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BCD 2023-05

To: Wisconsin Local Health Departments, Tribal Health Agencies, Health Care Providers, and Infection Preventionists

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Changes to COVID-19 Reporting Requirements in Wisconsin

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Summary

- Starting November 1, 2023, reporting of COVID-19 cases to public health is no longer required in Wisconsin, unless a confirmed or probable case is associated with a hospitalization or pediatric death.
- This memo replaces BCD 2022-04 that made all results from NAAT (RT-PCR) testing conducted in a facility under Clinical Laboratory Improvement Amendments (CLIA) to perform moderate or high-complexity tests reportable to DHS within 24 hours.
- COVID-19 surveillance will focus on COVID-19 hospitalization admission data and wastewater surveillance moving forward, an approach that is in alignment with surveillance for influenza virus.

Background

DHS memo BCD 2022-04, made all results from NAAT (RT-PCR) testing conducted in a facility under Clinical Laboratory Improvement Amendments (CLIA) to perform moderate or high-complexity tests reportable to DHS within 24 hours. For all other SARS-CoV-2 testing (except antibody and self-administered testing), reporting has only been required for positive results. **The purpose of this memo is to notify all clinical, laboratory and public health partners that starting November 1, 2023, individual cases of COVID-19 are no longer reportable, unless a confirmed, probable, or suspect case is associated with a hospitalization or pediatric death.**

With the end of the COVID-19 public health emergency, the availability of free testing resources like those described above has been significantly reduced. Also, with the increased access and convenience of at-home testing, Wisconsin residents have turned to this testing method as their primary testing strategy to guide their decisions related to risk and prevention. While COVID-19 surveillance remains a top public health priority, the relatively low proportion of COVID-19 cases that are confirmed with laboratory-based testing makes the reporting requirements in BCD 2022-04 less useful for tracking COVID-19 activity in the state of Wisconsin.

Following the guidance of CDC, DHS will henceforth use COVID-19 hospital admission levels as the primary surveillance indicator. COVID-19 hospital admission levels have been highly correlated with overall community transmission levels throughout the pandemic and will remain useful for guiding community and personal decisions related to risk and prevention behaviors. Tracking hospital admission levels also allows us to assess the capacity of emergency departments and other health care facilities to handle patients with COVID-19 and can help us detect early changes in COVID-19 trends.

DHS, in partnership with Wisconsin State Lab of Hygiene and the University of Wisconsin-Milwaukee, continues to test samples of wastewater across the state to look for SARS-CoV-2. The COVID-19 virus can be detected in a person's feces shortly after they are infected with the virus, even before a person has symptoms. Testing wastewater at various treatment facilities can track if virus levels are decreasing or increasing in specific communities in Wisconsin. Wastewater monitoring may allow public health officials to respond quicker to increases in COVID-19 and provide opportunities to target prevention and mitigation strategies to specific communities.

Reporting

Appendix A of [Wis. Admin. Code ch. DHS 145](#) states "any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications" is a reportable condition. Therefore, the Wisconsin Department of Health Services will include SARS-CoV-2-Associated Pediatric Mortality and SARS-CoV-2-Associated Hospitalizations as category II reportable conditions for which general powers under Wis. Stat. [ch. 252](#) and [Wis. Admin. Code ch. 145](#) apply. Category II reportable conditions must be reported to the local or tribal health department within 72 hours of being detected.

This memo (memo BCD 2023-05) supersedes memo BCD 2022-04, meaning that individual COVID-19 cases are no longer reportable unless a confirmed or probable case is associated with a hospitalization or pediatric death. Starting November 1, 2023, all Wisconsin Acute Care Hospitals, Coroners and Medical Examiners should report:

- **COVID-19-associated hospitalizations**, defined as a patient who is hospitalized (>24 hours) as a result of a COVID-19 compatible illness and with laboratory evidence for COVID-19.
- **COVID-19-associated pediatric mortality**, defined as a death in a person <18 years old as a result of a COVID-19 compatible illness with laboratory evidence for COVID-19 OR a death in a person <18 years old meeting vital records criteria with no confirmatory or presumptive laboratory evidence for COVID-19.

These should be reported to the Wisconsin Electronic Disease Surveillance System (WEDSS), or by mailing or faxing a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form.

Outbreaks of any communicable disease, including COVID-19, remain a category 1 reportable condition.

Specific details and case definitions can be found on the DHS website:

- [Communicable Disease Case Reporting and Investigation Protocol: COVID-19 Associated Pediatric Mortality](#)
- [Communicable Disease Case Reporting and Investigation Protocol: COVID-19 Associated Hospitalizations](#)

These reporting changes will bring COVID-19 surveillance in alignment with influenza virus surveillance.

References

- [Wisconsin Local and Tribal Health Departments](#)
- [Wisconsin Department of Health Services, Division of Public Health, Respiratory Viruses Resistance webpage](#)