

Reportable Communicable Disease Conditions in Wisconsin

Bureau of Communicable Diseases (BCD) Resource Center

BCD contact

Main: 608-267-9003

After hours: 800-943-0003 (option 4)

Healthcare-Associated Infections (HAI) Program

Contact the HAI program by [email](#) or phone: 608-267-7711

Online resources

- [Communicable Diseases and Other Notifiable Conditions](#)
- [Disease Reporting](#)

Local or Tribal Health Department (LTHD) contact

Main: _____

Fax: _____

Regional infection preventionist

Name: _____

Main: _____

Email: _____

Other important LTHD contacts*

Nurse call center: _____

Immunization: _____

Infection prevention: _____

Environmental health: _____

**All may not apply*

Disease Reporting Categories

Category I: Category I diseases are urgent public health matters and should be reported 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, complete and fax, mail, or electronically report an [Acute and Communicable Diseases Case Report](#) 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.

Category II: Category II diseases should be reported by fax, mail, or electronic reporting to the patient's local health officer or to the local health officer's designee on an [Acute and Communicable Disease Case Report](#) 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.

Category III: Category III diseases should be reported to the state epidemiologist on a [Wisconsin Human Immunodeficiency Virus \(HIV\) Infection Case Report Form](#) and fax, mail, or call within 72 hours after identification of a known or suspected case. Additionally, the following laboratory results shall be reported on all persons newly or previously diagnosed with HIV infection each time the test is conducted: all CD4+ test results (CD4+ T-lymphocyte counts and percentages), both detectable and undetectable HIV viral load results, HIV genotypic results, and all components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive. For more information about HIV reporting, please refer to the [Wisconsin HIV reporting fact sheet](#). For any questions about HIV case surveillance and reporting, please [contact the HIV Program](#); the secure fax is 608-266-1288.



Category I Diseases

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| Anthrax | Poliovirus infection (paralytic or nonparalytic) |
| Botulism (<i>Clostridium botulinum</i>) (including foodborne, infant, wound, and other) | Primary Amebic Meningoencephalitis (PAM) (<i>Naegleria fowleri</i>) |
| Cholera (<i>Vibrio cholera</i>) | Rabies (human, animal) |
| Diphtheria (<i>Corynebacterium diphtheria</i>) | Ricin toxin |
| Haemophilus influenzae invasive disease , (including epiglottitis) | Rubella |
| Hantavirus infection | Rubella (congenital syndrome) |
| Hepatitis A | Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) |
| Measles (rubeola) | Smallpox |
| Meningococcal disease (<i>Neisseria meningitidis</i>) | Tuberculosis |
| Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV) | Viral Hemorrhagic Fever (VHF) (including Crimean-Congo, Ebola, Lassa, Lujo, and Marburg viruses, and New World Arenaviruses) |
| Monkeypox | Yellow fever |
| Pertussis (whooping cough, caused by any <i>Bordetella</i> infection) | Outbreaks, confirmed or suspected: |
| Plague (<i>Yersinia pestis</i>) | Foodborne or waterborne |
| | Occupationally-related diseases |
| | Other acute illnesses |

Category II Diseases

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| Anaplasmosis | Carbapenemase-producing carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CP-CRPA) |
| 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) | Chancroid (<i>Haemophilus ducreyi</i>) |
| Babesiosis | <i>Chlamydia trachomatis</i> infection |
| Blastomycosis | Coccidioidomycosis (Valley Fever) |
| Borreliosis (other than Lyme disease which is reportable as a distinct disease) | COVID-19-Associated Pediatric Mortality |
| Brucellosis | COVID-19 Hospitalizations |
| <i>Candida auris</i> | Cryptosporidiosis (<i>Cryptosporidium</i> infection) |
| Campylobacteriosis (<i>Campylobacter</i> infection) | <i>Cronobacter</i>, Invasive Infection-Infant |
| Carbapenemase-producing carbapenem-resistant <i>Acinetobacter baumannii</i> (CP-CRAB) | Cyclosporiasis (<i>Cyclospora</i> infection) |
| Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE) | Ehrlichiosis |
| | Environmental and occupational lung diseases (including asbestosis, silicosis, and chemical pneumonitis, and occupational lung diseases caused by bio-dusts and bio-aerosols) |



Category II Diseases Continued

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| <i>E. coli</i> infection, caused by Shiga toxin-producing <i>E. coli</i> (STEC) | Rheumatic fever (newly diagnosed and meeting the Jones criteria) |
| <i>E. coli</i> infection caused by enteropathogenic (EPEC), enteroinvasive (EIEC), or enterotoxigenic <i>E. coli</i> (ETEC) | Rickettsiosis (other than spotted fever rickettsiosis which is reportable as a distinct disease) |
| Free-living amebae infection (including Acanthamoeba disease (including keratitis) and Balamuthia mandrillaris disease) | RSV-Associated Pediatric Mortality |
| Giardiasis | RSV Hospitalizations |
| Gonorrhea (<i>Neisseria gonorrhoeae</i>) | Salmonellosis |
| Hemolytic uremic syndrome | Shigellosis (<i>Shigella infection</i>) |
| Hepatitis B | Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever) |
| Hepatitis C | Streptococcal disease (all invasive disease caused by Groups A and B <i>Streptococci</i>) |
| Hepatitis D | Streptococcus pneumoniae invasive disease (invasive pneumococcal) |
| Hepatitis E | Syphilis (<i>Treponema pallidum</i>) *only approved LTHDs should enter syphilis information into WEDSS |
| Histoplasmosis | Tetanus |
| Influenza-associated hospitalization | Toxic shock syndrome |
| Influenza-associated pediatric death | Toxic substance related diseases: |
| Influenza A virus infection, novel subtypes | Blue-green algae (Cyanobacteria) and Cyanotoxin poisoning |
| Kawasaki disease | Carbon monoxide poisoning |
| Latent Tuberculosis infection (LTBI) | Infant methemoglobinemia |
| Legionellosis | Lead (Pb) intoxication (specify Pb levels) *Please refer to Wis. Admin. Code § DHS 181.05 for more stringent reporting timelines of blood lead tests. |
| Leprosy (Hansen's Disease) | Metal poisonings other than lead (Pb) |
| Leptospirosis | Pesticide poisonings |
| Listeriosis | Toxoplasmosis |
| Lyme disease | Transmissible spongiform encephalopathy (TSE, human) |
| Lymphocytic Choriomeningitis Virus (LCMV) infection | Trichinosis |
| Malaria (<i>Plasmodium infection</i>) | Tularemia (<i>Francisella tularensis</i>) |
| Meningitis, bacterial (other than <i>Haemophilus influenzae</i> , meningococcal or streptococcal, which are reportable as distinct diseases) | Typhoid fever (<i>Salmonella Typhi</i>) |
| Multi System Inflammatory Syndrome in Children (MIS-C) | Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection |
| Mumps | Varicella (chickenpox) |
| Mycobacterial disease (nontuberculous) | Vibriosis (non-cholera <i>Vibrio infection</i>) |
| Pelvic inflammatory disease | Yersiniosis |
| Psittacosis | Zika virus infection |
| Q Fever (<i>Coxiella burnetii</i>) | |

Category III Diseases

Human immunodeficiency virus (HIV) infection
(AIDS has been reclassified as HIV Stage III)

