

REPORTABLE 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 a suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DOH4151) 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}	Measles ^{1,2,3,4,5}
Botulism ^{1,4}	Meningococcal disease ^{1,2,3,4,5}
Botulism, infant ^{1,2,4}	Pertussis (whooping cough) ^{1,2,3,4,5}
Cholera ^{1,3,4}	Plague ^{1,4,5}
Diphtheria ^{1,3,4,5}	Poliomyelitis ^{1,4,5}
Foodborne or waterborne outbreaks ^{1,2,3,4}	Rabies (human) ^{1,4,5}
Haemophilus influenzae invasive disease (including epiglottitis) ^{1,2,3,5}	Ricin toxin ^{4,5}
Hantavirus infection ^{1,2,4,5}	Rubella ^{1,2,4,5}
Hepatitis A ^{1,2,3,4,5}	Rubella (congenital syndrome) ^{1,2,5}
Hepatitis E ^{3,4}	Smallpox ^{4,5}
	Tuberculosis ^{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 (DOH4151) 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}	Giardiasis ^{3,4}
Arboviral infection ^{1,4} (encephalitis/meningitis)	Hemolytic uremic syndrome ^{1,2,4}
Babesiosis ^{4,5}	Hepatitis B ^{1,2,3,4,5}
Blastomycosis ⁵	Hepatitis C ^{1,2}
Brucellosis ^{1,4}	Hepatitis non-A, non-B (acute) ^{1,2}
Campylobacteriosis (campylobacter infection) ^{3,4}	Hepatitis D ^{2,3,4,5}
Cat Scratch Disease (infection caused by Bartonella species) ⁵	Histoplasmosis ⁵
Cryptosporidiosis ^{1,2,3,4}	Kawasaki disease ²
Cyclosporiasis ^{1,4,5}	Legionellosis ^{1,2,4}
Ehrlichiosis ^{1,5}	Leprosy (Hansen Disease) ^{1,2,3,4,5}
Encephalitis, viral (other than arboviral)	Leptospirosis ⁴
E. coli 0157:H7, and other enterohemorrhagic E. coli, enteropathogenic E. coli, enteroinvasive E. coli, enterotoxigenic E. coli. ^{1,2,3,4}	Listeriosis ^{2,4}
	Lyme disease ^{1,2}
	Malaria ^{1,2,4}
	Meningitis, bacterial (other than Haemophilus influenzae or meningococcal) ²
	Meningitis, viral (other than arboviral)

Category II: (continued)

Mumps ^{1,2,4,5}	Streptococcus pneumoniae invasive disease (invasive pneumococcal) ¹
Mycobacterial disease (nontuberculous)	Tetanus ^{1,2,5}
Psittacosis ^{1,2,4}	Toxic shock syndrome ^{1,2}
Q Fever ^{4,5}	Toxic substance related diseases:
Reye syndrome ²	Infant methemoglobinemia
Rheumatic fever (newly diagnosed and meeting the Jones criteria) ⁵	Lead intoxication (specify Pb levels)
Rocky Mountain spotted fever ^{1,2,4,5}	Other metal and pesticide poisonings
Salmonellosis ^{1,3,4}	Toxoplasmosis
Sexually transmitted diseases:	Trichinosis ^{1,2,4}
Chancroid ^{1,2}	Tularemia ⁴
Chlamydia trachomatis infection ^{2,4,5}	Typhoid fever ^{1,2,3,4}
Genital herpes infection ² (first episode identified by health care provider)	Typhus fever ⁴
Gonorrhea ^{1,2,4,5}	Varicella (chicken pox)-report number of cases only
Pelvic inflammatory disease ²	Yersiniosis ^{3,4}
Syphilis ^{1,3,4}	Suspected outbreaks of other acute or occupationally-related diseases
Shigellosis ^{1,3,4}	
Streptococcal disease (all invasive disease caused by Groups A and B streptococci)	

Category III: The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DOH4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DOH4338) 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/uL, or CD4+ T-lymphocyte percentage of total lymphocytes of <14²

KEY

- ¹ Infectious diseases designated as notifiable at the national level
- ² Wisconsin or CDC follow-up is required. Local health departments have templates of these forms in the EpiNet manual
- 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 health department is needed.
- ⁵ Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.