



Issue 1
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WISCONSIN EPI EXPRESS

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Program Updates

Staff updates: BCD welcomes the following staff to their new positions!

Kailynn Mitchell, Adult Viral Hepatitis Unit Supervisor

Leila Gessner, Wastewater Surveillance Coordinator

Shivani Shah, CDC Public Health Advisor

New webpage:

The Wisconsin Healthcare-Associated Infections (HAI) Prevention Program published a new [webpage on infection prevention and control in dialysis settings](#). The page highlights infection risks specific to dialysis, as well as infection prevention best practices.

Updated case reporting and investigation protocols (EPINETs):

The Vectorborne Unit published updated Case Reporting and Investigation Protocols (previously called EpiNets) for [anaplasmosis](#) and [ehrlichiosis](#). New case definitions for each disease are included in the updated Case Reporting and Investigation Protocols.

New resources:

The Communicable Disease Harm Reduction Section published a new Xylazine [fact sheet](#) and [tri-fold document](#) providing information on how to use Xylazine test strips. The Harm Reduction Response Team (HRRT) is offering services in seven counties in southern Wisconsin. Find out when the HRRT will be in your area and learn more about harm reduction services by visiting the [Substance Use: Harm Reduction webpage](#).

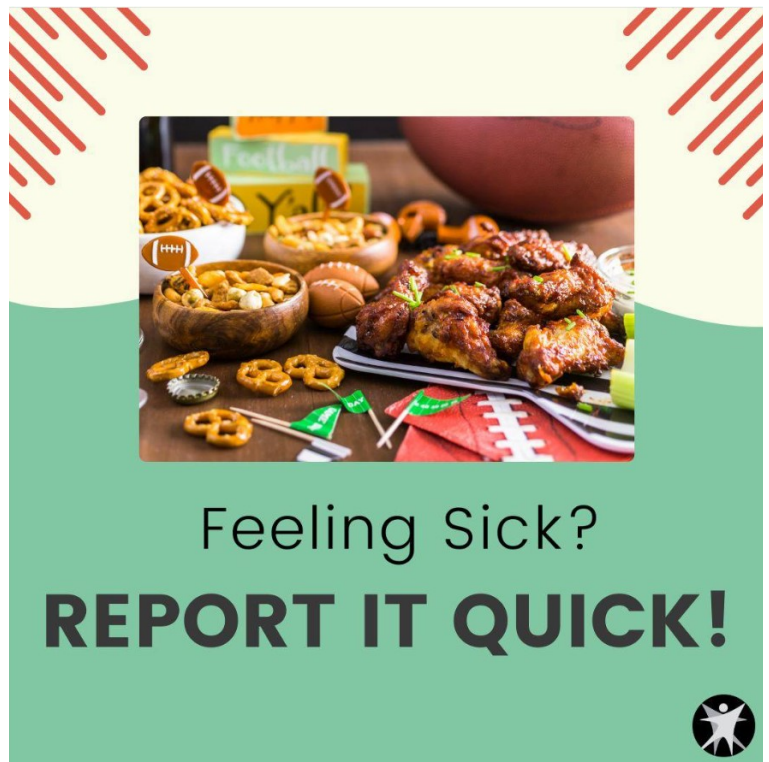
PROGRAM UPDATES

PCA PORTAL INDUSTRY AND OCCUPATION DASHBOARD EXPANSION

Expansion of the [Industry and Occupation Dashboard](#) on the PCA Portal is now live. BCD has been partnering with DHS's Occupational Health & Safety Surveillance team to update the PCA portal dashboard on industry and occupation to include additional WEDSS diseases. The updated dashboard allows LHDs to see the most common industry sectors (for example, forestry or health care) and occupations reported among cases for a given condition or group of conditions. This information can help in identifying risk groups and inform outreach strategies. The dashboard also includes industry and occupation data completeness to help promote collection of these data fields.

FEELING SICK? REPORT IT QUICK! CAMPAIGN AND NEW ONLINE TOOL

In time for the annual peak in norovirus cases and outbreaks, the Wisconsin Department of Health Services (DHS) has launched a [new online tool](#) to encourage Wisconsinites to report food or water sickness when symptoms occur. The online questionnaire, which takes less than five minutes to complete, helps local health departments identify sources of contamination to prevent others from getting sick. This tool is especially important as cases of norovirus, the leading cause of vomiting and diarrhea, tends to spike in the winter. The launch of the new tool is accompanied by a "Feeling Sick? Report it Quick!" message campaign which shares information and resources about prevention, symptoms of food or waterborne illness, and the reporting system through print materials and on social media.



The 2023 Tick Identification Service

By: DHS Vectorborne Disease Program

BACKGROUND – WHAT IS THE TICK IDENTIFICATION SERVICE?

The Wisconsin Department of Health Services (DHS) [Tick Identification Service](#) (TIS) is an online platform for anyone to submit an image of a tick found on themselves, a family member, pets, or wildlife for species identification. The TIS was developed initially at the University of Wisconsin-Madison Medical Entomology Laboratory and was transferred to DHS in 2022. Not all species of ticks in Wisconsin spread disease, so determining the tick species after a tick bite can help assess the risk of infection and whether it might be helpful to seek health care. For example, American dog ticks (also called a wood tick) are not known to spread disease in Wisconsin. However, if the tick bite was from a blacklegged tick (also called a deer tick), a species known to spread Lyme disease, anaplasmosis, ehrlichiosis, babesiosis, and other tickborne diseases in Wisconsin, infection is much more likely. Monitoring for symptoms is recommended for 30 days after any tick bite, but other interventions, such as a dose of an antibiotic to help prevent Lyme disease, may also be recommended after a deer tick bite.

WHO USED THE DHS TICK IDENTIFICATION SERVICE?

In 2023, DHS received 414 completed surveys submitted through TIS, a notable increase from the 60 submissions received during the transition year in 2022. While 85% of submissions in 2023 came from Wisconsin, we also received submissions from other states: Illinois, Massachusetts, North Carolina, Nebraska, New York, Texas, and Virginia. We saw a high number of submissions during May (150 submissions), followed by June (84 submissions) and July (68 submissions). High submissions in May, June, and July were expected and align with Wisconsin's known seasonal tick activity.



WHAT SPECIES OF TICKS WERE SUBMITTED?

Almost half the images submitted through TIS for identification were American dog (wood) ticks, followed by the blacklegged (deer) tick (Figure 1). We received seven images of lone star ticks from submitters in Wisconsin. This tick is still uncommonly encountered in Wisconsin, and the seven submissions fall within the expected range based on our current understanding of this tick's [distribution in the US](#). We also saw submissions of soft ticks and have begun to request that submitters send their soft ticks in for species confirmation. Recent collaborative work with the CDC showed that the soft tick, *Alectorobius kelleyi*, found in Wisconsin, was infected with a newly emerging pathogen responsible for causing tickborne relapsing fever. The Vectorborne Diseases Program will continue to monitor the presence and distribution of this soft tick and any new emerging pathogens it may carry. We received 11 images of insects, with weevils making up most of those submissions. Although weevils, like all other insects, have six legs, the long geniculate (elbowed) antennae of the weevil can give it an eight-legged appearance and is most likely why it is so often mistaken for a tick.

The 2023 Tick Identification Service

By: DHS Vectorborne Disease Program

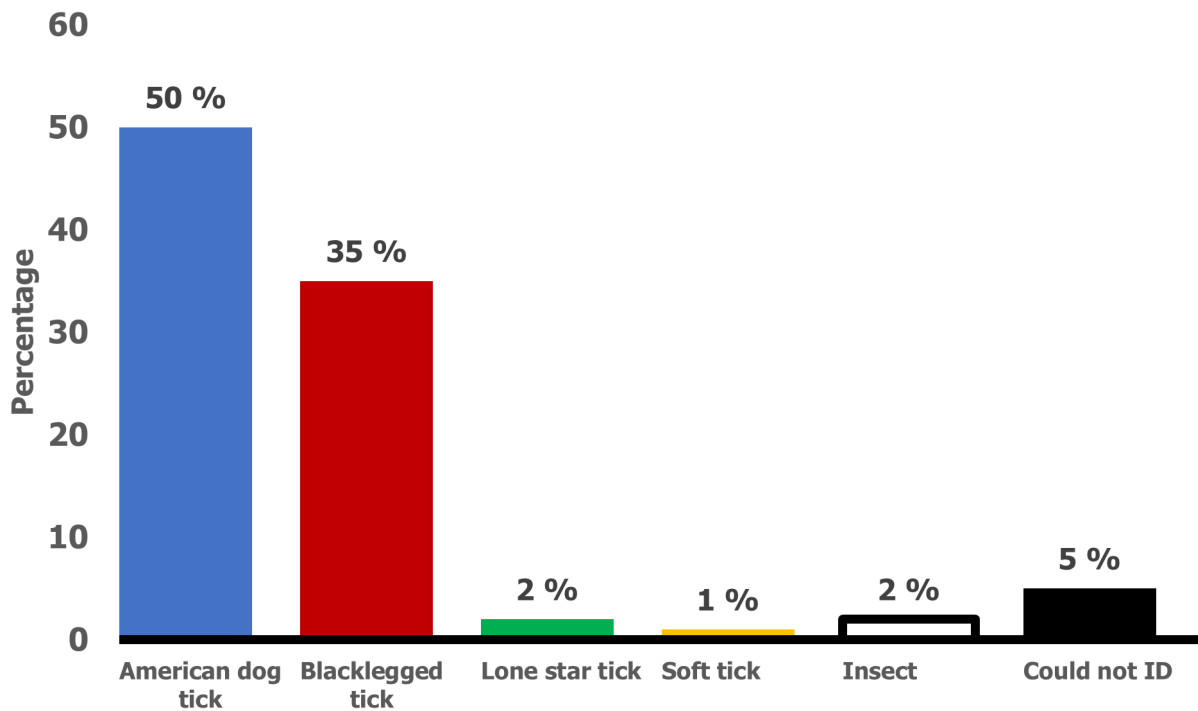


Figure 1: Species identified through images submitted to the TIS. Data includes submissions from all states.

WHAT WERE SUBMITTERS DOING WHEN THEY GOT A TICK?

This information includes only submissions identified as ticks.

Where was the tick picked up?

- 44% removed the tick from themselves
- 38% removed the tick from another person or member of their household
- 12% removed the tick from a family pet (dog or cat)

Where do you think the tick was picked up?

- 55% in their own yard or in the yard of a friend or family member
- 24% in a recreational area

What the person/animal was doing when they got the tick?

- 29% hiking, walking, running, and biking on nature trails
- 17% walking the dog
- 12% gardening
- 9% sitting on a log on a nature trail
- 7% mowing the lawn
- 7% camping
- 7% eating outdoors/picnicking
- 2% fishing



***Acinetobacter baumannii* Colonization and Clinical Illness in Wisconsin from 2019-2023**

By: Megan Lasure, ARLN Epidemiologist Coordinator

BACKGROUND

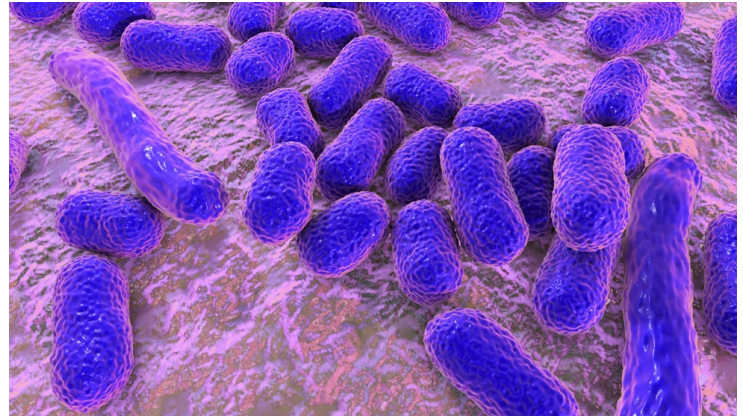
Acinetobacter baumannii is a bacterium that can colonize the skin of patients or the health care environment. Colonization is the presence of microorganisms on a body site or environment that do no harm and cause no symptoms of infection. People who are colonized can also be called “carriers.”

Carbapenem-resistant *Acinetobacter baumannii* (CRAB) bacteria are resistant to the group of antibiotics called carbapenems. Carbapenems are a class of beta-lactam antibiotics that are important for treatment when bacteria are resistant to other antibiotics. Some carbapenem-resistant organisms gain their resistance through the incorporation of genes that create an enzyme called a carbapenemase. The Wisconsin State Lab of Hygiene (WSLH) has provided testing for carbapenemase-producing CRAB (CP-CRAB) since 2019. CP-CRAB was made reportable in Wisconsin in 2022.

COLONIZATION SCREENING

Colonization screening is an essential tool for surveillance of CP-CRAB, which accounts for over a third of detected cases in Wisconsin. Early detection of colonized cases is an important tool in preventing transmission.

Much of our testing for CP-CRAB is to detect colonized patients- those who have CP-CRAB living in or on their body but are not experiencing clinical illness. Some of these patients go on to experience infections with CP-CRAB in the future. Risk factors can include wounds, surgeries or procedures, or becoming immunocompromised. It is important to identify colonized patients to prevent silent transmission of CP-CRAB. With respect to infection prevention guidelines, patients with CP-CRAB are considered to be colonized indefinitely.



RESULTS

CP-CRAB testing results were reviewed from 2019-2023 to identify those who tested negative during screening, those who tested positive during screening, and those with clinical isolates. Of the 508 Wisconsin patients who had been identified as having CP-CRAB, 220 (43.3%) were first identified via colonization screening. Most patients only had one positive result, but 222 (43.7%) had two or more, with a maximum of 12 positive results. Nearly 18% of CP-CRAB patients had a negative colonization screen before CP-CRAB detection. The time between the most recent negative screen and the first positive result ranged from 1 to 797 days, with a median of 56 days.

Thirty-five patients converted from a positive CP-CRAB colonization result to a clinical isolate, with duration ranging from 1 to 1,373 days, with a median of 215 days. After CP-CRAB detection, 61 patients (12.0%) had negative colonization screens, but at least 17 of those had positive results afterwards. This intermittent colonization could be due to swab collection methods or changes in the patient’s normal flora. Whatever the cause, intermittent colonization does not support using a single negative result as proof that a patient is cured.

Wisconsin HIV Case Report Submission Update

By: Yi Ou, HIV Surveillance Unit Supervisor

BACKGROUND

[Wisconsin Stat. § 252.15](#) requires HIV cases to be reported to the state epidemiologist on a Wisconsin HIV Case Report Form ([F-4438](#)), electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or by fax or mail within 72 hours after identification of a known or suspected case. All cases are confidential. HIV case reports must be directly submitted to the Wisconsin HIV Surveillance Unit in the Wisconsin Department of Health Services (DHS) Bureau of Communicable Diseases. Case reports should be completed by testing agencies or facilities, including but not limited to:

- Private or health care providers
- Hospitals
- Clinics
- Ambulatory care facilities
- Sexually transmitted disease clinics
- Family planning clinics
- Perinatal clinics
- Tribal health clinics
- Blood and plasma centers
- The correctional system
- Military entrance processing stations
- Laboratories that perform HIV testing

HIV SURVEILLANCE UPDATES

During 2023, the HIV Surveillance Unit worked to improve the process of reporting HIV and Stage 3 (AIDS) cases and labs. Beginning in January 2024, the following updates are available on the DHS website:

- The new fax number is **608-720-3548**. Please use this new fax number to report HIV case and lab information to the HIV Surveillance Unit.

- The [Wisconsin HIV Case Report, F-4438](#) has been updated and is available online in fillable [Word](#) and [PDF](#) for download. The updated case report form is shorter and reflects the current data fields for HIV reporting in Wisconsin.
- A new additional method for submitting the Wisconsin HIV Case Reports has been created in the Wisconsin Electronic Disease Surveillance System ([WEDSS](#)). The HIV case report form is now also available to submit via WEDSS.

Note: If your health department performs HIV testing and would like to report electronically via WEDSS, local and Tribal health department staff will need to set up a separate WEDSS provider account to access and submit the HIV case report form in WEDSS. Please contact the [WEDSS Team](#) about the WEDSS provider account.

Resources

Learn more about the HIV reporting requirements and CDC's recommended HIV testing algorithm: [Reporting HIV in Wisconsin | CDC](#)
[Understanding the HIV Testing Algorithm | CDC](#)

For more information about HIV data, prevention and care resources, please visit: [HIV in Wisconsin | Wisconsin Department of Health Services](#)

Questions?

For questions regarding HIV reporting, contact the HIV Surveillance Unit
DHSIVSurveillance@dhs.wisconsin.gov

For any HIV data needs, contact Yi Ou
yi.ou@dhs.wisconsin.gov

Immunization Data Visuals and Dashboards

By: Sarah Kangas, WIR Epidemiologist

INTRODUCTION

This respiratory season, the Vaccine Analytics Unit in BCD's Immunization Section made enhancements to existing data visualizations and developed new data dashboards to monitor vaccine uptake in Wisconsin. The team updated the [influenza vaccine data dashboards](#), published a new [COVID-19 vaccine data webpage](#), and updated the [impact of the COVID-19 pandemic on routine vaccination rates dashboard](#).

Data visualizations on adult RSV vaccination, Vaccines for Children and Vaccines for Adults provider locations, and routine vaccination rates among children, adolescents, and adults are soon to come!

Current vaccination trends reflect social and economic barriers for marginalized communities and provide evidence for the continued need to focus on increasing awareness and reducing barriers to getting vaccines. As influenza, COVID-19, and RSV infections persist across Wisconsin, it is not too late to get vaccinated. Seasonal flu and COVID-19 vaccines are recommended for everyone 6 months and older. Preventative treatments and RSV vaccines are available to pregnant people (seasonally), parents of children under 19 months, and adults over 60 years old.

FLU VACCINE DATA SUMMARY

As of February 2nd, 34.0% of Wisconsinites have received the seasonal flu vaccine, compared to 36.0% for the same time last year. Since the early days of the COVID-19 pandemic, flu vaccination rates have dropped across Wisconsin. Data continues to show that Black, American Indian/Alaska Native, Hispanic people, and males in Wisconsin have lower vaccination rates compared to the rest of the state's population.

COVID-19 VACCINE DATA SUMMARY

As of February 2nd, 15.8% of Wisconsinites have received the updated COVID-19 vaccine. Figure 1 displays how these rates compare to flu vaccination coverage across different age groups. The updated COVID-19 vaccine vaccination coverage is disproportionately lower among people who identify as Black, American Indian/Alaska Native, Hispanic, and male.

ROUTINE VACCINATION RATES

The COVID-19 pandemic resulted in lower childhood vaccination coverage. Fewer children received routine vaccines during the COVID-19 pandemic compared to the average vaccination rates from 2017–2019. As of 2023, many childhood vaccination rates had still not returned to pre-pandemic levels. It is vital that children, adolescents, and adults stay up to date with their seasonal and routine vaccinations. Missed or delayed vaccinations leave people more vulnerable to preventable diseases and increase the risk of outbreaks. Let's work together to help more Wisconsinites get protected by vaccines.

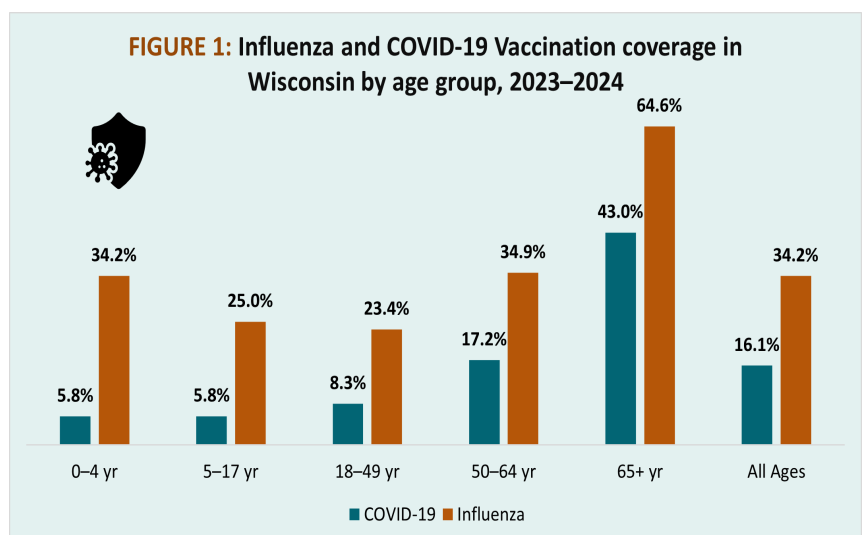


Figure 1: How COVID-19 vaccination rates compare to flu vaccination coverage across different age groups.

Communicable Disease Case Counts

This report contains a selection of reportable conditions with inclusion based on public health significance and frequency of occurrence. The case counts reflect confirmed and probable cases, for all process statuses. These numbers are not final and are subject to change as confirmatory testing and case follow-up are completed. The case counts for 2024 first quarter (Q1) and year-to-date (YTD) are through March 15, 2024.

***Case counts should not be considered final and are subject to change.**

Disease	2023 Case Counts	2024 Case Counts				
	Total	Q1	Q2	Q3	Q4	2024 YTD
Enteric and Gastrointestinal (also includes suspect cases)						
Campylobacteriosis	1,600	235				235
Cholera ¹	0	0				0
Cryptosporidiosis	546	54				54
Cyclosporiasis	68	0				0
<i>E. coli</i> , Shiga toxin-producing (STEC)	543	70				70
Giardiasis	513	65				65
Hemolytic uremic syndrome	3	1				1
Listeriosis	23	4				4
Salmonellosis	1,024	164				164
Shigellosis	89	15				15
Typhoid fever	8	0				0
Vibriosis (non-cholera)	43	16				16
Yersiniosis	186	49				49
Invasive Bacteria						
Group A streptococcal disease	539	99				99
Group B streptococcal disease	642	111				111
Fungal						
Blastomycosis	124	10				10
Coccidioidomycosis ¹	8	1				1
Histoplasmosis	30	3				3
Respiratory						
Coronavirus disease (COVID-19) ³	138,771	24,839				24,839
Please refer to the weekly respiratory virus surveillance report .						
Influenza, novel	0	1				1
Influenza-associated hospitalizations	1,692	1,978				1,978
Legionellosis	214	14				14
Tuberculosis	54	12				12
Latent TB infection	1,358	152				152
Sexually Transmitted						
<i>Chlamydia trachomatis</i>	24,994	4,957				4,957
Gonorrhea	7,025	1,524				1,524
HIV	N/A	N/A				N/A
Syphilis (all stages)	1,794	239				239
Vaccine Preventable						
Diphtheria	0	0				0
<i>Haemophilus influenzae</i> invasive disease	123	30				30
Hepatitis B, acute (confirmed cases only)	7	1				1
Hepatitis B, perinatal	0	0				0

Communicable Disease Case Counts (cont.)

Disease	2023 Case Counts		2024 Case Counts			
	Total	Q1	Q2	Q3	Q4	2024 YTD
Vaccine Preventable (continued)						
Measles (rubeola)	1	0				0
Meningococcal disease	2	1				1
Mumps	4	2				2
Pertussis (whooping cough)	58	20				20
Poliomyelitis	0	0				0
Rubella	0	0				0
<i>Streptococcus pneumoniae</i> invasive disease	515	157				157
Tetanus	0	1				1
Varicella (chickenpox)	188	48				48
Vectorborne						
Babesiosis	123	2				2
Dengue virus infection ¹	12	2				2
Eastern equine encephalitis virus (EEEV)	0	0				0
Ehrlichiosis/Anaplasmosis	739	3				3
Jamestown Canyon virus infection	11	0				0
La Crosse virus infection	1	0				0
Lyme disease	6,386	471				471
Malaria ¹	19	3				3
Powassan virus infection	2	0				0
Spotted fever group rickettsioses (spotted fevers)	13	1				1
West Nile virus infection	25	0				0
Yellow fever ¹	0	0				0
Zika virus infection ^{1, 2}	0	0				0
Zoonotic						
Brucellosis	0	0				0
Hantavirus infection	0	0				0
Leptospirosis	0	0				0
Mpox	8	1				1
Psittacosis	0	0				0
Q Fever, acute	1	0				0
Q Fever, chronic	0	0				0
Rabies (human)	0	0				0
Toxoplasmosis	1	1				1
Tularemia	1	0				0
Other						
CP-CRE	46	7				7
Hepatitis A	23	4				4
Hepatitis C, acute	81	6				6
Hepatitis E, acute	7	0				0
Kawasaki disease	20	4				4
Lymphocytic choriomeningitis virus infection	0	0				0
Transmissible spongiform encephalopathy (human)	3	0				0

¹ Denotes diseases where all cases in Wisconsin residents are travel-associated. No local transmission occurs.

² Due to enhanced surveillance, asymptomatic confirmed cases are included.

³ COVID-19 reporting requirements have [changed](#), and individual cases are no longer reportable as of 11/1/2023.

