

***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.

## Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

- 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

#### A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

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

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

### IV. RELATED REFERENCES

- Heymann DL, ed. Campylobacter Enteritis. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 94-98.
- Pickering LK, ed. Campylobacter Infections. In: *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 240-242.
- Doyle M. CAMPYLOBACTER JEJUNI. In: Cliver DO, ed. *Foodborne Diseases*. San Diego, CA: Academic Press: 217-222.