Campylobacteriosis
(Campylobacter infection)
Last revised November 15, 2011

I. IDENTIFICATION
   A. CLINICAL DESCRIPTION: An acute enteric illness of varying severity characterized by diarrhea, bloody diarrhea, abdominal pain, fever, and vomiting. The duration of illness is typically from 2-5 days.

   B. REPORTING CRITERIA: Laboratory diagnosis.

   C. LABORATORY CRITERIA FOR CONFIRMATION:
      • **Suspect**: Detection of *Campylobacter* spp. in a clinical specimen using non-culture based laboratory methods (e.g. detection of Campylobacter antigen by enzyme immunoassay – EIA)
      • **Confirmed**: Isolation of *Campylobacter* spp. from any clinical specimen.

   D. WISCONSIN CASE DEFINITION:
      • **Suspect**: a case that meets the suspect laboratory criteria for diagnosis
      • **Probable**: a clinically compatible case that is epidemiologically linked to a confirmed case
      • **Confirmed**: a case that meets the confirmed laboratory criteria for diagnosis

II. ACTIONS REQUIRED / PREVENTION MEASURES
   A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II:
      Report to the patient’s local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report (F-44151), or by other means within 72 hours upon recognition of a case or suspected case.

   B. EPIDEMIOLOGY REPORTS REQUIRED:
      • **Electronically** – Report through WEDSS, including appropriate disease-specific tabs
      OR
      • **Paper Copy** – Acute and Communicable Diseases Case Report (F-44151) with:
        • Routine Enteric Follow-up Worksheet – *(See page 1 of the Worksheet for specific recommendations regarding which sections are recommended during routine follow-up)*

   C. PUBLIC HEALTH INTERVENTIONS:
      In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.

      • Educate public about proper hand washing after using the toilet or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
      • Assess patient’s activities for high-risk settings.
      • Educate and advise high-risk patients and food workers on enteric precautions.
      • Exclude symptomatic patients from food handling, patient care and attending or working at a daycare, generally until asymptomatic for 24 hours. The LHD can require two negative stool cultures taken at least 24 hours apart if they determine the patient’s personal hygiene to be inadequate.
      • Source investigation by LHD.
Contacts with animals or animal feces, especially puppies and kittens with diarrhea should be avoided. Stress hand washing after animal contact.

Determine if case is outbreak-related and notify DPH Regional Office or CDES.

III. CONTACTS FOR CONSULTATION

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

C. WISCONSIN STATE LABORATORY OF HYGIENE / BACTERIOLOGY: (608) 263-3421

IV. RELATED REFERENCES
