DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44151 (Rev. 08/08)

ACUTE & COMMUNICABLE DISEASE CASE REPORT

Information for completing this form on reverse side

STATE OF WISCONSIN
s. 252.05, Wis. Stats
(608) 267-9003

DEMOGRAPHIC DATA PATIENT INFORMATION

Case Identification for all Category I and II Diseases

Patient's Name (Last) (First) (M.I.) | Date of Birth (mm/dd/yyyy) | Age | Sex ☐ Male ☐ Female

Patient's Address | City | State | Zip Code

County of Residence | Home Telephone ( ) | Work Telephone ( )

Patient's Parent / Guardian if patient is a minor (not needed for STD) | Patient's Employer & Occupation or School, Day Care, Institution

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hawaiian or Pacific Islander ☐ White ☐ Other Specify:

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Patient Pregnant? ☐ Yes ☐ No | If yes, Due date (mm/dd/yyyy) | Patient Died of This Illness? ☐ Yes ☐ No | Patient Hospitalized? ☐ Yes ☐ No

MORBIDITY DATA

Disease / Organism | Date of Onset _____ ☐ Asymptomatic | Specimen Type | Outbreak Related? ☐ Yes ☐ No ☐ Unknown | Underlying Medical Condition? ☐ Unknown ☐ Yes, specify: ☐ No

Lab data (test name, test date, test result; include confirmatory tests) | Immunization data (immunization name and date(s))

SEXUALLY TRANSMITTED DISEASES

Complete appropriate section for specific disease(s)

☐ Syphilis
- ☐ Primary (chancre present)
- ☐ Secondary (skin lesions, rash, etc.)
- ☐ Early Latent (asymptomatic, < 1 yr)
- ☐ Late Latent (over 1 yr duration)
  - ☐ Neurosyphilis
  - ☐ Cardiovascular ☐ Other
- ☐ Congenital

☐ Gonorrhea ☐ Chlamydia
- ☐ Asymptomatic
- ☐ Uncomplicated Urogenital (Urethritis,Cervicitis)
- ☐ Salpingitis (PID)
- ☐ Ophthalmia/Conjunctivitis
- ☐ Other (Arthritis, skin lesions, etc.)
- ☐ Resistant Gonorrhea
  - ☐ Pencillinase-Producing ☐ Other

☐ Chancroid

For all STDs:

Has patient been treated? ☐ Yes ☐ No

Date(s) of Treatment (mm/dd/yyyy) _____

Type and Amount of Treatment

ENTERIC DISEASES AND HEPATITIS

Campylobacter, Cryptosporidia, E. coli, Giardia, Hepatitis A, Salmonella, Shigella, Yersinia

Check below if patient:

Yes	No	Unknown	
☐	☐	☐	is a food handler.
☐	☐	☐	attends or works at a day care center.
☐	☐	☐	is a health care worker.
☐	☐	☐	is in contact with animals. Specify animal: _____
☐	☐	☐	drinks unpasteurized milk.
☐	☐	☐	traveled out-of-state. Location / dates: _____

Other: _____

Hepatitis B and C Laboratory Results

HBsAg	☐ Positive	☐ Negative
anti-HBs	☐ Positive	☐ Negative
anti-HBc	☐ Positive	☐ Negative
anti-HBc-IgM	☐ Positive	☐ Negative
HepC-EIA	☐ Positive	☐ Negative
HepC-RIBA	☐ Positive	☐ Negative
HepC-PCR	☐ Positive	☐ Negative

TUBERCULOSIS

Mycobacteriology

Specimen type and date collected (mm/dd/yyyy)

Smear
☐ Positive ☐ Negative ☐ Pending ☐ Not done

Nucleic acid amplification
☐ Positive ☐ Negative ☐ Pending ☐ Not done ☐ Indeterminate

Culture
☐ Positive ☐ Negative ☐ Pending ☐ Not done

If culture positive:
☐ *M. tuberculosis* complex
☐ Atypical Mycobacteria, Specify:

Patient's country of origin | Date arrived in U.S.

Chest X-ray and CT Scan

Chest Xray
☐ Not done ☐ Unknown
☐ Normal ☐ Abnormal

For abnormal CXR:
Evidence of cavity
☐ Yes ☐ No ☐ Unknown
Evidence of miliary TB
☐ Yes ☐ No ☐ Unknown

Chest CT or other imaging study:
☐ Not done ☐ Unknown
☐ Normal ☐ Abnormal

For abnormal CT or other study:
Evidence of cavity
☐ Yes ☐ No ☐ Unknown
Evidence of miliary TB
☐ Yes ☐ No ☐ Unknown

Tuberculin Test

Mantoux
☐ Not Done
Date Done (mm/dd/yyyy) _____
Result (mm induration)
☐ Positive _____ mm
☐ Negative _____ mm
If negative, anergic?
☐ Yes ☐ No

Blood Assay
Date Done: _____
☐ Positive ☐ Negative
☐ Indeterminate

Date/time **called** to local public health (mm/dd/yyyy, hour)

Treatment
☐ Isoniazid
☐ Rifampin
☐ Pyrazinamide
☐ Ethambutol
☐ Other, specify: _____

Date started (mm/dd/yyyy) _____

VARICELLA AND COMMENTS

Varicella Severity Estimate: ☐ Mild (<50 lesions) ☐ Moderate (Approx. 50-499 lesions) ☐ Severe (Approx. 500+ lesions)

Epi-Linked to Another Varicella Case? ☐ Yes ☐ No ☐ Unknown Epi-Linked Case Name _____

Comments: | Date rec'dby LHD | Date sent to DPH

REPORTING SOURCE (REQUIRED)

Agency Reporting (Name & Address) | Date reported | Telephone No. ( )

Date of Interview

Attending Physician (Name & Address) | Interviewer Initials | Telephone No. ( )

COPY 1 – STATE EPIDEMIOLOGIST **COPY 2 – LOCAL HEALTH AGENCY** **COPY 3 – PATIENT MEDICAL RECORD**

Information for Completing
ACUTE AND COMMUNICABLE DISEASE CASE REPORT

WISCONSIN STATUTE CHAPTER 252.05 AND ADMINISTRATIVE RULE CHAPTER HFS 145 REQUIRE REPORTING OF COMMUNICABLE DISEASES.
Persons required to report include any person licensed under ch. 441 and 448, Wis. Stats., or any other person having knowledge that a person has a communicable disease such as:

- A person in charge of infection control at a health care facility
- Laboratory directors
- School nurses, principals of schools and day care center directors

For further information see Wisconsin Administrative Rule HFS 145.

Diseases listed under categories I and II are to be reported to the local city or county health officer located in the local public health department of the patient's place of residence. Category III conditions must be reported directly to the state epidemiologist. Complete the "Demographic Data", "Morbidity Data" and "Reporting Source" sections for ALL diseases. For diseases preceded by an asterisk (*), provide immunization history. Follow-up epidemiologic information may be requested by local or state public health officials. Send copy "A" and copy "B" to the local health officer. Copy "C" may be retained with the patient's record.

REPORT THE FOLLOWING DISEASES TO YOUR LOCAL HEALTH AGENCY

CATEGORY I:.

The following diseases are of urgent public health importance and shall be reported IMMEDIATELY by telephone or fax to the patient's local health officer upon identification of a case or suspected case. In addition to the immediate report, within 24 hours complete and mail an Acute and Communicable Diseases Case Report (DPH 4151) or enter the report into the Wisconsin Electronic Disease Surveillance System. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax[1,4,5]
Botulism[1,4]
Botulism, infant[1,2,4]
Cholera[1,3,4]
*Diphtheria[1,3,4,5]
*Haemophilus influenzae invasive disease, (including epiglottitis)[1,2,3,5]
Hantavirus infection[1,2,4,5]
*Hepatitis A[1,2,3,4,5]
*Measles[1,2,3,4,5]
Meningococcal disease[1,2,3,4,5]
Outbreaks, foodborne or waterborne[1,2,3,4]
Outbreaks, suspected, of other acute or occupationally-related diseases
*Pertussis (whooping cough)[1,2,3,4,5]
Plague[1,4,5]
*Poliovirus infection (paralytic or nonparalytic)[1,4,5]
Rabies (human)[1,4,5]
Ricin toxin[4,5]
*Rubella[1,2,4,5]
*Rubella (congenital syndrome)[1,2,5]
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)[1,2,3,4]
Smallpox[4,5]
Tuberculosis[1,2,3,4,5]
Vancomycin-intermediate *Staphylococcus aureus* (VISA) and Vancomycin-resistant Staphylococcus aureus (VRSA) infection[1,4,5]
Yellow fever[1,4]

Any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications[4]

CATEGORY II:.

The following diseases shall be reported to the local health officer on an Acute and 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]
Babesiosis[4,5]
Blastomycosis[5]
Brucellosis[1,4]
Campylobacteriosis (campylobacter infection)[3,4]
Chancroid[1,2,4,5]
Chlamydia trachomatis infection[1,2,4,5]
Cryptosporidiosis[1,2,3,4]
Cyclosporiasis[1,4,5]
Ehrlichiosis (anaplasmosis)[1,5]
E. coli 0157:H7, other Shiga toxin-producing E. coli (STEC), enteropathogenic E. coli, enteroinvasive E. coli, and enterotoxigenic E. coli.[1,2,3,4]
Giardiasis[3,4]
Gonorrhea[1,2,4,5]
Hemolytic uremic syndrome[1,2,4]
*Hepatitis B[1,2,3,4,5]
Hepatitis C[1,2]
Hepatitis D[2,3,4,5]
Hepatitis E[3,4]
Histoplasmosis[5]
Influenza-associated pediatric death[1,2]
Influenza A virus infection, novel subtypes[1,2]
Kawasaki disease[2]
Legionellosis[1,2,4]
Leprosy (Hansen Disease)[1,2,3,4,5]
Leptospirosis[4]
Listeriosis[2,4]
Lyme disease[1,2]
Lymphocytic Choriomeningitis Virus (LCMV) infection[4]
Malaria[1,2,4]
Meningitis, bacterial (other than Haemophilus influenzae, meningococcal or streptococcal, which are reportable as distinct diseases)[2]
*Mumps[1,2,4,5]
Mycobacterial disease (nontuberculous)
Psittacosis[1,2,4]
Pelvic inflammatory disease[2,5]
Q Fever[4,5]
Rheumatic fever (newly diagnosed and meeting the Jones criteria)[5]
Rocky Mountain spotted fever[1,2,4,5]
Salmonellosis[1,3,4]
Syphilis[1,2,4,5]
Shigellosis[1,3,4]
Streptococcal disease (all invasive disease caused by Groups A and B streptococci)
Streptococcus pneumoniae invasive disease (invasive pneumococcal)[1]
*Tetanus[1,2,5]
Toxic shock syndrome[1,2]
Toxic substance related diseases:
Infant methemoglobinemia
Lead intoxication (specify Pb levels)
Other metal and pesticide poisonings
Toxoplasmosis
Transmissible spongiform encephalopathy (TSE, human; CJD)
Trichinosis[1,2,4]
Tularemia[4]
Typhoid fever[1,2,3,4]
*Varicella (chickenpox)[1,3,5]
Vibriosis[1,3,4]
Yersiniosis[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 Immune Deficiency Syndrome (AIDS)[1,2,4]
Human immunodeficiency virus (HIV) infection [2,4]
CD4+ T-lymphocyte <200/uL, or CD4+ T-lymphocyte percentage of total lymphocytes <14

KEY:

[*]For diseases preceded by an (*), indicate immunization history in the "Immunization data" box in the "Morbidity data" section.
[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]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]Case investigation by local health department is needed.
[5]Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.