ^{1,2,3,4,5}	Smallpox ^{4,5}
Hepatitis E ^{3,4}	Tuberculosis ^{1,2,3,4,5}
Measles ^{1,2,3,4,5}	Yellow fever ^{1,4}

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 within 72 hours of the identification of a case or suspected case. See s. HFS 145.04 (3) (b).

Amebiasis ^{3,4}	Q Fever ^{4,5}
Arboviral infection (encephalitis/meningitis) ^{1,2,4}	Reye syndrome ²
Babesiosis ^{4,5}	Rheumatic fever (newly diagnosed and meeting the Jones criteria) ⁵
Blastomycosis ⁵	Rocky Mountain spotted fever ^{1,2,4,5}
Brucellosis ^{1,4}	Salmonellosis ^{1,3,4}
Campylobacteriosis (campylobacter infection) ^{3,4}	Sexually transmitted diseases:
Cat Scratch Disease (infection caused by Bartonella species) ⁵	Chancroid ^{1,2}
Cryptosporidiosis ^{1,2,3,4}	Chlamydia trachomatis infection ^{2,4,5}
Cyclosporiasis ^{1,4,5}	Genital herpes infection (first episode identified by health care provider) ²
Ehrlichiosis ^{1,5}	Gonorrhea ^{1,2,4,5}
Encephalitis, viral (other than arboviral)	Pelvic inflammatory disease ²
E. coli O157:H7, and other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli. ^{1,2,3,4}	Syphilis ^{1,2,4,5}
Giardiasis ^{3,4}	Shigellosis ^{1,3,4}
Hemolytic uremic syndrome ^{1,2,4}	Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)
Hepatitis B ^{1,2,3,4,5}	Streptococcus pneumoniae invasive disease (invasive pneumococcal) ¹
Hepatitis C ^{1,2}	Tetanus ^{1,2,5}
Hepatitis non-A, non-B, (acute) ^{1,2}	Toxic shock syndrome ^{1,2}
Hepatitis D ^{2,3,4,5}	Toxic substance related diseases:
Histoplasmosis ⁵	Infant methemoglobinemia
Kawasaki disease ²	Lead intoxication (specify Pb levels)
Legionellosis ^{1,2,4}	Other metal and pesticide poisonings
Leprosy (Hansen Disease) ^{1,2,3,4,5}	Toxoplasmosis
Leptospirosis ⁴	Trichinosis ^{1,2,4}
Listeriosis ^{2,4}	Tularemia ⁴
Lyme disease ^{1,2}	Typhoid fever ^{1,2,3,4}
Malaria ^{1,2,4}	Typhus fever ⁴
Meningitis, bacterial (other than Haemophilus influenzae or meningococcal) ²	Varicella (chicken pox) – report by number of cases only
Meningitis, viral (other than arboviral)	Yersiniosis ^{3,4}
Mumps ^{1,2,4,5}	Suspected outbreaks of other acute or occupationally-related diseases
Mycobacterial disease (nontuberculous)	
Psittacosis ^{1,2,4}	

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. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS) ^{1,2,4}

Human immunodeficiency virus (HIV) infection^{2,4}

CD4 + T-lymphocyte count < 200/ μ L, or CD4 + T-lymphocyte percentage of total lymphocytes of < 14²

Key:

¹Infectious diseases designated as notifiable at the national level.

²Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.

³High-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.

⁴Source investigation by local health department is needed.

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