Communicable Disease Case Reporting and Investigation Protocol

TOXOPLASMOSIS

I. IDENTIFICATION AND DEFINITION OF CASES

A. **Clinical Description:** A systemic disease caused by the coccidian protozoan *Toxoplasma gondii*. The disease is characterized by fever, lymphadenopathy, and lymphocytosis. Immunocompromised individuals may develop cerebral signs, pneumonia, and myocarditis. Primary infection during pregnancy may result in infant mortality or congenital abnormalities.

B. **Laboratory Criteria:**
   - Confirmatory laboratory evidence:
     - Demonstration of *Toxoplasma gondii* in body tissues or fluids, or
     - Significant change in antibody titer on paired specimen serology, or
     - In infants, demonstration of specific IgM or increasing titer in sequential sera is conclusive evidence of congenital infection.
   - **Note:** Demonstration of IgM antibody in adults does not meet the case definition.

C. **Wisconsin Surveillance Case Definition: Confirmed** – A clinically compatible illness that is laboratory confirmed.

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 day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

C. **Clinical Criteria for Reporting:** Clinically compatible illness.

D. **Laboratory Criteria for Reporting:** Laboratory evidence of infection.

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.
   2. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

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. Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).
IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

   B. Educate pregnant women and immunocompromised persons about the risk of transmission of toxoplasmosis from raw meats and contact with cats.

   C. Cook meats to 150 F (66 C). Freezing meat reduces infectivity but does not eliminate it.

   D. Avoid cleaning litter pans or having contact with cats of unknown feeding history.

   E. Wear gloves when gardening and thoroughly wash hands after work and before eating.

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

   B. Bureau of Communicable Diseases, 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/parasites/toxoplasmosis/index.html