I. IDENTIFICATION

A. CLINICAL DESCRIPTION: An infection of variable severity characterized by diarrhea and vomiting, primary septicemia, or wound infections. Asymptomatic infections may occur, and the organism may cause extraintestinal infections.

B. REPORTING CRITERIA: Laboratory confirmation.

C. LABORATORY CRITERIA FOR CONFIRMATION: Isolation of *Vibrio spp.* other than toxigenic *Vibrio cholerae* O1 or O139 from a clinical specimen.* (Infections due to toxigenic *Vibrio cholerae* O1 or O139 are reportable as cholera). (See Table below)

D. WISCONSIN CASE DEFINITION:
   - **Confirmed:** A case that meets the laboratory criteria for confirmation. Note that species identification and, if applicable, serotype designation (i.e., *Vibrio cholerae* non-O1/non-O139) should be reported.
   - **Probable:** A clinically-compatible symptomatic case that is epidemiologically linked to a confirmed case.

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) AND
   - Cholera and Other *Vibrio* Illness Surveillance Report (CDC 52.79)

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.
   - Source investigation by LHD to include history of travel, dates, mode of transportation, and foods consumed.
   - Surveillance of contacts who shared food and drink for at least five days after exposure.
- Educate public about thoroughly cooking seafood and avoiding exposure of open wounds to warm seawater/brackish water or raw shellfish/seafood drippings.
- Assess patient’s activities for high-risk settings and advise on enteric precautions.
- Determine if case is outbreak-related and notify DPH Regional Office or CDES.

IV. CONTACTS FOR CONSULTATION
A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:  

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

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

V. RELATED REFERENCES


*Vibrio species (not included are V. cholerae O1 or O139)

- V. alginolyticus
- V. cholerae non-O1, non-O130
- V. cincinnatiensis
- V. damsela
- V. fluvialis
- V. furnissii
- V. hollisae
- V. metschnikovii
- V. mimicus
- V. parahaemolyticus
- V. vulnificus

Vibrio species – not identified