



City of Racine  
Public Health Department

# Guide to Communicable Disease Reporting in Wisconsin



CITY OF RACINE, WISCONSIN  
**PUBLIC HEALTH DEPARTMENT**

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## **CONTACT INFORMATION FOR REPORTING TO LOCAL PUBLIC HEALTH DEPARTMENTS**

### **City of Racine Public Health Department**

730 Washington Ave, Room 1  
Racine, WI 53403

**(262) 636-9201**

(262) 636-9564 - Fax

[www.cityofracine.org/health](http://www.cityofracine.org/health)

### **Central Racine County Health Department**

10005 Northwestern Ave  
US Bank Building, 2<sup>nd</sup> Floor  
Franksville, WI 53126

**(262) 898-4460**

(262) 898-4490 - Fax

[www.crchd.com](http://www.crchd.com)

*Serves Caledonia, Dover, Elmwood Park, Mt. Pleasant, North Bay, Norway, Raymond, Rochester, Sturtevant, Union Grove, Yorkville, Wind Point, City and Town of Burlington, and Village and Town of Waterford*

### **After-Hours Public Health Emergencies**

Racine County Dispatch

**(262) 886-2300**

## **WISCONSIN'S COMMUNICABLE DISEASE RULES**

Wisconsin's (WI) communicable disease rules are promulgated under the authority conferred on the Department of Health Services (DHS) by Chapter 252 of Wisconsin Statutes. The Department of Health Services, in WI Administrative Code Chapter DHS 145, confers responsibility for the prevention and control of communicable diseases to the Bureau of Communicable Diseases within the Division of Public Health. Violations of these rules shall be prosecuted by the District Attorney and Attorney General.

This guide is a summary of Wisconsin's communicable disease reporting rules as of the publication date and in no way absolves health care providers from knowing the information provided in the statutes. Specific information and rules regarding tuberculosis and sexually transmitted disease are outlined in Chapter DHS 145.08-13 and DHS 145.14-22.

For questions about specific communicable disease reporting responsibilities, contact your local public health department.

# **REASONS TO REPORT COMMUNICABLE DISEASES**

Wisconsin's medical providers are often the first to notice communicable diseases or unusual clusters of illness within their local populations. Adequate treatment for affected patients while protecting the health of the public is the main goal behind reporting certain communicable diseases.

- **Identifying Outbreaks and Epidemics**
  - Investigations to identify the source and control the spread of disease when increased numbers of cases occur.
  - Examples include botulism, diphtheria, hepatitis A, measles, meningococcal disease, pertussis, salmonellosis, and syphilis.
- **Enabling Preventative Treatment and/or Education**
  - Identification of household contacts or sexual partners for prophylaxis, treatment, and/or education about how to prevent spreading diseases.
  - Examples include hepatitis A, human immunodeficiency virus, invasive meningococcal infection, syphilis, and tuberculosis.
- **Targeting of Prevention Programs, Identification of Care Needs, and Efficient Use of Scarce Resources**
  - Assist state and local public health authorities and health care providers to maximize scarce funding and decide which prevention and treatment options will have the greatest impact.
  - Examples include arboviral disease, human immunodeficiency virus, and seasonal influenza.
- **Evaluating Success of Long-Term Control Efforts**
  - Reporting of diseases provides a method to determine the success of public health programs for those conditions.
  - Examples include hepatitis B, measles, tuberculosis, and other vaccine-preventable diseases.
- **Facilitating Epidemiological Research to Determine Preventable Causes**
  - Advance epidemiological studies to help determine cause or modifiable risk factors of diseases with unknown etiology.
  - Examples include Guillain-Barre syndrome and Kawasaki disease.
- **Assisting with National and International Disease Surveillance and Preparedness**
  - Assist the federal government to determine if national or international investigations are needed for unusual diseases or possible bioterrorism agents.
  - Examples include anthrax, brucellosis, malaria, novel influenza, smallpox, and viral hemorrhagic fevers.
- **Complying with Wisconsin's Public Health Laws**
  - All physicians and laboratories are required by law to report confirmed and suspect cases of reportable communicable diseases.

**ACCURATE AND COMPLETE DISEASE REPORTING IS  
ESSENTIAL TO PROTECTING THE COMMUNITY'S HEALTH**

# **REPORTING CASES**

## **Responsibility for Reporting:**

- All confirmed or suspect cases must be reported to the appropriate authority, in the appropriate format, within the time frame specified for each reportable communicable disease. See pages 5-7 for DHS 145 Appendix A Category I, II, and III diseases with specific reporting guidelines and timeframes.
- Any health care provider licensed in the State of Wisconsin is required to report a confirmed or suspect reportable disease to the local Public Health Officer, or the State Epidemiologist (Category III only).
- Laboratories are required to report the identification or suspect identification of disease-causing organisms or laboratory findings indicative of the presence of communicable disease to the local Public Health Officer, or the State Epidemiologist (Category III only).
- Laboratories must forward specimens for confirmation or further investigation if requested by the State Epidemiologist.
- Laboratories must report negative test results to the local Public Health Officer to release patients from isolation or quarantine.
- Health care facilities must ensure reports are made to the local Public Health Officer or State Epidemiologist (Category III only). In a facility with an organized infection control program, the individual in charge of the infection control program holds this responsibility.
- Health care facilities must provide, if requested by the local Public Health Officer or State Epidemiologist, a negative test result to release patients from isolation or quarantine.
- Teachers, principals, or nurses in schools or day care centers must notify the local Public Health Officer of identified or suspect cases.
- Any person who knows or suspects that a person has a communicable disease must report the facts to the local Public Health Officer or State Epidemiologist (Category III only).

## **Content of Report:**

- Reports may be submitted by telephone, in writing, by fax, or by electronic submission through the Wisconsin Electronic Disease Surveillance System (WEDSS). See pages 5-7.
- Reports must be made to the local Public Health Officer, or the State Epidemiologist (Category III only).
- Reports made by a health care professional regarding a confirmed or suspect case must contain:
  - Name and address of person reporting.
  - Name and address of attending physician.
  - Diagnosis or suspect diagnosis of disease.
  - Name of ill or affected individual.
  - Individual's address, county of residence, and telephone number.
  - Individual's age or date of birth, race, ethnicity, and gender.

- Date of disease onset.
- Name of parent or guardian, if a minor.
- Any other facts or information necessary for the surveillance, control, and/or prevention of a communicable disease requested by local Public Health Officer or State Epidemiologist (Category III only).
- Reports made by laboratories of identification or suspect identification of a disease-causing organism must be made to the local Public Health Officer or State Epidemiologist (Category III only). These reports must contain:
  - Name of affected or ill individual.
  - Individual's address, telephone number, and county of residence.
  - Individual's age or date of birth, race, ethnicity, and gender.
  - Date of disease onset.
  - Name of attending physician.
  - Identity or suspect identity of the organism or laboratory findings.
- All information in the reports must remain confidential except for what is needed for the investigation, control, and prevention of communicable diseases.

# **REPORTABLE DISEASES - TIMELINE AND PROCEDURES**

Any person licensed as a health care provider as well as all medical laboratories in the State of Wisconsin must report the identification or suspected identification of disease-causing organisms or laboratory findings indicating the presence of communicable disease to the local Public Health Officer or the State Epidemiologist. The following sections detail reporting timelines and procedures for each reportable communicable disease in Wisconsin. See Chapter DHS 145 Appendix A for more information.

## **CATEGORY I:**

Report these diseases **IMMEDIATELY** by telephone or fax to the local Public Health Officer upon identification of a case or suspect case.

In addition to the immediate report, an *Acute & Communicable Diseases Case Report* (DHS-44151) must be mailed (see page 1 for addresses of local Public Health Departments) or entered into the Wisconsin Electronic Disease Surveillance System within **24 hours**. See Chapter DHS 145.04(3)(a).

Anthrax <sup>1,4,5</sup>	Rabies (human, animal) <sup>1,4,5</sup>
Botulism ( <i>Clostridium botulinum</i> ) (including foodborne, infant, wound, and other) <sup>1,2,4,5</sup>	Ricin toxin <sup>4,5</sup>
Cholera ( <i>Vibrio cholera</i> ) <sup>1,3,4</sup>	Rubella <sup>1,2,4,5</sup>
COVID-19 <sup>1,2,6,7</sup>	Rubella (congenital syndrome) <sup>1,2,5</sup>
Diphtheria ( <i>Corynebacterium diphtheria</i> ) <sup>1,3,4,5</sup>	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) <sup>1,2,3,4</sup>
<i>Haemophilus influenzae</i> invasive disease (including epiglottitis) <sup>1,2,3,5</sup>	Smallpox <sup>4,5</sup>
Hantavirus infection <sup>1,2,4</sup>	Tuberculosis <sup>1,2,3,4,5</sup>
Hepatitis A <sup>1,2,3,4,5</sup>	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection <sup>1,4,5</sup>
Measles (Rubeola) <sup>1,2,3,4,5</sup>	Viral Hemorrhagic Fever (VHF) (including Crimean-Congo, Ebola, Lassa, Lujjo, and Marburg viruses, and New World Arenaviruses) <sup>1,2,3,4</sup>
Meningococcal disease ( <i>Neisseria meningitidis</i> ) <sup>1,2,3,4,5</sup>	Yellow Fever <sup>1,4</sup>
Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV) <sup>2,3,4</sup>	Outbreaks, confirmed or suspected: Foodborne or waterborne <sup>1,3,4,6</sup> Occupationally-related diseases <sup>6</sup> Other acute illnesses <sup>3,4,6</sup>
Pertussis (Whooping cough, caused by any <i>Bordetella</i> infection) <sup>1,2,3,4,5</sup>	Any detection of or illness caused by an agent that is foreign, exotic, or unusual to Wisconsin, & that has public health implications. <sup>4</sup>
Plague ( <i>Yersinia pestis</i> ) <sup>1,4,5</sup>	
Polio virus infection (paralytic or nonparalytic) <sup>1,4,5</sup>	
Primary Amebic Meningoencephalitis (PAM) ( <i>Naegleria fowleri</i> ) <sup>2,4,5,6</sup>	

## CATEGORY II:

**Report the following diseases to the patient's local Public Health Officer or designee within 72 hours** of the identification of a case or suspect case. Report by fax or mail using an Acute and Communicable Disease Case Report (DHS F-44151), by telephone, or by entering the data into the Wisconsin Electronic Disease Surveillance System. See s. DHS 145.04(3)(b).

- Anaplasmosis <sup>1,2,5</sup>
- Aboviral 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) <sup>1,2,4</sup>
- Babesiosis <sup>1,2,4,5</sup>
- Blastomycosis <sup>2</sup>
- Borreliosis (other than Lyme disease, which is reportable as a distinct disease) <sup>2,4,6</sup>
- Brucellosis <sup>1,2,4</sup>
- Campylobacteriosis (Campylobacter infection) <sup>1,2,3,4</sup>
- Candida auris (clinical illness, colonization) <sup>1,2,6,7</sup>
- Chancroid (*Haemophilus ducreyi*) <sup>1,2</sup>
- Chlamydia (*Chlamydia trachomatis*) <sup>1,2,4,5</sup>
- Coccidiomycosis (Valley fever) <sup>1,2,4</sup>
- Cryptosporidiosis (*Cryptosporidium*) <sup>1,2,3,4</sup>
- Cyclosporiasis (*Cyclospora*) <sup>1,2</sup>
- Ehrlichiosis <sup>1,2,5</sup>
- Environmental and occupational lung diseases:
  - Asbestosis <sup>6</sup>
  - Chemical pneumonitis <sup>6</sup>
  - Occupational lung diseases caused by bio-dusts and bio-aerosols <sup>6</sup>
  - Silicosis <sup>1,6</sup>
- E. coli* infection, (caused by Shiga toxin-producing *E. coli* (STEC)) <sup>1,2,3,4</sup>
- E. coli* infection, (caused by enteropathogenic (EPEC), enteroinvasive (EIEC), or enterotoxigenic *E. coli* (ETEC)) <sup>2,3,4</sup>
- Free-living amebae infection (including Acanthamoeba disease (including keratitis) and Balamuthia mandrillaris disease) <sup>2,4</sup>
- Giardiasis <sup>1,2,3,4</sup>
- Gonorrhea (*Neisseria gonorrhoeae*) <sup>1,2,4,5</sup>
- Hemolytic uremic syndrome <sup>1,2,3,4</sup>
- Hepatitis B <sup>1,2,3,4,5</sup>
- Hepatitis C <sup>1,2</sup>
- Hepatitis D <sup>2,3,4</sup>
- Hepatitis E
- Histoplasmosis <sup>2</sup>
- Influenza-associated hospitalization <sup>2</sup>
- Influenza-associated pediatric death <sup>1,2,4</sup>
- Influenza A virus infection, novel subtypes <sup>1,2</sup>
- Kawasaki disease <sup>2</sup>
- Latent Tuberculosis infection (LTBI) <sup>2,5</sup>
- Legionellosis <sup>1,2,4,5</sup>
- Leprosy (Hansen's Disease) <sup>1,2,3,4,5</sup>
- Leptospirosis <sup>1,2,4</sup>
- Listeriosis <sup>1,2,4</sup>
- Lyme disease <sup>1,2</sup>
- Lymphocytic Choriomeningitis Virus (LCMV) infection <sup>4</sup>
- Malaria (*Plasmodium*) <sup>1,2,4,5</sup>
- Meningitis, bacterial (other than *Haemophilus influenzae*, meningococcal or streptococcal, which are reportable as distinct diseases) <sup>2</sup>
- Mumps <sup>1,2,4,5</sup>
- Mycobacterial disease (nontuberculous)
- Pelvic inflammatory disease <sup>2</sup>
- Psittacosis <sup>1,2,4</sup>
- Q Fever (*Coxiella burnetii*) <sup>1,2</sup>
- Rheumatic fever (newly diagnosed & meeting the Jones criteria) <sup>5</sup>
- Rickettsiosis (other than spotted fever rickettsiosis, which is reportable as a distinct disease) <sup>2,4,6</sup>
- Salmonellosis <sup>1,2,3,4</sup>
- Shigellosis (*Shigella* infection) <sup>1,2,3,4</sup>
- Spotted fever Rickettsiosis (including Rocky Mountain spotted fever) <sup>1,2,4,5</sup>
- Streptococcal disease (all invasive disease caused by Groups A & B *Streptococci*)
- Streptococcus pneumoniae* invasive disease (invasive pneumococcal) <sup>1</sup>
- Syphilis (*Treponema pallidum*) <sup>1,2,4,5,6</sup>
- Tetanus <sup>1,2,5</sup>
- Toxic shock syndrome <sup>1,2</sup>
- Toxic substance related diseases:
  - Blue-green algae (Cyanobacteria) and Cyanotoxin poisoning <sup>2,4,6</sup>
  - Carbon monoxide poisoning <sup>1,6</sup>
  - Infant methemoglobinemia <sup>6</sup>

Lead (Pb) intoxication (specify Pb level) <sup>1,6</sup>	Tularemia ( <i>Francisella tularensis</i> ) <sup>1,2,4,5</sup>
Metal poisonings other than lead (Pb) <sup>6</sup>	Typhoid fever ( <i>Salmonella Typhi</i> ) <sup>1,2,3,4</sup>
Pesticide poisonings <sup>1,6</sup>	Varicella (chickenpox) <sup>1,3,5</sup>
Toxoplasmosis	Vibriosis (non-cholera <i>Vibrio</i> ) <sup>1,2,3,4</sup>
Transmissible spongiform encephalopathy (TSE, human)	Yersiniosis <sup>2,3,4</sup>
Trichinosis <sup>1,2,4</sup>	Zika virus infection <sup>1,2</sup>

### **CATEGORY III:**

**Report the following disease to the State Epidemiologist within 72 hours** of the identification of a case or suspect case on a Wisconsin Human Immunodeficiency Virus (HIV) Infection Case Report Form (DHS F-44338) or by other means.

Send the case report form in an envelope marked "Confidential" to:

Scott Stokes  
 Wisconsin Bureau of Communicable Diseases 1  
 W. Wilson Street, Room 265  
 Madison, WI 53703

Additionally, the following laboratory results shall be reported on all persons newly or previously diagnosed with HIV infection each time the test is conducted. See s. 252.15(7)(b), Stats., and s. DHS 145.04(3)(b).

- **All CD4+ test results (CD4+ T-lymphocyte counts and percentages)**
- **Both detectable and undetectable HIV viral load results**
- **HIV genotypic results**
- **All components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive.**

### **Legend:**

- <sup>1</sup> Infectious disease or other condition designated as notifiable at the national level.
- <sup>2</sup> Required Wisconsin or CDC follow-up form completed by public health agency.
- <sup>3</sup> High-risk assessment by local public health department is needed to determine if patient or member of patient's household is employed in food handling, day care, or health care.
- <sup>4</sup> Source investigation by local or state public health department is needed.
- <sup>5</sup> Immediate treatment is recommended, i.e. antibiotic or biologic, for the patient, contact, or both.
- <sup>6</sup> Coordination between local and state public health departments is recommended for follow-up.
- <sup>7</sup> Disease declared reportable by State Epidemiologist memo.

## **INVESTIGATIVE AUTHORITY OF PUBLIC HEALTH DEPARTMENTS**

The HIPAA Privacy Rule allows for the disclosure of Protected Health Information (PHI), without individual client/patient authorization, to public health authorities who are authorized to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. This includes PHI related to:

- Reporting of disease or injury.
- Investigating the occurrence and cause of injury or disease.
- Reporting vital events, such as births or deaths.
- Conducting public health surveillance, investigations, or interventions.
- Reporting child abuse or neglect.
- Monitoring adverse outcomes related to food (including dietary supplements), drugs, biological products, and medical devices.

Additionally, public health authorities may:

- Obtain PHI related to individuals affected by disease.
- Contact those affected to determine cause of disease to allow for actions to prevent further illness.
- Allow disclosure of PHI to foreign government agencies working in collaboration with the public health authority.

## **SPECIAL DISEASE CONTROL MEASURES**

- **Schools and Day Care Centers** – Students and/or personnel may be sent home if suspected of having a communicable disease or any other condition having the potential to affect the health of other students or personnel. Parents/guardians, the facility nurse, and school principal must be immediately informed of the action.
- **Health Care** – Employees providing health care in homes, health care facilities, or comparable facilities must refrain from providing care when they are at risk to transmit a communicable disease through that care, unless otherwise specified by the State Epidemiologist.
- **Food Handlers** – Food handlers must refrain from handling food while able to transmit a disease that is communicable by food handling, unless otherwise specified by the State Epidemiologist.

Specific rules regarding **Tuberculosis** can be found on the following pages and in **Chapter DHS 145.08-.13**.

Specific rules regarding **Sexually Transmitted Diseases** can be found in **DHS 145.14-22**.

## **ISOLATION AND QUARANTINE**

- The local Public Health Officer, in conjunction with the WI Department of Health Services, may require isolation of affected individuals and quarantine of contacts.
- If deemed necessary, the only persons allowed direct contact with the person are the local Public Health Officer, attending medical personnel, clergy, immediate family, and any other person with special written permission from the local Public Health Officer.
- Persons violating the orders are subject to fine or imprisonment and isolation or quarantine.
- The local Public Health Officer may employ guards, as needed, to execute the orders.

## **TB: TUBERCULOSIS REPORTING REQUIREMENTS**

In Wisconsin, Tuberculosis (TB) is a Category I communicable disease. Wisconsin law mandates medical providers, infection control practitioners, and laboratories report all SUSPECT or CONFIRMED cases of TB within 24 hours of diagnosis.

Report confirmed or suspect cases to the patient's local public health department during regular business hours. In Racine County, call the Racine County Dispatch at 262-886-2300 for after-hours emergencies.

**Important: Do NOT wait for lab results to report a suspect TB case.**

	<b>ACTIVE TB – SUSPECT</b>	<b>ACTIVE TB - CONFIRMED</b>
<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>▪ Clinical illness marked by symptoms or lab tests indicative of TB, including prolonged cough, prolonged fever, hemoptysis, compatible radiographic findings, or other appropriate medical imaging findings.</li> <li>▪ Diagnosis should be based upon clinical picture, history, and risk factors. Negative TB test does not rule out active TB disease.</li> <li>▪ Culture results must be finalized before active TB can be ruled out.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clinical illness with positive test result of <i>Mycobacterium tuberculosis</i> (M. TB) or M.TB complex from any body site.</li> </ul>
<b>ACTIONS</b>	<ul style="list-style-type: none"> <li>▪ Place in airborne isolation to reduce potential spread of disease.</li> <li>▪ Begin sputum collection: 3 consecutive sputums taken 8 hours apart.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Place in airborne isolation to reduce potential spread of disease.</li> <li>▪ Begin sputum collection if not already complete: 3 sputums.</li> </ul>
<b>REPORTING REQUIREMENTS</b>	<ul style="list-style-type: none"> <li>▪ Call Local Public Health Department within 24 hours, <b>AND</b></li> <li>▪ Report via WEDSS or fax Form F44151.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Call Local Public Health Department within 24 hours, <b>AND</b></li> <li>▪ Report via WEDSS or fax Form F42001.</li> </ul>

Report the following cases within 72 hours to the patient's local health department.

	<b>NONTUBERCULOUS MYCOBACTERIA</b> (e.g. <i>M. avium</i> , <i>M. gordonae</i> )	<b>INDIVIDUALS WITH POSITIVE TB TEST</b>
<b>INDICATIONS</b>		<ul style="list-style-type: none"> <li>▪ Positive TB skin test or IGRA blood test results.</li> </ul>
<b>ACTIONS</b>	<ul style="list-style-type: none"> <li>▪ Each suspect or confirmed case of nontuberculous mycobacterium is monitored by a Public Health Nurse.</li> <li>▪ Reporting to Local Public Health Department is required, but no follow-up or intervention is necessary.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All patients with positive tests should have chest X-ray (CXR) and sputum collection (if symptomatic or abnormal CXR) before initiating treatment for TB infection.</li> </ul>
<b>REPORTING REQUIREMENTS</b>	<ul style="list-style-type: none"> <li>▪ Report via WEDSS or fax Form F44151.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Call Local Public Health Department or fax Form F44151.</li> </ul>

## **TB: HEALTH CARE PROVIDER SUPPORT – AVAILABLE SERVICES**

The City of Racine Public Health Department and Central Racine County Health Department are responsible for ensuring that adequate and appropriate TB diagnostic and treatment services are available, as well as for monitoring the results of therapy. The Departments provide consultation, education, and case management for clients with suspect or confirmed Latent TB disease and Active TB infection. **There are no fees for these services.**

Both Public Health Departments provide the following services for all clients with suspect or confirmed Latent TB disease and Active TB infection in collaboration with the medical provider:

- Anti-tuberculosis medication for all active or latent TB clients, at no charge.
- Comprehensive TB client evaluation, testing, and treatment.
- Case management from diagnosis to cure.
- Contact identification and monitoring, including TB testing (skin or blood).
- Directly-observed therapy (DOT) for all clients with TB disease or TB infection on a case-by-case basis.
- Client education.
- Monitoring of medication side effects and compliance.
- Management of non-adherent clients.
- Isolation or quarantine orders.
- Assistance with sputum collection for submission to the Wisconsin State Lab of Hygiene for analysis.

Low-income individuals requiring medical care for TB may be eligible for assistance with physician, laboratory, and x-ray services. **Prior authorization from Wisconsin Division of Public Health is required.**

TB consultation is available to all health care providers. See Pages 13-14 for a list of local, state, and national organizations able to provide information and support.

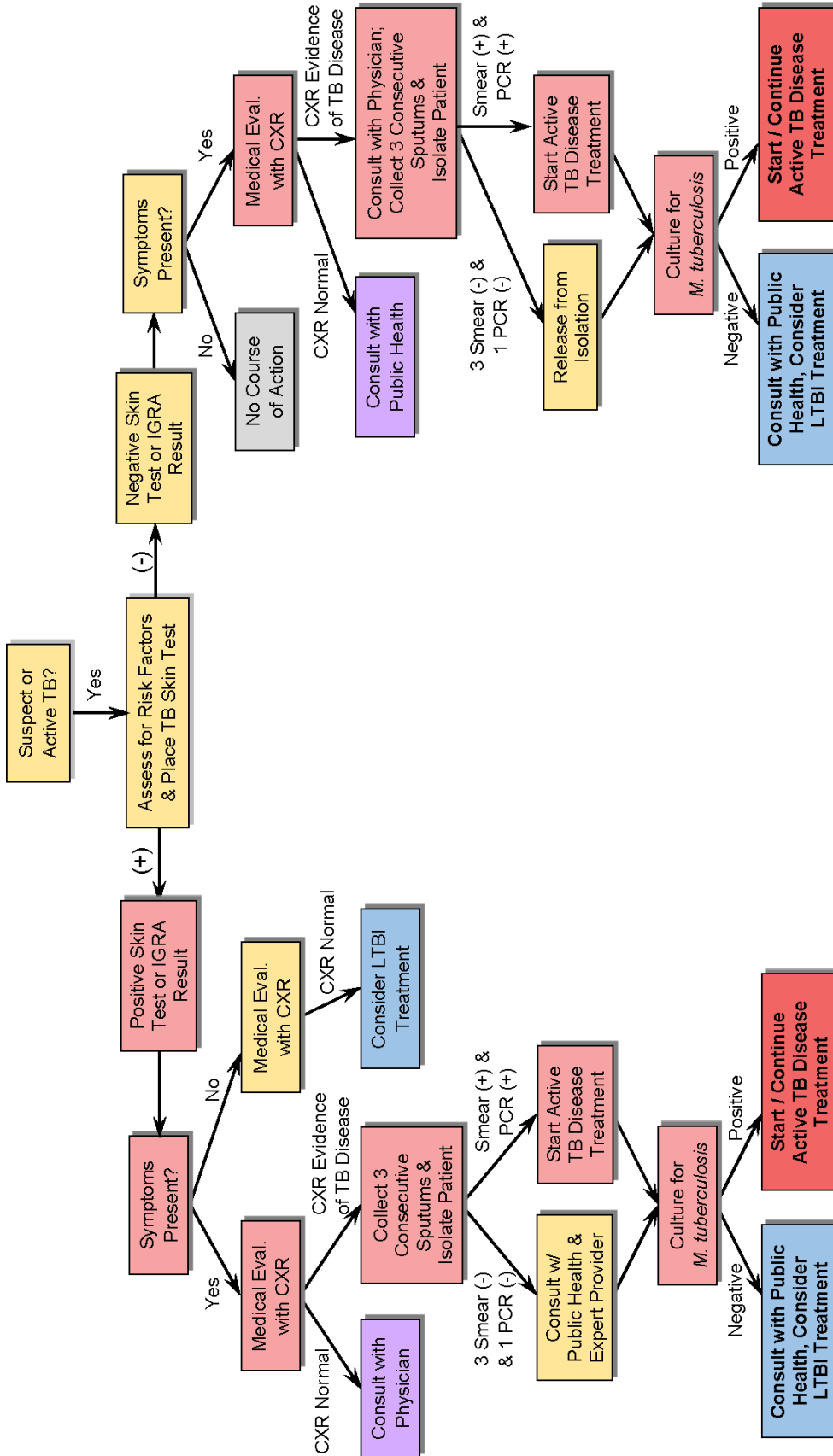
## **TB: TARGETED TESTING FOR TB DISEASE AND INFECTION**

Targeted testing for TB is done to identify persons at high risk for TB and who would benefit from treatment for TB infection. It is recommended that clinicians offer targeted tuberculosis screening by TB skin test or Interferon Gamma Release Assay (IGRA) blood test to high-risk persons as part of their routine evaluations.

In general, high-risk groups that should be tested for TB infection include:

- Close contacts of a person known, or suspected, to have TB disease.
- Foreign-born persons from areas that have a high incidence of TB disease (e.g. Africa, Asia, Eastern Europe, Latin America, and Russia).
- Persons who visit areas with a high prevalence of TB disease, especially if visits are frequent or prolonged (see previous item).
- Residents and employees of high-risk congregate settings (e.g. correctional facilities, long-term care facilities, and homeless shelters).
- Health-care workers serving clients who are at increased risk for TB disease.
- Populations defined locally as having an increased incidence of latent *M. tuberculosis* infection or TB disease, possibly including medically underserved, low-income populations, or persons who abuse drugs or alcohol.
- Infants, children, and adolescents exposed to those who are at increased risk for Latent TB disease and Active TB infection.
- Persons who inject illicit drugs.
- Persons with HIV infection.
- Persons with a greater risk for infections or with high-risk medical conditions:
  - Those who take Tumor Necrosis Factor-Alpha Inhibitors (TNF-Alpha) should be screened prior to treatment.
  - Diabetes.
  - Chronic Renal Failure.
  - Silicosis.
  - Cancer of the head, neck, and lung.
  - Leukemia.
  - Weight <10% of ideal body weight.
  - Gastrectomy.
  - Jejunioileal Bypass.

# TB: SUSPECT OR ACTIVE TB FLOW CHART



# **COMMUNICABLE DISEASE RESOURCES**

## ***Reference the appropriate Wisconsin Statutes or Administrative Code***

WI Statutes Chapter 250 – Health; Administration and Supervision  
[docs.legis.wisconsin.gov/statutes/statutes/250](https://docs.legis.wisconsin.gov/statutes/statutes/250)

WI Statutes Chapter 252 – Communicable Diseases  
[docs.legis.wisconsin.gov/statutes/statutes/252](https://docs.legis.wisconsin.gov/statutes/statutes/252)

WI Administrative Code: Chapter DHS 145 – Control of Communicable Diseases  
[docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/145](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145)

WI Administrative Code: Chapter DHS 145 Appendix A – Communicable Diseases and Other Notifiable Conditions  
[docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/145\\_a](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145_a)

## **National Resources:**

**Centers for Disease Control and Prevention (CDC)** (800) 232-4636  
1600 Clifton Rd  
Atlanta, GA 30329-4027  
[www.cdc.gov](http://www.cdc.gov)

**Tuberculosis-Specific Support** (800) 232-4636  
[www.cdc.gov/tb](http://www.cdc.gov/tb)

**Mayo Clinic - Center for Tuberculosis** 855-360-1466  
[centerfortuberculosis.mayo.edu](http://centerfortuberculosis.mayo.edu)

## **State of Wisconsin Resources:**

**Wisconsin Department of Health Services (DHS)** (608) 266-1865  
1 West Wilson St  
Madison, WI 53703  
[dhs.wisconsin.gov](http://dhs.wisconsin.gov)

**WI Bureau of Communicable Diseases (BCD)** (608) 267-9003  
WI AIDS/HIV Program (608) 266-1288  
WI Epidemiology Program (608) 261-4976  
WI Immunization Program (608) 267-9493  
WI STD Program (608) 261-9301  
WI TB Program (608) 266-0049  
[dhs.wisconsin.gov/dph/bcd.htm](http://dhs.wisconsin.gov/dph/bcd.htm)  
[dhs.wisconsin.gov/tb](http://dhs.wisconsin.gov/tb)

**Wisconsin Immunization Registry (WIR)** [dhs.wisconsin.gov/immunization/wir.htm](http://dhs.wisconsin.gov/immunization/wir.htm)

**Wisconsin State Laboratory of Hygiene (WSLH)**  
Clinical Laboratory (608) 862-1013  
After-Hours Emergency (608) 263-3280  
[slh.wisc.edu](http://slh.wisc.edu)

## **Local Resources:**

### **City of Racine Public Health Department**

730 Washington Ave, Room 1  
Racine, WI 53403

(262) 636-9201  
(262) 636-9564 - Fax  
[www.cityofracine.org/health](http://www.cityofracine.org/health)

### **Central Racine County Health Department**

10005 Northwestern Ave  
US Bank Building, 2<sup>nd</sup> Floor  
Franksville, WI 53126

(262) 898-4460  
(262) 898-4490 - Fax  
[www.crchd.com](http://www.crchd.com)

*Serves Caledonia, Dover, Elmwood Park, Mt. Pleasant, North Bay, Norway, Raymond, Rochester, Sturtevant, Union Grove, Yorkville, Wind Point, City and Town of Burlington, and Village and Town of Waterford*

### **After-Hours Public Health Emergencies**

Racine County Dispatch

(262) 886-2300

## **RESOURCES – MANTOUX TB SKIN TEST**

**CDC Mantoux Test Podcast:** Covers administering and reading the Mantoux TB skin test.  
[www2c.cdc.gov/podcasts/player.asp?f=3739](http://www2c.cdc.gov/podcasts/player.asp?f=3739)

**CDC Mantoux Tuberculin Skin Test:** Comprehensive information about the Mantoux TB skin test.  
[www.cdc.gov/tb/education/Mantoux/images/mantoux.pdf](http://www.cdc.gov/tb/education/Mantoux/images/mantoux.pdf)

**CDC Mantoux Wall Chart:** Wall chart containing information about the Mantoux TB skin test.  
[www.cdc.gov/tb/education/mantoux/wallchar](http://www.cdc.gov/tb/education/mantoux/wallchar)

HEALTH DEPARTMENT	MUNICIPALITIES SERVED	ADDRESS	CONTACT INFORMATION
<b>Kenosha County Division of Health</b>	All of Kenosha County	8600 Sheridan Road, Suite 600 Kenosha, WI 53143	Phone: <b>262-605-6700</b> Fax: 262-605-6715
Milwaukee County: <b>Cudahy Health Dept.</b>	Cudahy	5050 S Lake Drive, PO Box 100380 Cudahy, WI 53110	Phone: <b>414-769-2239</b> Fax: 414-769-2291
Milwaukee County: <b>Franklin Health Dept.</b>	Franklin	9229 W Loomis Road Franklin, WI 53132	Phone: <b>414-425-9101</b> Fax: 414-427-7539
Milwaukee County: <b>Greendale Health Dept.</b>	Greendale	5650 Parking Street Greendale, WI 53129	Phone: <b>414-423-2110</b> Fax: 414-858-9111
Milwaukee County: <b>Greenfield Health Dept.</b>	Greenfield	7325 W Forest Home Drive Greenfield, WI 53220	Phone: <b>414-329-5275</b> Fax: 414-543-5713
Milwaukee County: <b>Hales Corners Health Dept.</b>	Hales Corners	(mail) 5635 S New Berlin Road (office) 5885 S 116 <sup>th</sup> Street Hales Corners, WI 53130	Phone: <b>414-529-6155</b> Fax: 414-529-6157
Milwaukee County: <b>Milwaukee City Health Dept.</b>	City of Milwaukee	841 N Broadway, 3 <sup>rd</sup> Floor Milwaukee, WI 53202	Phone: <b>414-286-3521</b> Fax: 414-286-5990
Milwaukee County: <b>North Shore Health Dept.</b>	Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood, & Whitefish Bay	4800 W Green Brook Drive Brown Deer, WI 53223	Phone: <b>414-371-2980</b>
		2010 E Shorewood Boulevard Shorewood, WI 53211	Fax: 414-371-2988
Milwaukee County: <b>Oak Creek Health Dept.</b>	Oak Creek	8040 S 6 <sup>th</sup> Street Oak Creek, WI 53154	Phone: <b>414-768-6525</b> Fax: 414-768-5866
Milwaukee County: <b>St. Francis Health Dept.</b>	St. Francis	3400 E Howard Avenue St. Francis, WI 53235	Phone: <b>414-481-2300 x 4</b> Fax: 414-481-1139
Milwaukee County: <b>South Milwaukee Health Dept.</b>	South Milwaukee	2424 15 <sup>th</sup> Avenue South Milwaukee, WI 53172	Phone: <b>414-768-8055</b> Fax: 414-768-5720
Milwaukee County: <b>Wauwatosa Health Dept.</b>	Wauwatosa	7725 W North Avenue Wauwatosa, WI 53213	Phone: <b>414-479-8936</b> Fax: 414-471-8483
Milwaukee County: <b>West Allis Health Dept.</b>	West Allis, West Milwaukee	7120 W National Avenue West Allis, WI 53214	Phone: <b>414-302-8600</b> Fax: 414-302-8628
Racine County: <b>Central Racine County Health Dept.</b>	Serving Caledonia, Dover, Mt. Pleasant, North Bay, Wind Point, Elmwood Park, Norway, Raymond, Rochester, Sturtevant, Union Grove, Yorkville, City and Town of Burlington, and Village and Town Waterford Wisconsin.	10005 Northwestern Avenue US Bank Building, 2 <sup>nd</sup> Floor Franksville, WI 53126	Phone: <b>262-898-4460</b> Fax: 262-898-4490
Racine County: <b>City of Racine Public Health Dept.</b>	City of Racine	730 Washington Avenue Racine, WI 53403	Phone: <b>262-636-9201</b> Fax: 262-636-9564
<b>Walworth County Dept. of Health &amp; Human Services</b>	All of Walworth County	W4051 County Road NN, PO Box 1005 Elkhorn, WI 53121	Phone: <b>262-741-3140</b> Fax: 262-741-3757
<b>Washington Ozaukee Public Health Dept.</b>	All of Washington and Ozaukee Counties	333 W Washington Street, Suite 1100 West Bend, WI 53095	Phone: <b>262-335-4462</b> (Washington Co.) Fax: 262-335-4705
		121 W Main Street, Room 246 Port Washington, WI 53074	Phone: <b>262-284-8170</b> (Ozaukee Co.) Fax: 262-284-8105
<b>Waukesha County Public Health Division</b>	All of Waukesha County	514 Riverview Avenue Waukesha, WI 53188	Phone: <b>262-896-8430</b> Fax: 262-896-8387

## NOTES