Communicable Disease Case Reporting and Investigation Protocol

STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE
(Pneumococcal Disease)

I. IDENTIFICATION AND DEFINITION OF CASES
   A. Clinical Description: A serious and sometimes life-threatening disease caused by the bacterium Streptococcus pneumoniae. Streptococcus pneumoniae can cause many types of illnesses such as meningitis, sepsis, pneumonia and ear infections. Infants, children, the elderly, and persons with immunocompromising conditions are at increased risk of S. pneumoniae infections.

   B. Laboratory Criteria: Isolation of Streptococcus pneumoniae from a normally sterile site (e.g., cerebrospinal fluid [CSF], blood, joint, pleural, pericardial fluid, or another normally sterile site). Isolation from urine, sputum, abscesses or pharyngeal swabs does not meet the case definition.

   C. Wisconsin Surveillance Case Definition: Confirmed: A clinically compatible case 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 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: Clinically compatible illness.

   D. Laboratory Criteria for Reporting: Isolation of Streptococcus pneumoniae from a normally sterile site (e.g., cerebrospinal fluid [CSF], blood, joint, pleural, pericardial fluid, or another normally sterile site). Isolation from urine, sputum, abscesses, or pharyngeal swabs does not meet the case definition.

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 (e.g., WEDSS Lab Clinical Tab, “Invasive bacteria - Specimen summary” section).
      2. Upon completion of investigation, set WEDSS disease incident process status to “Final.”

   C. Additional Investigation Responsibilities: 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
   A. In accordance with Wis. Admin. Code § DHS 145.05, local public health agencies should follow the methods of control recommended in the current editions of Control of Communicable Diseases Manual, edited by David L.

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 Pneumococcal Disease website: https://www.cdc.gov/pneumococcal/index.html

D. DPH Streptococcus Pneumoniae, Invasive (Pneumococcal Disease) website: https://www.dhs.wisconsin.gov/immunization/pneumo.htm