ACUTE AND COMMUNICABLE DISEASE CASE REPORT

DEMOGRAPHIC DATA PATIENT INFORMATION

Patient's Name: (Last) | (First) | (M.I.) | Primary Language

Date of Birth (mm/dd/yyyy) | Age | Sex/Gender
☐ Male ☐ Transgender: Female to Male ☐ Transgender: Male to Female
☐ Female ☐ Transgender: Unspecified/Non-specific ☐ Unknown

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's Address | City | State | Zip Code

County of Residence | Home Phone | Cell Phone

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

Is Patient Pregnant?

☐ No ☐ Yes If yes, Due date (mm/dd/yyyy)

HEALTHCARE PROVIDER

Healthcare Provider | Phone

Address of Provider (Street, City, State, and Zip)

DISEASE OR CONDITION DATA

Reportable Disease/Organism | Date of Illness Onset ☐ Asymptomatic | Outbreak Related? ☐ Yes ☐ No ☐ Unknown

Underlying Medical Condition(s)? ☐ Unknown ☐ No ☐ Yes, specify: | Patient Hospitalized? ☐ Yes ☐ No | Patient Died of this Illness? ☐ Yes ☐ No

Comments:

LAB DATA

Specimen Type(s)	Date(s) of Collection	Test(s) Performed	Test Results

Attach lab report if available.

REPORTING SOURCE (REQUIRED)

Name of Reporting Entity | Date Reported to Public Health

Address (Street, City, State, and Zip) | Phone No. | Fax No.

**Information for Completing
ACUTE AND COMMUNICABLE DISEASE CASE REPORT**

Wisconsin Stat. § 252.05 and Wis. Admin. Code ch. DHS 145 require reporting of communicable diseases.

For further information see Wis. Admin. Code ch. DHS 145.

Reporting and Contact Information

Description of diseases for each of the reporting categories is available from the Department of Health Services, Disease Reporting webpage **https://www.dhs.wisconsin.gov/disease/diseasereporting.htm**

Category I diseases are of urgent public health importance and require the initial notification to be provided to the public health agency by telephone within 24 hours of disease suspicion or confirmation. This category includes outbreaks of any acute illness regardless of whether cause or source is known.

Category II diseases are reportable by fax, mail, or electronic reporting to the health officer or their designee located in the local public health department of the patient's place of residence within 72 hours of identification of the disease.

Listing of **Wisconsin Local Health Officers** https://www.dhs.wisconsin.gov/lh-depts/counties.htm

Category III conditions must be reported directly to the Bureau of Communicable Diseases state epidemiologist.

Using this form to notify public health agencies of a reportable disease or condition:

1. Complete the "Demographic Data," "Disease or Condition Data," "Lab Data," and "Reporting Source" sections for ALL diseases.

2. Fax or mail form and lab results (if available) to public health agency. Local and tribal health agency contact information available at https://www.dhs.wisconsin.gov/lh-depts/counties.htm

   - Copies of Infectious Disease Reports may be mailed to: Bureau of Communicable Diseases, 1 West Wilson St, Room 272, Madison, WI 53703, or faxed to: 608-264-6820.
   - Copies of toxicologic and environmental disease reports may be mailed to: Bureau of Environmental and Occupational Health, 1 West Wilson St, Room 150, Madison, WI 53703, or faxed to: 608-267-4853.

Most disease reports are now received electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS). Healthcare providers and laboratories can register to report electronically through WEDSS https://www.dhs.wisconsin.gov/wiphin/wedss.htm.

Questions about reporting diseases may be directed to:

Bureau of Communicable Diseases	Bureau of Environmental and Occupational Health
Phone: 608-267-9003	Phone: 608-266-1120