

REPORTABLE DISEASES & CONDITIONS

Jefferson County Health Department

Wisconsin Statute Chapter 252.05 and Administrative Rule Chapter HFS 145 require reporting of communicable diseases to local health departments within the designated time frames. Communicable Disease investigations are HIPAA exempt. Thank you for your assistance.

CATEGORY I: **CALL IMMEDIATELY UPON SUSPICION OR TESTING (920) 674-7275**
After hours call Gail Scott, Director/Health Officer: (920) 988-3381*

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| ANTHRAX | MEASLES | RUBELLA |
| BOTULISM | MENINGOCOCCAL DISEASE | RUBELLA (CONGENITAL SYNDROME) |
| BOTULISM, INFANT | OUTBREAKS: FOOD OR | SARS-CoV (SEVERE ACUTE RESP SYND- |
| CHOLERA | WATERBORNE, OTHER | ASSOC CORONA VIRUS) |
| DIPHTHERIA | PERTUSSIS ("WHOOPIING COUGH") | SMALLPOX |
| HAEMOPHILUS INFLUENZAE INVASIVE | PLAGUE | TUBERCULOSIS |
| DISEASE (INCLUDING EPIGLOTTITIS) | POLIOMYELITIS | UNUSUAL/EXOTIC DISEASES |
| HANTAVIRUS | RABIES (HUMAN) | VISA/VRSA |
| HEPATITIS A | RICIN TOXIN | YELLOW FEVER |

CATEGORY II: **REPORT WITHIN 72 HOURS (920) 674-7275**
Call (920) 674-7488 to speak with CD nurse or leave a confidential voicemail

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| ARBOVIRAL INFECTION (ENCEPHALITIS/MENINGITIS) (I.E., WEST NILE VIRUS) | LISTERIOSIS | SHIGELLOSIS (SHIGELLA DIARRHEA) |
| BABESIOSIS | LYME DISEASE | STREPTOCOCCUS GROUP A INVASIVE DISEASE |
| BLASTOMYCOSIS | LYMPHOCYTIC CHORIOMENINGITIS VIRUS (LCMV) | STREPTOCOCCUS GROUP B INVASIVE DISEASE |
| BRUCELLOSIS | MALARIA | STREPTOCOCCUS PNEUMONIAE (PNEUMOCOCCUS) INVASIVE DISEASE |
| CAMPYLOBACTERIOSIS (CAMPYLOBACTER DIARRHEA) | MENINGITIS, BACTERIAL (OTHER THAN HAEMOPHILUS INFLUENZAE, MENINGOCOCCAL DISEASE, OR STREPTOCOCCAL) | TETANUS |
| CRYPTOSPORIDIOSIS | MUMPS | TOXIC SHOCK SYNDROME |
| CYCLOSPORIASIS | MYCOBACTERIAL DISEASE (NONTUBERCULOSIS) | TOXIC SUBSTANCE RELATED DISEASES: INFANT METHEMOGLOBINEMIA, LEAD INTOXICATION (SPECIFY PB LEVELS), OTHER METAL AND PESTICIDE POISONINGS |
| E. COLI 0157:H7 (AND STEC, EHEC, EPEC, ETEC, EIEC) | PSITTACOSIS | TOXOPLASMOSIS |
| EHRlichiosis | Q FEVER | TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY (TSE, HUMAN; CJD) |
| GIARDIASIS (GIARDIA DIARRHEA) | RHEUMATIC FEVER (NEW DIAGNOSIS/MEETS JONES CRITERIA) | TRICHINOSIS |
| HEMOLYTIC UREMIC SYNDROME (HUS) | ROCKY MOUNTAIN SPOTTED FEVER | TULAREMIA |
| HEPATITIS B | SALMONELLOSIS | TYPHOID FEVER |
| HEPATITIS C | SEXUALLY TRANSMITTED DISEASES: CHANCROID | VARICELLA (CHICKENPOX) |
| HEPATITIS D | CHLAMYDIA TRACHOMATIS INFECTION | VIBRIOSIS |
| HISTOPLASMOSIS | GONORRHEA | YERSINIOSIS |
| INFLUENZA-ASSOCIATED HOSPITALIZATION, PEDIATRIC DEATH, OR NOVEL STRAIN | PELVIC INFLAMMATORY DISEASE | |
| KAWASAKI DISEASE | SYPHILIS | |
| LEGIONELLOSIS (LEGIONELLA) | | |
| LEPROSY (HANSEN DISEASE) | | |
| LEPTOSPIROSIS | | |

CATEGORY III: **REPORT WITHIN 72 HOURS to State Epidemiologist (608) 267-5287**

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS); HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION;
CD4+ T-LYMPHOCYTE <200/UL OR CD4+ T-LYMPHOCYTE PERCENTAGE OF TOTAL LYMPHOCYTES OF <14

ALL REPORTS ARE CONFIDENTIAL AND SHOULD INCLUDE: ♦ DISEASE BEING REPORTED
♦ PATIENT'S NAME, AGE, GENDER, RACE/ETHNICITY, ADDRESS, TELEPHONE NO. ♦ PROVIDER NAME, ADDRESS, TELEPHONE NO.

***After hours back-up to Health Officer:**

Diane Nelson, RN Manager (608) 322-8439 or Katrina Waldron, RN, MSN (920) 728-1561