



**Wisconsin Department of Health Services**  
**Division of Public Health**  
**Update of Communicable Diseases and Other Notifiable Conditions**  
**Presented at the Wisconsin Clinical Laboratory Network Regional Meetings**  
**September 2018**

### **History of Notifiable Diseases and Conditions**

- Wisconsin State Board of Health's first Communicable Disease Rules and Regulations were published as Wis. Admin. Code chs. H 45, H 46, H 47 and H 49 on January 2, 1956.
  - Listed 40 communicable disease conditions.
  - Definition of a Case: A person whose body has been invaded by an infectious agent, with the result that symptoms have occurred.
  - Physicians, head of family, school principal or teacher, and anyone who has reason to believe a person has a communicable disease, were responsible for reporting to the local health officer within 24 hours by phone, telegraph, mail, or in person.
- Laboratories were added as a responsible disease reporting source prior to the 1995 revision.
- Prior to approval of current revision, the most recent version of Wis. Admin. Code ch. DHS 145 was published in the Wisconsin Register during February 2008.
  - Appendix A included approximately 80 diseases and conditions divided among Categories I, II and III.
  - Electronic reporting via the Wisconsin Electronic Disease Surveillance System (WEDSS) was added.
- Some diseases and conditions, such as Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV), Ebola virus, influenza-associated hospitalizations, and Zika virus infection, were declared reportable by state epidemiologist memo in the interim.
- Wisconsin Stat. chs. 252 and 254 give the Department of Health Services (DHS) the authority to establish systems of disease surveillance and measures for prevention and control of human disease.

### **Reasons for updating DHS 145 Appendix A**

- Incorporate conditions that the state epidemiologist declared reportable by memo since last rule revision.
- Maintain consistency with list of nationally notifiable conditions published by the Council of State and Territorial Epidemiologists (CSTE).
- Reevaluate the need to include other diseases important to regional or state populations.
- Review and clarify diseases and conditions already included.
- Clarify reporting requirements.

## Rulemaking process and timeline for Administrative Rule DHS 145 revision

- The rulemaking process was recently revised to increase efficiency and improve engagement of stakeholders in the process. However, the majority of the revision process for DHS 145 was completed prior to the implementation of the new process.
- The Division of Public Health, Bureau of Communicable Diseases (BCD), proposed to begin the revision of DHS 145 in January 2015.
- Rulemaking steps included:
  - Drafting and obtaining the Governor’s approval for a Statement of Scope that defines the what, why and how DHS wanted to revise the rule;
  - Drafting revised rule
  - Assembling an approved rulemaking advisory committee comprising representatives from external stakeholder groups impacted by the rule.
  - Seeking and responding to committee and public comments.
  - Drafting, submitting, and revising as needed the Proposed Order to Adopt Permanent Rules to the governor’s office and legislature for review and approval.
- Documents from the various steps are available at the DHS website <https://www.dhs.wisconsin.gov/rules/index.htm> during the rulemaking process and at the Wisconsin Legislature website [http://docs.legis.wisconsin.gov/code/chr/all/cr\\_17\\_014](http://docs.legis.wisconsin.gov/code/chr/all/cr_17_014) during and after the process. The proposed DHS 145 rule was Clearinghouse Rule CR 17-014.
- The proposed revision of DHS 145 was approved and published during June 2018 and became effective July 1, 2018.

## Changes made to DHS 145

- References to publications containing standards for the control of communicable diseases were updated and are now contained in the “Note” for each applicable section.
  - Reference standards must be published in hard copy to be included in the rule.
  - Moving reference citations to the “Note” sections allows for more efficient and timely rule updates when the standards are revised.
- To improve clarity, causative agent names or synonyms were added to many of the listed diseases.
- The option to report a disease or condition to the local health officer’s designee was added to Category I and II reporting instructions.
  - This has been a common practice among reporters and local health departments (LHD).
  - Contact information for every LHD and tribal health agency can be found at <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>
  - All LHDs are expected to have emergency public health contact procedures in place.
  - Wis. Admin. Code ch. DHS 145.04 (3) (a) describes the option for reporters of Category I diseases to notify the state epidemiologist if they are unable to contact the appropriate local health officer.

- The initial notification of a Category I disease incident requires speaking with a local health officer or their designee.
  - Category I diseases are of urgent public health importance.
  - Most Category I diseases occur infrequently.
  - Some diseases require public health approval for diagnostic testing.
  - Fax, mail, or electronic reporting can be used for subsequent reports of the same incident.
- Diseases added to the Category I list:
  - Carbapenem-resistant *Enterobacteriaceae* (CRE)
  - Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV)
  - Any *Bordetella* infection causing pertussis or whooping cough
  - Primary Amebic Meningoencephalitis (PAM)
  - Animal rabies
  - Viral Hemorrhagic Fever (VHF)
- Diseases added to the Category II list:
  - Borreliosis (other than Lyme disease)
  - Coccidioidomycosis (Valley Fever)
  - Environmental and occupational lung diseases:
    - Asbestosis
    - Silicosis
    - Chemical pneumonitis
    - Diseases caused by bio-dusts and bio-aerosols
  - Free-living amebae infection
  - Influenza-associated hospitalization
  - Latent Tuberculosis infection (LTBI)
  - Rickettsiosis (other than spotted fever)
  - Toxic substance related diseases:
    - Blue-green algae and Cyanotoxin poisoning
    - Carbon monoxide poisoning
  - Zika virus infection
- Changes to Category III:
  - Human immunodeficiency virus (HIV) infection now includes AIDS, which has been reclassified as HIV Stage III.
  - Additional laboratory test results that are required to be reported each time they are performed are included in the Category III description.
- Final Rule
  - Ch. DHS 145—Control of Communicable Diseases  
[http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/145](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145)
  - Ch. DHS 145—Appendix A: Communicable Diseases and Other Notifiable Conditions  
[http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/145\\_a](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145_a)

## Disease reporting and public health response guidance

- DHS Disease Reporting website <https://www.dhs.wisconsin.gov/disease/diseasereporting.htm>
  - This site includes links to:
    - Local, tribal, and state contact information
    - Disease reporting forms
    - WEDSS assistance
  - Most listed diseases are hyperlinked to their DHS disease-specific webpage.
- DHS disease case reporting and investigation protocol (aka EpiNet) is available for each reportable disease or condition.
  - Usually found under the **For Health Professionals** tab at the DHS disease-specific webpage.
  - Includes clinical and laboratory criteria, Wisconsin case definition, reporting requirements, case investigation guidance, public health prevention and control measures, and related references.
- WEDSS SharePoint site for users contains resources related to using WEDSS to report and document the investigation of some of the more complex reportable diseases.
- Consultation with a subject matter expert
  - Bureau of Communicable Diseases 608-267-9003
  - Bureau of Environmental and Occupational Health 608-266-1120