Communicable Disease Case Reporting and Investigation Protocol
CAMPYLOBACTERIOSIS

I. IDENTIFICATION AND DEFINITION OF CASES
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 2-5 days. Severe symptoms and invasive infections can also occur. Asymptomatic infections can occur. Post-infectious complications associated with Campylobacter infections include Guillain-Barre syndrome (GBS), reactive arthritis, and irritable bowel syndrome.

B. Laboratory Criteria:
• Confirmed: Isolation of Campylobacter spp. from any clinical specimen.
• Probable: Detection of Campylobacter spp. in a clinical specimen using a culture-independent diagnostic test (CIDT) (e.g., detection of Campylobacter antigen by enzyme immunoassay (EIA) or by polymerase chain reaction (PCR)).

C. Wisconsin Surveillance Case Definition:
• Confirmed: A case that meets the confirmed laboratory criteria for diagnosis.
• Probable: A case that meets the probable laboratory criteria for diagnosis OR a clinically compatible case that is epidemiologically linked to a probable or confirmed case of campylobacteriosis.

Note: Clinical laboratories are requested to forward all isolates of Campylobacter, and all clinical specimens from which Campylobacter was detected using a CIDT, to the WSLH for surveillance purposes. CIDT positive specimens from which Campylobacter was not isolated (culture negative or culture not performed) should remain classified as Probable.

D. Criteria to Distinguish a New Case:
• A case should not be counted as a new case if laboratory results were reported within 30 days of a previously reported Campylobacter in the same individual and the same Campylobacter species is isolated in both cases.
• When two or more different species are identified from one or more specimens from the same individual, each should be reported as a separate case.

II. REPORTING
A. Wisconsin Disease Surveillance Category II – Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or daycare center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

C. Clinical Criteria for Reporting: None.

D. Laboratory Criteria for Reporting: Laboratory evidence of infection by culture or non-culture-based methods. All positive results should be reported. All Campylobacter infections are reportable regardless of specimen source (e.g. stool, blood, urine, etc).

III. CASE INVESTIGATION
A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case
investigation may include information collected by phone, in-person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. Required Documentation:
1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs. This may be facilitated by completing a Routine Enteric Follow-Up Worksheet. See page 1 of the Worksheet for specific instructions regarding which sections should be completed during routine follow-up.
2. Upon completion of investigation, set WEDSS disease incident process status to “Finalized”

C. Additional Investigation Responsibilities
1. Assess patient for high-risk settings or activities to include food handling, providing patient care or child care, or attending a child care facility.
2. Source investigation by LHD.
3. If the case is potentially outbreak-related, notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

B. Educate the public about proper handwashing after using the toilet, changing diapers, assisting another with toileting, handling contaminated clothing or linens, before cooking, or when associating with high-risk individuals.

C. Exclude symptomatic patients from high-risk settings including food handling, providing patient care or child care, or attending a child care facility, generally until asymptomatic for 24 hours.
1. The LHD has the authority to exclude infected individuals in high-risk settings until evidence of one or more stool specimens negative for Campylobacter by culture or CIDT has been provided. This requirement is most often employed during outbreak situations, but may be required during other situations as necessary. If laboratory evidence of clearance is required, specimens should be collected 1) after the individual is asymptomatic and 2) at least 48 hours after discontinuance of antimicrobial therapy. When multiple specimens are collected from a patient, specimens should be collected at least 24 hours apart.
2. Exclusion, restriction, and reinstatement criteria used by the LHD for infected individuals who are food employees should also meet Wisconsin Food Code criteria and may be more restrictive than the Wisconsin Food Code.

V. CONTACTS FOR CONSULTATION
A. Local health departments and tribal health agencies:
   https://www.dhs.wisconsin.gov/lh-depts/index.htm

B. BCD, Communicable Diseases Epidemiology Section: 608-267-9003

C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES


C. Centers for Disease Control and Prevention website:
   https://www.cdc.gov/foodsafety/diseases/campylobacter/index.html