

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.10	Page 1 of 7
	Original Effective Date: 04/25/07	New Effective Date: 08/31/20
	Supersedes: 500.60.10	Dated: 10/01/18
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: External Reporting of Communicable Disease		

POLICY

Division of Adult Institution facilities shall follow Wisconsin law requiring health care providers to report suspected and identified cases of certain communicable diseases.

REFERENCES

Wisconsin Statutes s. 146.81(1) – Health care providers
Wisconsin Statutes Ch. 250 Health, Administration and Supervision
Wisconsin Statutes Ch. 252 – Communicable Diseases
Wisconsin Statutes Ch. 441 – Board of nursing
Wisconsin Statutes Ch. 448 – Medical practices
Wisconsin Statutes Ch. DHS 145 – Control of Communicable Diseases
DAI Policy 500.60.01 – Infection Prevention and Control Program
Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-B-01 – Infection Prevention and Control Program
www.dhs.wisconsin.gov/disease/diseasereporting.htm - Listing of Wisconsin Local Health Officers and Disease Reporting Guidelines.

DEFINITIONS, ACRONYMS AND FORMS

Category I diseases – Diseases of urgent public health importance that require immediate reporting by telephone to the local health officer or to the local health officer's designee upon the identification of case or suspected case, and the completion of a designated Division of Public Health form within 24 hours.

Category II diseases – Diseases that must be reported to the local health officer or to the local health officer's designee by fax, mail or electronic means within 72 hours after the identification of case or suspected case using the designated DPH form.

Category III diseases – Diseases that must be reported to the state epidemiologist within 72 hours of the identification of case or suspected case using the designated DPH form or other means. 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 HIC viral load results, HIV genotypic results and all components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive.

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Communicable disease – Disease caused by an organism, which is transmitted through airborne means, casual contact or through contact with blood or body secretions that must be reported under Wisconsin Administrative Code Ch. HFS 145 – Appendix A.

DHS – Department of Health Services

DPH – Division of Public Health

DPH-F-44151 – Acute and Communicable Disease Case Report

DPH-F-44243 – Case Report Form

DPH-F-44338 – Wisconsin HIV Infection Confidential Case Report Form

Local Health Department (LHD) – Agency of local government that takes any of the forms specified in s. 250.01 94), Wis. Stats., (Note: LHD formerly called local public health agency which is the term used in DPH forms.)

Local Health Officer (LHO) – Health officer who is in charge of a local health department.

Reportable disease – Disease that requires official notification to the local health officer or state epidemiologist per WI Statutes Ch. DHS 145, Appendix A.

State epidemiologist – Person appointed by the state health officer under Wisconsin Statutes s. 250.02(1) to be in charge of communicable disease control for Wisconsin who also serves as the chief medical officer for the acute and communicable disease program area.

Suspected case – Person thought to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

WEDSS – Wisconsin Electronic Disease Surveillance System

PROCEDURES

I. Legal Requirements Under the Wisconsin Administrative Code

- A. Certain diseases and conditions are considered to have significant public health impact and any confirmed or suspected cases shall be reported promptly.
- B. Requirements for the timing of reporting, once the disease or condition is recognized or suspected, vary by disease.
 1. General reporting requirements are described in Wisconsin Statutes Ch. 252.
 2. Specific reporting requirements are described in Wisconsin Statutes Ch. DHS 145.
- C. Wisconsin Statutes Ch. DHS 145, requires persons licensed under Wisconsin Statutes Ch. 441 or 448, to submit communicable disease reports to the LHO at

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the LHD for Category I and II diseases and to the state epidemiologist at DHS for Category III diseases.

- D. Category I diseases shall be reported immediately by telephone (preferred) or fax to the patient's local health officer.
- E. Category II diseases must be reported within 72 hours either electronically through the WEDSS by mail or fax using a DPH-F-44151 – Acute and Communicable Disease Case Report or DPH-F-44243 – STD Case Report Form.
- F. Category III diseases shall be reported to the state epidemiologist on a DPH-F-44338 – Wisconsin HIV Infection Confidential Case Report within 72 hours after identification of a case or suspected case. Send the case report form in an envelope marked "Confidential" to:
- Wisconsin State Epidemiologist
Division of Public Health
PO Box 2659
Madison, WI 53701-2659
OR
Call 608-267-5287 with information or questions.
- G. Written authorization from an inmate patient is not needed for communicable disease reporting.

Category I	
Anthrax	Any detection of illness or illness caused by an agent that is foreign, exotic or unusual to Wisconsin and that has public health implications.
Botulism (including foodborne, infant, wound and other)	COVID 19 (Novel Coronavirus 2019)
Cholera	
Carbapenem-resistant Enterobacteriaceae (CRE)	Diphtheria
Haemophilus influenzae invasive disease (including epiglottitis)	Hantavirus infection
Hepatitis A	Measles
Meningococcal Disease	Outbreaks, confirmed or suspected: Foodborne or waterborne Occupationally-related disease other acute illnesses
Middle Eastern Respiratory Syndrome: associated Coronavirus	
Pertussis	Plague
Poliovirus infection (paralytic or non-paralytic)	Rabies (human, animal)
Primary Amebic Meningoencephalitis	
Ricin toxin	Rubella and Rubella congenital syndrome

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Severe acute respiratory syndrome-associated coronavirus (SARS-CoV)	Small Pox
Tuberculosis	Vancomycin-intermediate Staphylococcus aureus (VISA) and Vancomycin-resistant Staphylococcus aureus (VRSA) infection
Viral Hemorrhagic Fever	Yellow Fever
Category II	
Arboviral disease	Babesiosis
Anaplasmosis	Blastomycosis
Borreliosis	Brucellosis
Campylobacteriosis	Chancroid
Chlamydia trachomatis infection	Cryptosporidiosis
Coccidioidomycosis	Environmental and occupational lung diseases: Asbestosis, Silicosis, Chemical Pneumonitis, Occupational lung disease caused by bio-dusts and bio-aerosols
Cyclosporiasis	Ehrlichiosis
E. coli infection (caused by Shiga toxin producing E-coli, enteropathogenic, enteroinvasive, or enterotoxigenic)	Giardiasis
Free Living Amebae Infection	
Gonorrhea	Hemolytic uremic syndrome
Hepatitis B	Hepatitis C
Hepatitis D	Hepatitis E
Histoplasmosis	Influenza-associated hospitalizations
Influenza-associated pediatric death	Influenza A virus infection, novel subtypes
Kawasaki disease	Legionellosis
Latent Tuberculosis Infection	
Leprosy (Hansen Disease)	Leptospirosis
Listeriosis	Lyme disease
Lymphocytic Choriomeningitis Virus Infection	Malaria
Meningitis, bacterial (other than Haemophilus influenzae,, meningococcal, or streptococcal, which are reportable as distinct diseases)	Meningitis, viral (other than arboviral)
Mumps	Mycobacterial disease (nontuberculous)
Pelvic inflammatory disease	Psittacosis
Q Fever	Rheumatic fever (newly diagnosed and meeting the Jones criteria)
Rickettsiosis (other than Spotted Rickettsiosis, which is reportable as a distinct disease)	
Spotted Rickettsiosis, (Rocky Mountain	Salmonellosis

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spotted fever)	
Shigellosis	Streptococcal disease(all invasive disease caused by Groups A and B Streptococci)
Streptococcus pneumoniae invasive disease	Syphilis
Tetanus	Toxic shock syndrome
Toxic substance related diseases: Blue-green algae, Carbon monoxide poisoning Infant methemoglobinemia Lead intoxication (specify Pb levels) Other Metal poisonings other than lead (Pb)	Toxoplasmosis
Transmissible spongiform encephalopathy	Trichinosis
Tularemia	Typhoid fever
Varicella	Vibriosis
Yersiniosis	Zika virus infection
Category III	
	Human immunodeficiency virus (HIV) infection(AIDS has been reclassified as HIV Stage III) Additionally, the following laboratory results shall be reported on all persons newly or previously diagnoses 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.

II. Responsibilities of Correctional Facilities

- A. Identify the responsible staff person at each facility who shall complete and forward required forms to the LHO or the state epidemiologist and who shall provide telephone notification to the state epidemiologist, when required.
- B. Paper forms and ordering instructions
 1. DPH-F-44151 – Acute and Communicable Disease Case Report
 2. DPH-F-44243 – STD Case Report Form
 3. Electronically order forms. Follow the instructions at the top of the page and email the order form to dhsfmdphpph@wisconsin.gov.
 4. Questions concerning ordering of forms may be addressed to 608-266-8502.

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- C. Establish collaborative relationship with the LHO at the LHD and keep the agency informed of events and issues occurring in DOC facilities that may have an impact on the community.

- D. Address infection control issues including surveillance, control and management of communicable disease via the facility Health and Safety Committee and the DOC Infection Control Committee per DAI Policy 500.60.01.

- E. Comply with Workers' Compensation reporting requirements in the event of actual or potential exposures.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Administration

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Wisconsin Secure Program Facility		
Original Effective Date: 05/01/16	DAI Policy Number: 500.60.10	Page 7 of 7
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Chapter: 500 Health Services		
Subject: External Reporting of Communicable Disease		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Warden Gary Boughton		

DEFINITIONS, ACRONYMS, AND FORMSWSPF – Wisconsin Secure Program Facility**FACILITY PROCEDURE**

- I. The WSPF Health Service Manager is responsible for ensuring all required forms are completed and forwarded to the LHO or the state epidemiologist and shall provide telephone notification to the state epidemiologist, when required.