



Issue 4
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WISCONSIN EPI EXPRESS

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PROGRAM UPDATES

STAFF UPDATES:

BCD welcomes the following staff to their new positions:

Megan Rasmussen, Wastewater Epidemiologist

Retirements:

Sheila Guilfoyle, Harm Reduction Unit Supervisor, retired on November 3, 2023.

WISCONSIN INTEGRATED HIV PLAN:

The Wisconsin Department of Health Services (DHS) released its [2022-2026 Integrated HIV Prevention and Care Plan](#). This five-year plan summarizes the current landscape of HIV across the state and outlines a roadmap for addressing and ending the HIV epidemic in Wisconsin. The plan was developed through an extensive process that included a statewide, comprehensive needs assessment and input of community members, local and Tribal health departments, health care organizations, community-based organizations, and health care providers. It mirrors the four goals set forth by the [National HIV/AIDS Strategy \(NHAS\)](#) and highlights four priority areas: health equity, status-neutral approaches, stigma reduction, and workforce development. In collaboration with partners and communities, DHS will work to implement the strategies and activities outlined in the plan and reduce disparities and inequities experienced by people living with and/or disproportionately impacted by HIV. Visit the [DHS website](#) for more information about Wisconsin's Integrated HIV Prevention and Care Plan.

MIS-C Updated Surveillance Case Definition

By: Tom Haupt, Respiratory Diseases Epidemiologist

BACKGROUND

Multisystem inflammatory syndrome in children (MIS-C) is a rare but serious complication in which various body parts and organs become inflamed following a recent infection with the SARS-CoV-2 virus. MIS-C usually occurs 2–6 weeks after having COVID-19. With increased COVID-19 activity expected during fall and winter months, it is important for clinicians to continue to be vigilant in identifying MIS-C among children.

This year, CDC (Centers for Disease Control and Prevention) revised their standardized surveillance case definition for MIS-C associated with SARS-CoV-2 infection. The updated case definition went into effect January 1, 2023. The updated definition is intended to improve consistency among public health surveillance staff when identifying and classifying cases of MIS-C.

SURVEILLANCE CASE DEFINITION FOR MIS-C

Any illness in a person aged less than 21 years that meets any of the following:

- The clinical and the laboratory criteria (confirmed case).
- The clinical criteria and epidemiologic linkage criteria (probable case).
- The vital records criteria (suspect case).

CLINICAL CRITERIA

An illness characterized by **all the following**, in the absence of a more likely alternative diagnosis:

- Subjective or documented fever ($\geq 38.0^{\circ}$ C)
- Clinical severity requiring hospitalization or resulting in death
- Evidence of systemic inflammation indicated by C-reactive protein ≥ 3.0 mg/dL
- New onset manifestations in **at least two** of the following categories:
 - i. Cardiac involvement indicated by:
 - Left ventricular ejection fraction $< 55\%$
 - Coronary artery dilatation, aneurysm, or ectasia
 - Troponin above laboratory normal range
 - ii. Mucocutaneous involvement indicated by any of the following:
 - Rash
 - Inflammation of oral mucosa
 - Conjunctivitis or conjunctival injection
 - Extremity findings (erythema or edema of the hands or feet)



MIS-C Updated Surveillance Case Definition (continued)

By: Tom Haupt, Respiratory Diseases Epidemiologist

- iii. Shock
- iv. Gastrointestinal involvement indicated by any of the following:
 - Abdominal pain
 - Vomiting
 - Diarrhea
- v. Hematologic involvement indicated by either:
 - Platelet count $<150,000$ cells/ μL
 - Absolute lymphocyte count $<1,000$ cells/ μL

LABORATORY CRITERIA FOR SARS-COV-2 INFECTION

Criteria includes any of the following:

- Detection of SARS-CoV-2 RNA in a clinical specimen up to 60 days prior to or during hospitalization, or in a post-mortem specimen using a diagnostic molecular amplification test.
- Detection of SARS-CoV-2 specific antigen in a clinical specimen up to 60 days prior to or during hospitalization, or in a post-mortem specimen.
- Detection of SARS-CoV-2 specific antibodies in serum, plasma, or whole blood associated with current illness resulting in or during hospitalization.

EPIDEMIOLOGIC LINKAGE CRITERIA

Close contact with a confirmed or probable case of COVID-19 disease in the 60 days prior to hospitalization.

VITAL RECORDS CRITERIA

A person whose death certificate lists MIS-C or multisystem inflammatory syndrome as an underlying cause of death or a significant condition contributing to death.



Prevent Viruses and Gather Safely this Holiday Season

By: Angela Bray and Jenna Romanowski, BCD Public Health Educators

INTRODUCTION

The holiday season is here and is usually filled with cheer, goodwill, and family gatherings. While holiday get-togethers with family are fun, it's also virus season. Don't let respiratory viruses like Respiratory Syncytial Virus (RSV), COVID-19, and the flu, or stomach viruses such as norovirus put a damper on your holiday celebrations. Protect yourself and your loved ones from respiratory illnesses and practice food safety to safely celebrate and enjoy the holidays.

RSV

RSV is a large cause of respiratory illness in all age groups, and especially affects infants, young children, and older adults. These age groups can get serious complications if they get sick with RSV. Among infants and young children, it is the most common cause of bronchitis, croup, ear infections, and pneumonia. Respiratory illnesses are usually spread from person to person when an infected person breathes, speaks, sings, coughs, or sneezes. Respiratory viruses can also spread by having direct contact with an infected person or by touching an infected surface and then touching your mouth, nose, or eyes. There is no specific treatment for RSV and most people recover on their own.

This year, there are new RSV immunizations available for certain groups of people.

Infants and young children: Monoclonal antibody products, which are not vaccines but are given by injection, are approved by the CDC and are available to protect infants and young children from severe RSV.

Older adults aged 60 or older: Vaccines are approved by the CDC and currently available to protect older adults from severe RSV.

Pregnant people: Pregnant people can receive an immunization approved by the CDC to protect their newborn(s) against severe RSV and hospitalization.



RSV immunizations are a great way to protect those who are most at risk of severe RSV. In addition, COVID-19 and flu vaccines are also a great way to protect yourself and those you love from severe disease. The CDC recommends that everyone 6 months and older receive an updated COVID-19 vaccine and flu vaccine. These vaccines can help us all gather safely during the holidays. Find where vaccines are available near you at [Vaccines.gov](https://www.vaccines.gov).

NOROVIRUS

Norovirus, often called the “stomach flu,” is the leading cause of vomiting and diarrhea in the United States. Other symptoms include fever, chills, aches, and tiredness. It spreads quickly and easily by:

- Having direct contact with someone with norovirus.
- Eating or drinking food or water contaminated with norovirus.
- Touching surfaces or objects contaminated with norovirus and then touching their mouth without washing their hands.

Prevent Viruses and Gather Safely this Holiday Season (continued)

By: Angela Bray and Jenna Romanowski, BCD Public Health Educators

Most people will get better within one to three days. However, call your doctor for signs of dehydration such as decrease in urination, dry mouth and throat, and feeling dizzy when standing up.

TIPS TO GATHER SAFELY

- **Get vaccinated now.** In addition to the available RSV vaccines, the CDC recommends everyone 6 months or older get an updated [COVID-19 vaccine](#) and [flu vaccine](#). These vaccines help protect all of us from severe respiratory diseases and help our community stay healthy. The COVID-19 and flu vaccines are safe and can be received at the same time.
- **Practice good hygiene.** [Wash your hands](#) for at least 20 seconds and cover your mouth and nose when coughing or sneezing. Avoid touching your face (especially mouth, nose, and eyes).
- **Avoid close contact with sick people** and disinfect objects and surfaces regularly (like doorknobs, countertops, and light switches).
- **Stay home when sick.** [Get tested](#) if you have symptoms of COVID-19.
- **Practice good food safety/hygiene.**
 - Keep raw meat, poultry, seafood, and eggs separate from all other foods. Store these foods in separate areas in the fridge and use separate cutting boards.
 - Use a food thermometer to make sure food is cooked to a [safe temperature](#) to kill any germs that can make you sick.
 - Wash your hands before, during, and after preparing food. Also wash utensils and surfaces after every use.
 - Refrigerate leftovers within two hours. Food should be kept out of the temperature “danger zone” (40-140°F).

If you feel sick or have any symptoms of illness, it is important to stay home and away from others. See a provider if you have severe symptoms of a respiratory virus or norovirus or would like more information about RSV, COVID-19, or flu vaccination. From us at DHS, we wish you a happy and healthy holiday!



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 2023 fourth quarter (Q4) and year-to-date (YTD) are through December 11, 2023.

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

Disease	2022 Case Counts	2023 Case Counts				
	Total	Q1	Q2	Q3	Q4	2023 YTD
Enteric and Gastrointestinal (also includes suspect cases)						
Campylobacteriosis	1,346	271	385	563	290	1,509
Cholera ¹	0	0	0	0	0	0
Cryptosporidiosis	546	86	103	273	64	526
Cyclosporiasis	65	1	30	34	2	67
<i>E. coli</i> , Shiga toxin-producing (STEC)	456	100	127	212	80	519
Giardiasis	423	85	109	189	111	494
Hemolytic uremic syndrome	6	2	0	1	1	4
Listeriosis	22	5	9	6	1	21
Salmonellosis	1,034	193	262	341	178	974
Shigellosis	111	24	13	24	19	80
Typhoid fever	0	2	1	5	0	8
Vibriosis (non-cholera)	49	12	12	14	4	42
Yersiniosis	141	45	57	43	26	171
Invasive Bacteria						
Group A streptococcal disease	229	202	175	70	55	502
Group B streptococcal disease	591	152	142	178	106	578
Fungal						
Blastomycosis	147	37	20	18	2	77
Coccidioidomycosis ¹	16	2	1	3	0	6
Histoplasmosis	36	11	2	7	1	21
Respiratory						
Coronavirus disease (COVID-19) ³	776,771	55,824	15,954	21,088	30,559	123,425
Please refer to the weekly respiratory virus surveillance report .						
Influenza, novel	1	0	0	0	0	0
Influenza-associated hospitalizations	3,678	598	67	40	318	1,023
Legionellosis	235	23	41	97	44	205
Tuberculosis	49	14	10	12	12	48
Latent TB infection	1,023	287	348	313	128	1,076
Sexually Transmitted						
<i>Chlamydia trachomatis</i>	25,688	6,351	6,255	6,283	4,562	23,451
Gonorrhea	8,746	1,707	1,713	1,805	1,386	6,611
HIV	289	N/A	N/A	N/A	N/A	N/A
Syphilis (all stages)	1,934	504	517	374	237	1,632
Vaccine Preventable						
Diphtheria	0	0	0	0	0	0
<i>Haemophilus influenzae</i> invasive disease	109	37	25	20	24	106
Hepatitis B, acute (confirmed cases only)	14	2	1	2	1	6
Hepatitis B, perinatal	0	0	0	0	0	0

Communicable Disease Case Counts (cont.)

Disease	2022 Case Counts		2023 Case Counts				2023 YTD
	Total	Q1	Q2	Q3	Q4		
Vaccine Preventable (continued)							
Measles (rubeola)	0	0	0	0	1	1	
Meningococcal disease	1	1	0	0	1	2	
Mumps	9	1	0	1	0	2	
Pertussis (whooping cough)	20	4	9	16	19	48	
Poliomyelitis	0	0	0	0	0	0	
Rubella	0	0	0	0	0	0	
<i>Streptococcus pneumoniae</i> invasive disease	432	131	120	65	111	427	
Tetanus	0	0	0	0	0	0	
Varicella (chickenpox)	161	58	49	36	42	185	
Vectorborne							
Babesiosis	91	1	29	80	8	118	
Dengue virus infection ¹	9	0	1	8	0	9	
Eastern equine encephalitis virus (EEEV)	1	0	0	0	0	0	
Ehrlichiosis/Anaplasmosis	573	3	318	335	63	719	
Jamestown Canyon virus infection	5	0	7	2	0	9	
La Crosse virus infection	0	0	0	0	1	1	
Lyme disease	5,327	464	1,298	2,721	730	5,213	
Malaria ¹	24	2	1	7	5	15	
Powassan virus infection	8	0	1	1	0	2	
Spotted fever group rickettsioses (spotted fevers)	11	2	6	5	0	13	
West Nile virus infection	6	0	0	20	2	22	
Yellow fever ¹	0	0	0	0	0	0	
Zika virus infection ^{1, 2}	0	0	0	0	0	0	
Zoonotic							
Brucellosis	0	0	0	0	0	0	
Hantavirus infection	0	0	0	0	0	0	
Leptospirosis	0	0	0	0	0	0	
Mpox	87	1	5	1	1	8	
Psittacosis	0	0	0	0	0	0	
Q Fever, acute	7	0	0	1	0	1	
Q Fever, chronic	1	0	0	0	0	0	
Rabies (human)	0	0	0	0	0	0	
Toxoplasmosis	2	0	0	1	0	1	
Tularemia	4	0	0	1	0	1	
Other							
CP-CRE	43	14	5	12	13	44	
Hepatitis A	31	8	10	3	1	22	
Hepatitis C, acute	105	25	23	15	6	69	
Hepatitis E, acute	11	3	0	1	1	5	
Kawasaki disease	14	8	3	3	0	14	
Lymphocytic choriomeningitis virus infection	0	0	0	0	0	0	
Transmissible spongiform encephalopathy (human)	1	1	1	1	0	3	

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.

