

Reportable Diseases and Conditions

Report identified or suspect case immediately by telephone to the person's local health dept. & submit completed case report within 24

Category 1

Anthrax ^{1,4,5}
 Botulism (*Clostridium botulinum*) ^{1,2,4,5}
 (including foodborne, infant, wound, and other)
 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}
 Mpox (Monkeypox) ^{1,2,3,4,5,6}
 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}
 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 diseases ⁶
 Other acute illnesses ^{3,4,6}

Report within 72 hrs. to the person's local health dept. either electronically through WEDSS or by mail or fax using an Acute Communicable Disease Case Report F-441451 or STD Case Report Form F-4243. HIV/AIDS should be reported directly to the Wisconsin HIV Program.

Category 2

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}
 Blastomycosis ²
 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}
Candida auris (clinical illness, colonization) ^{1,2,6,7}
 Carbapenemase-producing carbapenem-resistant
Acinetobacter baumannii (CP-CRAB) ^{2,6,7}
 Carbapenemase-producing carbapenem-resistant
Pseudomonas aeruginosa (CP-CRPA) ^{2,6,7}
 Carbapenemase-producing carbapenem-resistant
 Enterobacterales (CP-CRE) ^{1,2,6}
 Chancroid (*Haemophilus ducreyi*) ^{1,2}
Chlamydia trachomatis infection ^{1,2,4,5}
 Coccidioidomycosis (Valley Fever) ^{1,2,4}
 COVID-19- associated hospitalization²
 COVID-19- pediatric death^{1,2,4}
 Cryptosporidiosis (*Cryptosporidium* infection) ^{1,2,3,4}
 Cyclosporiasis (*Cyclospora* infection) ^{1,2}
 Ehrlichiosis ^{1,2,5}
 Environmental occupational lung diseases:
 Asbestosis ⁶
 Silicosis ^{1,6}
 Chemical pneumonitis ⁶
 Occupational lung diseases caused by bio-dusts and
 bio-aerosols ⁶
E. coli infection, caused by:
 Shiga toxin-producing *E. coli* (STEC) ^{1,2,3,4}
 Enteropathogenic *E. coli* (EPEC) ^{2,3,4}
 Enteroinvasive *E. coli* (EIEC) ^{2,3,4}
 Enterotoxigenic *E. coli* (ETEC) ^{2,3,4}
 Free-living amebae infection (including acanthamoeba disease
 and 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
 Histoplasmosis ²
 Influenza-associated hospitalization ²
 Influenza-associated pediatric death ^{1,2,4}
 Influenza A virus infection, novel subtypes ^{1,2}
 Kawasaki disease ²
 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) infection ⁴
 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}
 Multi-system Inflammatory Syndrome—Child (MIS-C)
 Mycobacterial disease (nontuberculous)
 Pelvic inflammatory disease ²
 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}
 Respiratory Syncytial Virus (RSV) -associated hospitalization²
 Respiratory Syncytial Virus RSV -pediatric death^{2,4}
 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 methemoglobinemia ⁶
 Lead (Pb) poisoning in children and adults ^{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}
 Vancomycin-intermediate *Staphylococcus aureus* (VISA)
 and Vancomycin-resistant *Staphylococcus aureus* (VRSA)
 infection ^{1,4,5}
 Varicella (chickenpox) ^{1,3,5}
 Vibriosis (non-cholera *Vibrio* infection) ^{1,2,3,4}
 Yersiniosis ^{2,3,4}
 Zika virus infection ^{1,2}

Additional Information Reportable Diseases and Conditions

Legend 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.
- 7 Disease declared reportable by State Epidemiologist memo.

Special Notes

- **Any detection of illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and has public health implications shall be reported by telephone immediately upon identification, followed by a fax or electronically reported within 24 hours.**
 - **Category 1 Diseases/Conditions 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, within 24 hours, complete and fax, mail, or submit a case report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or by other means. Public health intervention is expected as indicated. See Wis. Admin Code. § DHS 145.04(3)(a) and Wis. Stat. § 252.05.
 - Category 2 Disease/Conditions are to be reported within 72 hrs. to the person's local health dept. either electronically through WEDSS or by mail or fax using an Acute Communicable Disease Case Report F-441451 or STD Case Report Form F-4243.
 - HIV/AIDS should be reported directly to the Wisconsin HIV Program. AIDS has been reclassified as HIV Stage III.
 - Provide completed information on appropriate disease reporting form or enter the data into the Wisconsin Electronic Disease Surveillance System (WEDSS)
 - ◇ Acute and Communicable Disease Case Report (DHS F-44151)
 - ◇ Sexually Transmitted Disease Case Report (DHS F-44243)
 - ◇ Human Immunodeficiency Virus (HIV) Case Report (DHS F-44338)
 - ◇ Latent Tuberculosis Infection (LTBI) follow up report (DHS F-44125)
- For more information:
- EPINET manual
 - ⇒ <http://www.dhs.wisconsin.gov/disease>
 - ⇒ To order reporting forms call: (608) 267-9054

Report to the local health department in the area where the patient resides.

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| • Brown County Public Health | 920-448-6400 | Fax: 920-448-6449 |
| • City of De Pere | 920-339-4054 | Fax: 920-339-2745 |
| • Oneida Nation—Community Health | 920-869-2711 | Fax: 920-869-6329 |

