

ORDERING REPORT FORMS AND FOLLOW-UP FORMS

DPH 4151 – Acute & Communicable Disease Case Report form

DPH 4243 – Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report form

CDC 53.1 – Viral Hepatitis Case Report form

To request these forms, contact the Wisconsin Division of Public Health Bureau of Communicable Diseases, (608) 267-9003. These forms can also be printed or ordered electronically by visiting the following state website:

<http://dhs.wisconsin.gov/forms/PrintFormsOnline.htm>

For information on the **EPINET manual**, a comprehensive resource document that clarifies reporting criteria and responsibility for disease reporting, contact the Wisconsin Communicable Disease Epidemiology Section at:

(608) 267-9003

or visit the EPINET manual website at:
<http://hanplus.wisc.edu/EPINET/>

FOODBORNE AND WATERBORNE DISEASE OUTBREAKS

Foodborne and waterborne disease outbreaks are of urgent public health importance and immediate reporting of these diseases or outbreaks by physicians, laboratory directors and other public and private health care providers to local health departments is mandated by Wisconsin law.²

²WI State Statutes Chapter 252.05

WISCONSIN ELECTRONIC DISEASE SURVEILLANCE SYSTEM (WEDSS)

WEDSS is a state-wide communicable disease reporting system designed to facilitate the reporting of diseases from medical providers to local health departments. For more information about WEDSS, please visit the state WEDSS website at:

<http://dhs.wisconsin.gov/wiphin/WEDSS.htm>

REPORT COMMUNICABLE DISEASES TO SURVNET BY:

Mail: SurvNet
841 North Broadway, 1st Floor
Milwaukee, WI 53202

Phone: (414) 286-3624

Fax: (414) 286-0280

Email: SurvNet@milwaukee.gov

For consultation contact the City of Milwaukee Health Department Communicable Disease Unit:

- SurvNet Office Assistant
- Public Health Nursing Communicable Disease Coordinators
- Infectious Disease Epidemiologist

at: (414) 286-3624
(414) 286-2150 (after hours)

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Tom Barrett, Mayor
Bevan K. Baker,
Commissioner of Health
www.milwaukee.gov/health

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SurvNet

414-286-3624

MILWAUKEE COUNTY COMMUNICABLE DISEASE SURVEILLANCE NETWORK

facilitated through the
City of Milwaukee Health Department

Serving:

Bayside	Oak Creek
Brown Deer	River Hills
Cudahy	St. Francis
Fox Point	Shorewood
Franklin	South Milwaukee
Glendale	Wauwatosa
Greendale	West Allis
Greenfield	West Milwaukee
Hales Corners	Whitefish Bay
Milwaukee	

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REPORTING OF COMMUNICABLE DISEASES IS REQUIRED

by Wisconsin State Statute Chapter 252

(and Wisconsin Administrative Code HFS 145.)

Persons required to report include any person licensed under State Statute Chapters 441 and 448, or any other person having knowledge that a person has a communicable disease.

SurvNet, located within the City of Milwaukee Health Department, is a “ONE CALL” site to facilitate reporting of communicable diseases within Milwaukee County (exclusive of HIV/AIDS).

SurvNet conducts county-wide communicable disease surveillance, identifies trends, and addresses shared concerns within the county.

Reports to **SurvNet** can be submitted electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS). If the reporter is not using WEDSS, reports can be phoned, faxed and/or mailed.

After a report is received by **SurvNet**, the local public health agency serving the area in which the case resides is notified for follow-up and completion of the epidemiological investigation.

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 suspected case. In addition to the immediate report, complete and mail an Acute and Communicable Diseases Case Report (DPH 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. HFS 145.04 (3) (a).

Any illness caused by an agent that is foreign, exotic, or unusual to Wisconsin, and that has public health implications ⁴	Pertussis (whooping cough) ^{1,2,3,4,5}
Anthrax ^{1,4,5}	Plague ^{1,4,5}
Botulism ^{1,4}	Poliovirus infection (paralytic and nonparalytic) ^{1,4,5}
Botulism, infant ^{1,2,4}	Rabies (human) ^{1,4,5}
Cholera ^{1,3,4}	Ricin toxin ^{4,5}
Diphtheria ^{1,3,4,5}	Rubella ^{1,2,4,5}
Haemophilus influenzae invasive disease, (including epiglottitis) ^{1,2,3,5}	Rubella (congenital syndrome) ^{1,2,5}
Hantavirus infection ^{1,2,4,5}	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) ^{1,2,3,4}
Hepatitis A ^{1,2,3,4,5}	Smallpox ^{4,5}
Measles ^{1,2,3,4,5}	Tuberculosis ^{1,2,3,4,5}
Meningococcal disease ^{1,2,3,4,5}	Vancomycin-intermediate resistant Staphylococcus aureus (VISA) and Vancomycin-resistant Staphylococcus aureus (VRSA) infection ^{1,4,5}
Outbreaks, foodborne or waterborne ^{1,2,3,4}	Yellow Fever ^{1,4}
Outbreaks, suspected, of other acute or occupationally related diseases ^{1,2,3,4}	

Category II:

The following diseases shall be reported to the local health officer on an Acute & Communicable Disease Case Report (DPH 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. HFS 145.04 (3) (b).

Arboviral disease ^{1,2,4}	Giardiasis ^{3,4}
Babesiosis ^{4,5}	Gonorrhea ^{1,2,4,5}
Blastomycosis ⁵	Hemolytic uremic syndrome ^{1,2,4}
Brucellosis ^{1,4}	Hepatitis B ^{1,2,3,4,5}
Campylobacteriosis (campylobacter infection) ^{3,4}	Hepatitis C ^{1,2}
Chancroid ^{1,2}	Hepatitis D ^{2,3,4,5}
Chlamydia trachomatis infection ^{2,4,5}	Hepatitis E ^{3,4}
Cryptosporidiosis ^{1,2,3,4}	Histoplasmosis ⁵
Cyclosporiasis ^{1,4,5}	Influenza-associated pediatric death ¹
Ehrlichiosis (anaplasmosis) ^{1,5}	Influenza A virus infection, novel subtypes
E. coli O157:H7, other Shiga toxin-producing E. coli (STEC), enteropathogenic E. coli, enteroinvasive E. coli, and enterotoxigenic E. coli ^{1,2,3,4}	Kawasaki disease ²
	Legionellosis ^{1,2,4}
	Leprosy (Hansen's disease) ^{1,2,3,4,5}

continued next column

Leptospirosis ⁴	Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)
Listeriosis ^{2,4}	Streptococcus pneumoniae invasive disease (invasive pneumococcal) ¹
Lyme disease ^{1,2}	Syphilis ^{1,2,4,5}
Lymphocytic Choriomeningitis Virus (LEMV) infection ⁴	Tetanus ^{1,2,5}
Malaria ^{1,2,4}	Toxic shock syndrome ^{1,2}
Meningitis, bacterial (other than Haemophilus influenzae, meningococcal, or streptococcal, which are reportable as distinct diseases) ²	Toxic substance related diseases: Infant methemoglobinemia Lead intoxication (specify Pb levels) Other metal and pesticide poisonings
Mumps ^{1,2,4,5}	Toxoplasmosis
Mycobacterial disease (nontuberculous)	Transmissible spongiform encephalopathy (TSE, human)
Psittacosis ^{1,2,4}	Trichinosis ^{1,2,4}
Pelvic inflammatory disease ²	Tularemia ⁴
Q Fever ^{4,5}	Typhoid fever ^{1,2,3,4}
Rheumatic fever (newly diagnosed and meeting the Jones criteria) ⁵	Varicella (chicken pox) ^{1,3,5}
Rocky Mountain spotted fever ^{1,2,4,5}	Vibrosis ^{1,3,4}
Salmonellosis ^{1,3,4}	Yersiniosis ^{3,4}
Shigellosis ^{1,3,4}	

Category III:

The following diseases shall be reported to the state epidemiologist on an AIDS Case Report (DPH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DPH 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 Immunodeficiency Syndrome (AIDS)^{1,2,4}

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

CD4+ T-lymphocyte count <200/μL, or CD4+ T-lymphocyte percentage of total lymphocytes of <14.²

KEY:

- ¹ Infectious diseases designated as notifiable at the national level.
- ² Wisconsin or CDC follow-up form 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.