



## Communicable Disease Case Reporting and Investigation Protocol **VIBRIOSIS (NON-CHOLERA)**

### I. IDENTIFICATION AND DEFINITION OF CASES

A. **Clinical Description:** An infection of variable severity characterized by watery diarrhea, primary septicemia, or wound infection. Asymptomatic infections may occur, and the organism may cause extra-intestinal infection.

B. **Laboratory Criteria:**

- Confirmatory laboratory evidence: Isolation of a species of the family Vibrionaceae\* (other than toxigenic *Vibrio cholerae* O1 or O139, which are reportable as cholera) from a clinical specimen.
- Supportive laboratory evidence: Detection of a species of the family Vibrionaceae\* (other than toxigenic *Vibrio cholerae* O1 or O139, which are reportable as cholera) from a clinical specimen using a culture-independent diagnostic test (CIDT).

*Non-Cholera <i>Vibrio</i> Species:	
<i>V. cholerae non-O1, non-O139</i>	<i>V. cincinnatiensis</i>
<i>V. parahaemolyticus</i>	<i>V. furnissii</i>
<i>V. vulnificus</i>	<i>V. metschnikovii</i>
<i>V. mimicus</i>	<i>Photobacterium damsela</i> (formerly <i>Vibrio damsela</i> )
<i>V. fluvialis</i>	<i>Grimontia hollisae</i> (formerly <i>Vibrio hollisae</i> )
<i>V. alginolyticus</i>	<i>Vibrio</i> species – not identified

C. **Wisconsin Surveillance Case Definition:**

- Confirmed: A case that meets the confirmatory laboratory criteria for diagnosis. Note that species identification and, if applicable, serotype designation (i.e., *Vibrio cholerae* non-O1/non-O139), should be reported.
- Probable: A case that meets the supportive laboratory evidence for diagnosis OR a clinically compatible case that is epidemiologically linked to a probable or confirmed case.

**Note:** Clinical laboratories are requested to forward all isolates of *Vibrio*, and all clinical specimens from which *Vibrio* was detected using a CIDT, to the Wisconsin State Laboratory of Hygiene (WSLH) for surveillance purposes. CIDT positive specimens from which *Vibrio* 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 infection in the same individual.
- When two or more different species of the family Vibrionaceae are identified in 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 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:** None.

- D. **Laboratory Criteria for Reporting:** Laboratory evidence of infection by culture or nonculture-based methods. All positive results should be reported.

### 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. Complete a Centers for Disease Control and Prevention (CDC) Cholera and Other Vibrio Illness Surveillance (COVIS) report form and upload a copy in the WEDSS incident filing cabinet.
  3. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State” and notify the DPH Bureau of Communicable Diseases (BCD), Communicable Diseases Epidemiology Section (CDES).
- C. **Additional Investigation Responsibilities**
1. Contact diagnosing laboratory or provider to ensure the clinical isolate or positive specimen is forwarded to the WSLH, or other public health laboratory, for confirmation.
  2. Source investigation by LHD to include history of travel, dates, seafood consumption, and water exposures as outlined in WEDSS disease-specific tabs and CDC COVIS form.
  3. If the case-patient reports exposure to seafood/shellfish in Wisconsin, as part of the seafood investigation, an environmental assessment of the source restaurant, vendor, or retail venue should be conducted. Shellfish tags or invoices for the implicated item(s) should be collected and the seafood investigation section of the COVIS form completed. All information should be forwarded to CDES for coordination of trace-back investigation with other state and federal agencies.
  4. Determine whether the case is potentially outbreak-related and notify the CDES.

### 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. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics’ *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. Assess patient for high-risk settings or activities to include food handling, providing patient care or child care, or attending a child care facility.
- C. Exclude symptomatic patients from high-risk settings including food handling, providing patient care or child care, or attending a child care facility until asymptomatic for 24 hours.
- D. Educate the public about proper handwashing after using the toilet, changing diapers, assisting another with toileting or handling contaminated clothing or linens, before cooking, or when associating with high-risk individuals.
- E. Educate the public to avoid consuming any undercooked or raw shellfish, such as oysters, and to prevent exposure of open wounds to warm seawater/brackish water or raw shellfish/seafood drippings.
- F. Educate the public to always wash hands with soap and water after handling raw shellfish, and to avoid cross-contamination of surfaces in the home with raw shellfish/seafood drippings.
- G. Exclude patient from swimming while ill.

### 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**

A. Heymann DL, ed. Cholera and Other Vibrioses. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 102-114.

B. Pickering LK, ed. Vibrio Infections. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 860-864.

C. Centers for Disease Control and Prevention website: <https://www.cdc.gov/vibrio/>