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To: Local Public Health Agencies and Wisconsin Clinicians

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## New Environmental and Occupational Reportable Conditions

On July 1, 2018, revisions to Wis. Admin. Code ch. DHS 145 were published in the Administrative Register. The list of [Communicable Diseases and Other Notifiable Conditions in Appendix A](#) includes new environmental and occupational conditions that are outlined below.

### Carbon Monoxide Poisoning (Category II)

Carbon monoxide (CO) poisoning is an important cause of morbidity and mortality and results in approximately 400 emergency department visits and 50 hospitalizations in Wisconsin annually. Electronic submission of laboratory CO testing data will begin in July and populate a new module within the Wisconsin Electronic Disease Surveillance System (WEDSS). Local public health agencies (LPHAs) will perform case follow-back to gain information about the nature and cause of CO exposures, which will inform public health outreach and prevention efforts. A webinar was held on July 10, 2018 to provide information on CO poisoning, review the case reporting and investigation protocol, and discuss the WEDSS CO module. The webinar was recorded and is [archived for viewing](#). For further information, please contact the [Wisconsin Environmental Public Health Tracking Program](#).

### Occupational Lung Diseases (Category II)

Appendix A also contains new reporting requirements for four occupational lung diseases: silicosis, asbestosis, chemical pneumonitis, and lung diseases caused by biodusts and bioaerosols. These conditions do not have an associated laboratory reporting component. Health care providers should report any suspected cases electronically through WEDSS or by mailing or faxing a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form. BEOH will perform case investigations unless local health departments choose to conduct routine follow-up for all cases in their jurisdictions. Case investigation may include information collected by phone, in-person, in writing, or through review of medical records or disease report forms, as necessary and appropriate. WEDSS modules for each condition have been developed. LPHAs will gather initial demographic information from reporters and then submit cases to the state through WEDSS for further investigation. LPHAs that choose to perform their own case follow-back, including completion of the full patient interview and/or review of medical records, should notify the [BEOH Occupational Health Program](#).

### Blue-Green Algae (Cyanobacteria) and Cyanotoxin Poisoning (Category II)

Cyanobacteria, also known as blue-green algae, are aquatic photosynthetic bacteria naturally present in water bodies across Wisconsin. Some cyanobacteria species produce water-soluble toxins called

cyanotoxins. Exposure to cyanotoxins or algal material through ingestion, inhalation, or contact can cause cyanobacterial poisoning in humans and animals. Risk is highest during cyanobacteria blooms where the concentration of cyanobacteria in water bodies can increase dramatically. Timely recognition and reporting of suspected cases of cyanobacterial poisoning enables public health professionals to investigate and intervene to prevent additional exposures and illnesses. Diagnosis of cyanobacteria and cyanotoxin poisoning involves the observation of symptoms and clinical signs (that is, gastrointestinal, respiratory, or dermal) and exposure to water that is suspected of, or tested to show evidence of, elevated cyanobacteria and/or cyanotoxin levels (for example, visual evidence of algal bloom mentioned by patient, health advisory signage posted, known public beach closure). Diagnosis is clinical; there is no associated laboratory reporting component. Health care providers should report any suspected human cases electronically through WEDSS or by mailing or faxing a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form. Due to the complexity of case investigation and risk assessment, BEOH will perform case investigations unless local health departments choose to conduct initial routine follow-up for all cases in their jurisdictions. LPHAs that choose to perform their own initial case follow-up, including completion of the full patient interview and/or review of medical records, should notify the [BEOH Harmful Algal Blooms Program](#). BEOH will work with LPHAs and other state agencies during investigations to coordinate environmental sampling, water testing, and public health intervention (for example, advisory postings, beach closures), as necessary and appropriate. A webinar will be held this summer to provide additional information on reporting of cyanobacteria and cyanotoxin poisoning.