Infection Preventionist Lunch and Learn

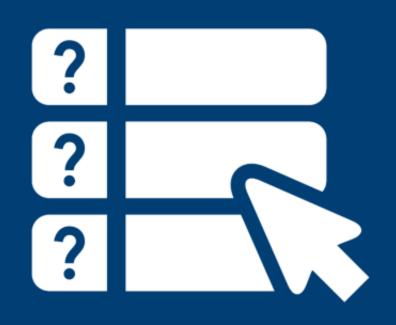
March 11, 2025

Ashley O'Keefe, MLS(ASCP) CM, CIC, CDIPC



Series Objectives

- Encourage learning, growth, and networking
- Provide non-regulatory education and information
- Discuss topics relevant to new infection preventionists (IPs)



We want your feedback!

Following today's presentation, please take a moment to tell us how you feel about the education we provide!



Communicable Disease Reporting

Anna Kocharian, MS (AA-nah Koh-chaar-YAHN) (<u>pronouns</u>: she/her/hers)
Epidemiologist, Communicable Diseases Epidemiology Section
Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services

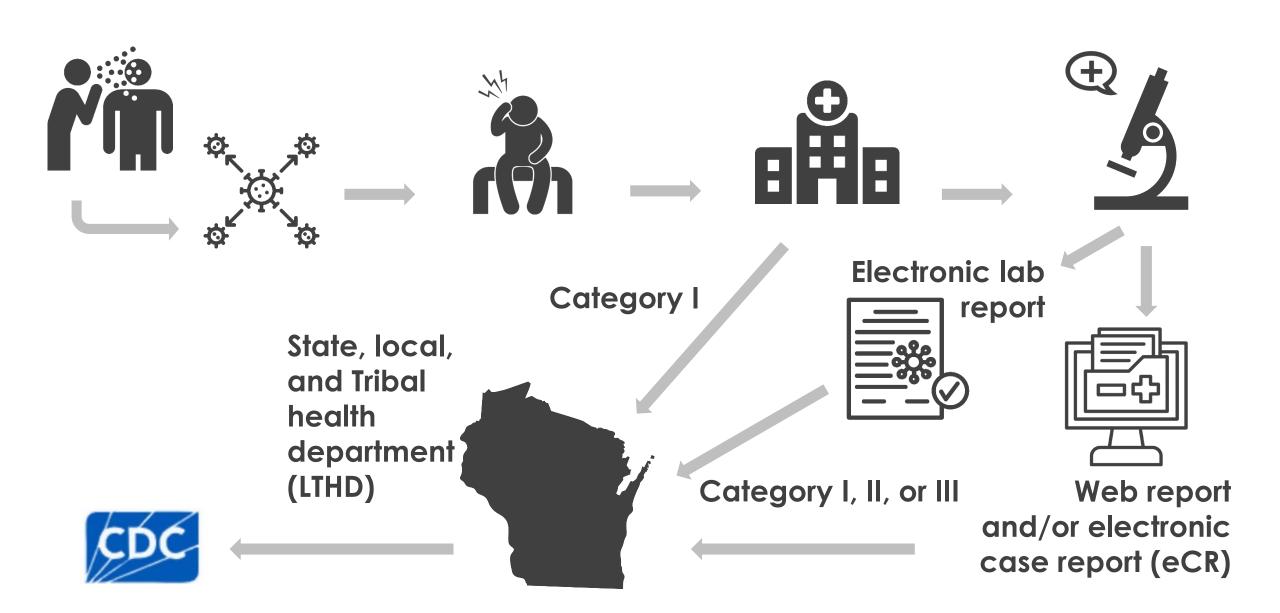
Overview

- Communicable disease reporting process
- Category I, II, and III disease reporting
- Submitting case reports via the Wisconsin Electronic Disease Surveillance System (WEDSS)
- Reporting resources

Notifiable Disease Reporting



Typical Communicable Disease Reporting Sequence



Notifiable Disease Reporting

Communicable diseases and other notifiable

Category I
Category II
Category III
Case reporting methods and contact information

Category I

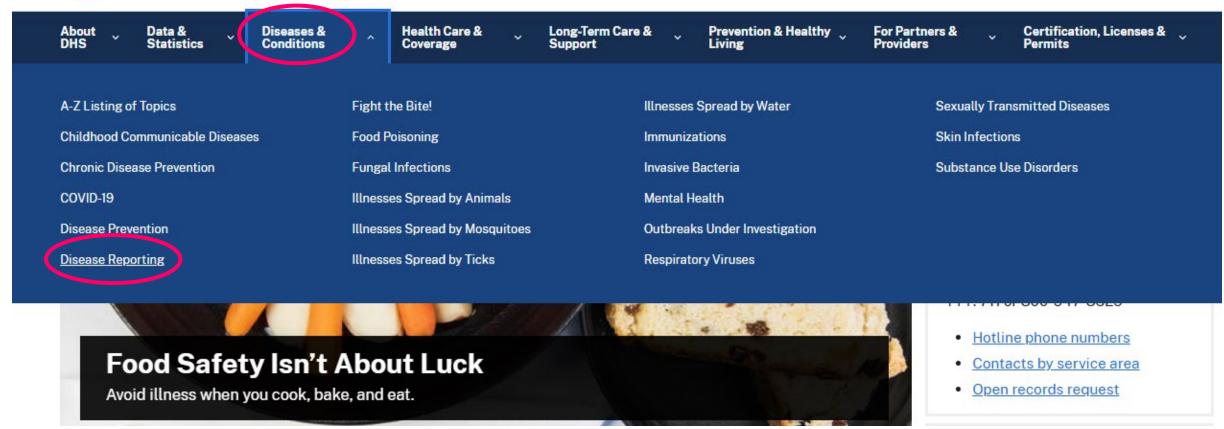
The following diseases are of urgent public health importance and must be reported IMMEDIATELY by telephone to the patient's <u>local health officer</u>, or their designee, unless otherwise instructed by the state epidemiologist for specific reportable diseases. In addition to the immediate report, within 24 hours, complete and fax, mail or submit a case report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or by other means. Public health intervention is expected as indicated. See <u>Wis. Admin Code. § DHS 145.04(3)(a)</u> and <u>Wis. Stat. § 252.05.</u> and <u>Wis. Stat. § 252.05.</u>

•	Category I Disease	Case Reporting and Investigation Protocol (EpiNet)	Notes
	Anthrax	Anthrax, P-01893 (PDF)	1, 4, 5
il	Botulism (Clostridium Botulinum) including foodborne, infant, wound, and other	Botulism Non-infant, P- 01937 (PDF) Botulism Infant Intestinal, P-01938 (PDF)	1, 2, 4, 5
	Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE) As of April 25, 2022, this is a Category II disease	Carbapenemase- Producing Organisms, P-02187 (PDF)	1, 2, <u>7</u>
	Cholera (Vibrio cholera)	<u>Cholera (Vibrio cholerae</u> 01/01390), P-01875 (<u>PDF)</u>	1, 3, 4
	<u>Diphtheria (Corynebacterium diphtheria)</u>	<u>Diphtheria, P-01985</u> (PDF)	1, 3, 4, 5
	Haemophilus influenzae invasive disease including epiglottitis	Haemophilus influenzae, P-01976 (PDF)	1, 2, 3, 5
	Hantavirus infection	Hantavirus, P-01903 (PDF)	1, 2, 4
	<u>Hepatitis A</u>	<u>Hepatitis A, P-01915</u> (<u>PDF)</u>	1, 2, 3, 4, 5
	Measles (rubeola)	Measles, P-01989 (PDF)	1, 2, 3, 4, 5

www.dhs.wisconsin.gov/disease/reporting.htm

Notifiable Disease Reporting





Notifiable Disease Reporting: Category I

Category I

The following diseases are of urgent public health importance and must be reported IMMEDIATELY by telephone to the patient's <u>local health</u> <u>officer</u>, or their designee, unless otherwise instructed by the state epidemiologist for specific reportable diseases. In addition to the immediate report, within 24 hours, complete and fax, mail, or submit a case report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or by other means. Public health intervention is expected as indicated. See <u>Wis. Admin Code. § DHS 145.04(3)(a)</u> and <u>Wis. Stat.</u> § 252.05.

Category | Diseases

Category I Disease	Case Reporting and Investigation Protocol (EpiNet)	Notes
Anthrax	Anthrax, P-01893 (PDF)	1, 4, 5
Botulism (Clostridium Botulinum) including foodborne, infant, wound, and other	Botulism Non-infant, P-01937 (PDF) Botulism Infant Intestinal, P- 01938 (PDF)	1, 2, 4, 5
<u>Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)</u> As of April 25, 2022, this is a Category II disease	Carbapenemase-Producing Organisms, P-02187 (PDF)	1, 2, <u>7</u>
Cholera (Vibrio cholera)	Cholera (Vibrio cholerae 01/01390), P-01875 (PDF)	1, 3, 4

www.dhs.wisconsin.gov/disease/reporting.htm

Notifiable Disease Reporting: Category II

Category II

The following diseases shall be reported to the patient's <u>local health officer</u>, or the local health officer's designee, either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an <u>Acute and Communicable Disease Case Report, F-44151</u>, or by other means within 72 hours upon recognition of a case or suspected case, unless otherwise indicated. Public health intervention is expected as indicated. See <u>Wis. Admin Code. § DHS 145.04(3)(b)</u> and <u>Wis. Stat. § 252.05</u>.

The sexually transmitted diseases shall be reported to the <u>local health officer</u> within 72 hours on a <u>Sexually Transmitted Diseases Laboratory and Morbidity Epidemiologic Case Report, F-44243</u> (Word fillable) or by entering the data into the WEDSS or by other means within 72 hours of the identification of a case or suspected case. Public health intervention is expected as indicated. See <u>Wis. Admin Code § DHS 145.15</u> and <u>Wis. Stat.</u> § 252.11(7)(b)

Category II Diseases

Category II Disease	Case Reporting and Investigation Protocol (EpiNet)	Notes
Anaplasmosis	Anaplasmosis, P-01951 (PDF)	1, 2, 5
Arboviral disease including, but not limited to, disease caused by California serogroup, Chikungunya, Dengue, Eastern Equine Encephalitis, Powassan, St. Louis Encephalitis, West Nile, Western Equine Encephalitis, and Zika viruses	Arboviral Infection, P-01930 (PDF)	1, 2, 4
<u>Babesiosis</u>	Babesiosis, P-01886 (PDF)	1,2,4, 5

Notifiable Disease Reporting: Category III

Category III

The following disease shall be reported to the state epidemiologist on a <u>Wisconsin HIV Case Report Form, F-44328</u> (Word and PDF), electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by fax, telephone, or mail within 72 hours after identification of a known or suspected case. Additionally, the following laboratory results shall be reported on all persons newly or previously diagnosed with HIV infection each time the test is conducted: all CD4+ test results (CD4+ T-lymphocyte counts and percentages), both detectable and undetectable HIV viral load results, HIV genotypic genotype results and all components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive. See Wis. Stat. § 252.15(7)(b) and Wis. Admin. Code § DHS 145.04(3)(b)

Additional information about HIV reporting and testing algorithm

- Reporting HIV in Wisconsin, P-00541 (PDF)
- Understanding the HIV Testing Algorithm, P-01835 (PDF)

For questions, contact the HIV Program's Surveillance Unit, <u>DHSHIVsurveillance@dhs.wisconsin.gov</u> ✓

Category III Disease

Category III HIV/AIDS	Case Reporting and Investigation Protocol (EpiNet)	Notes
<u>Human immunodeficiency virus (HIV) infection</u> AIDS has been reclassified as HIV Stage III	Human Immunodeficiency Virus (HIV), P-01988 (PDF)	1, 2, 4

Poll Question

Which of these conditions are not reportable in Wisconsin?

- ☐ Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- ☐ Influenza A case (outpatient)
- □ Novel influenza (e.g., suspected or confirmed H5N1, variant/H3N2v)
- ☐ Influenza outbreak (at a long-term care facility, other congregate living facility, school, etc.)
- ☐ All of the above
- None of the above

Case Reporting and Investigation Protocols (EpiNet)

- Developed by DHS program staff for health partners
- Provide standardized guidance for disease reporting, investigation, and response
- Modeled after national <u>surveillance case definitions</u> and position statements
- Sometimes referred to as an "EpiNet"

Case Reporting and Investigation Protocols (EpiNet): Example



Wisconsin Department of Health Services Division of Public Health P-01895 (05/2023)

Communicable Disease Case Reporting and Investigation Protocol LEGIONELLOSIS (LEGIONNAIRES' DISEASE, PONTIAC FEVER, EXTRAPULMONARY LEGIONELLOSIS)

I. IDENTIFICATION AND DEFINITION OF CASES

- A. Clinical Description: An illness caused by *Legionella* spp. with acute onset and presenting as one of three clinically and epidemiologically distinct forms:
 - Legionnaires' disease, which presents as pneumonia, diagnosed clinically and/or radiographically. Evidence of clinically compatible disease can be determined by: (a) a clinical or radiographic diagnosis of pneumonia in the medical record, or, (b) if "pneumonia" is not explicitly recorded, a description of clinical symptoms consistent with a diagnosis of pneumonia. Symptoms may vary, but must include acute onset of lower respiratory illness with fever and/or cough. Additional symptoms may include myalgia, shortness of breath, headache, malaise, chest discomfort, confusion, nausea, diarrhea, and/or abdominal pain.



Statistics Con

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For Partners Providers Certification, Licenses & Permits

Home > Diseases & Conditions > Illnesses Spread by Ticks > Lyme Disea

Category I Disease	Case Reporting and Investigation Protocol (EpiNet)	Notes
Anthrax	Anthrax, P-01893 (PDF)	1, 4, 5
Botulism (Clostridium Botulinum) including foodborne, infant, wound, and other	Botulism Non-infant, P- 01937 (PDF) Botulism Infant Intestinal, P-01938 (PDF)	1, 2, 4, 5
Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE) As of April 25, 2022, this is a Category II disease	Carbapenemase- Producing Organisms, P-02187 (PDF)	1, 2, <u>7</u>
Cholera (Vibrio cholera)	<u>Cholera (Vibrio cholerae</u> 01/01390), P-01875 (PDF)	1, 3, 4
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Haemophilus influenzae invasive disease including epiglottitis	Haemophilus influenzae, P-01976 (PDF)	1, 2, 3, 5
Hantavirus infection	<u>Hantavirus, P-01903</u> (<u>PDF)</u>	1, 2, 4
<u>Hepatitis A</u>	<u>Hepatitis A, P-01915</u> (<u>PDF)</u>	1, 2, 3, 4, 5
Measles (rubeola)	Measles, P-01989 (PDF)	1, 2, 3, 4, 5
		l.

Where do you find an EpiNet?

- DHS Disease Reporting webpage
- Each disease-specific webpage (typically in sections titled Reporting and Surveillance or Provider Resources)

What information is contained in an EpiNet?

Each EpiNet contains the following sections:

- Identification and Definition of Cases
- Reporting Criteria
- Case Investigation
- Public Health Interventions and Prevention Measures
- Contacts for Consultation
- Related References

Case Reporting and Investigation Protocols (EpiNet): Example



Wisconsin Department of Health Services Division of Public Health P-01735 (01/2022)

Communicable Disease Case Reporting and Investigation Protocol LYME DISEASE

II. REPORTING

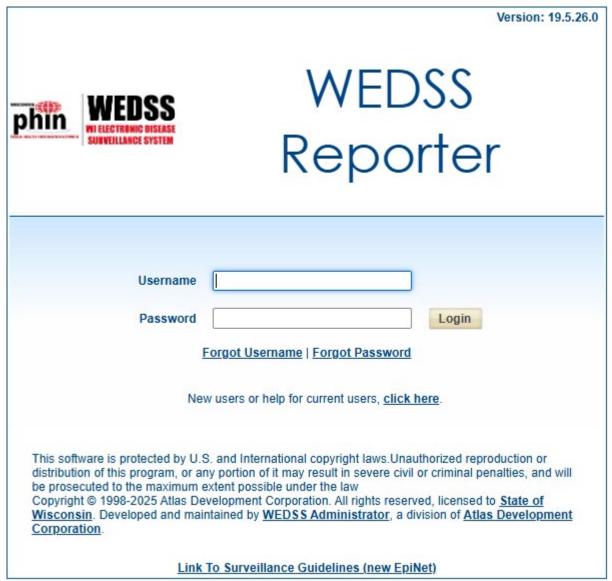
• Clinical Criteria for Reporting:

Required reporting:

Erythema migrans (EM) in a Wisconsin resident that has been diagnosed by a physician or other health care provider and is greater than or equal to 5 cm in diameter. Report date of illness onset and patient demographic information including address, birth date, gender, race, and ethnicity.

• Laboratory Criteria for Reporting: Laboratories must continue to report all Lyme disease positive test results.

Submitting Provider Web Reports



New to WEDSS?

- Secure electronic reporting of lab and clinical information to LTHD and DHS
- Case investigation and management



out Data & Diseases & Health Care & Long-Term Care & Prevention & Healthy For Partners & Certification, Licenses & S S Statistics Conditions Coverage Support Living Providers Permits

Home > Data & Statistics > Reporting Data to DHS > Wisconsin Electronic Disease Surveillance System (WEDSS)

Birth Defect Prevention and Surveillance System

Human Services Reporting System (HSRS)

Long Term Care Data Warehouse

Encounter Reporting

Minimum Data Set/ Resident
Assessment Instrument (MDS/RAI)

Program Participation System (PPS)

Public Health Registries

Client / Patient Death Reporting

Caregiver Misconduct Reporting

Substance Abuse Prevention Services Information System (SAP-SIS)

WEDSS (Wisconsin Electronic Disease Surveillance System)

Wisconsin Trauma Care Registry

Wisconsin Electronic Disease Surveillance System (WEDSS)



Connecting and sharing health information

WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. It is designed for public health staff, infection control practitioners, clinical laboratories, clinics, and other disease reporters.

Brief Overview of WEDSS (Interactive Course)

Benefits of the electronic system include:

- Time savings, with easier access to the most current disease-specific forms
- Automatic reporting to the correct health department based on patient address
- · Improved consistency in reporting
- · Improved security, information sharing and data analysis
- Reduced duplication and paperwork
- Standardization
- · More timely reporting

Health care provider reporting of communicable diseases

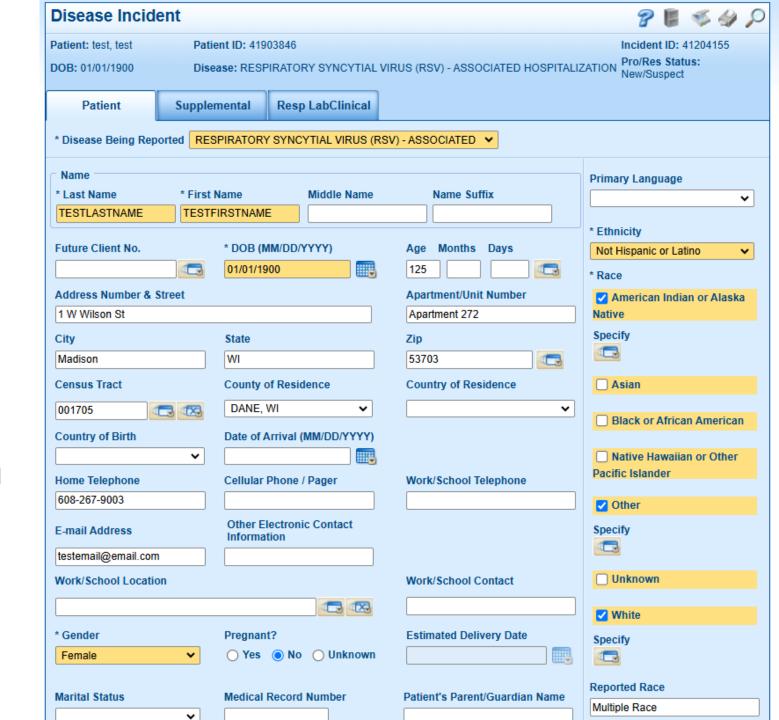
What is a health care provider's responsibility in reporting communicable diseases to public health?

According to Wis. Stats. § 252.05 [2], any health care provider who knows or has reason to believe a person treated or visited by him or her has a communicable disease is required to report. Per Wis. Admin. Code § DHS 145.04(1) [2], this includes reporting of a case or suspected case.

Contact WEDSS team: DHSWEDSS@wisconsin.gov

Demographic Information

- Address and phone number are not highlighted but are also required.
- Address determines patient's public health jurisdiction for LTHD follow-up.



Required Information: Content of Report

See: Wis. Admin Code. § DHS 145.04 2(a) and (3)(a)



- (2) Content of Report.
- (a) Each report under sub. (1) (a) to (d) of a case or suspected case of a communicable disease to the local health officer or the state epidemiologist shall include the name and address of the person reporting and of the attending physician, if any, the diagnosed or suspected disease, the name of the ill or affected individual, that individual's address and telephone number, age or date of birth, race and ethnicity, sex, county of residence, date of onset of the disease, name of parent or guardian if a minor, and other facts the department or local health officer requires for the purposes of surveillance, control and prevention of communicable disease.
- (b) Reports may be written, verbal, or by electronic transmission. Written reports shall be on the individual case report form provided by the local health officer or on a form containing the information required under par. (a). Reports shall be submitted to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.
- (c) Reports by laboratories of the identification or suspected identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease shall be made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. These reports shall include the name of the individual affected or ill, the individual's address, telephone number, county of residence, age or date of birth, the name of the attending physician and the identity or suspected identity of the organism or the laboratory findings.
- (d) All information provided under this subsection shall remain confidential except as may be needed for the purposes of investigation, control and prevention of communicable diseases.
- (3) Urgency of reports.
- (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category I of Appendix A of this chapter to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist.
- (b) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of less urgent public health importance as listed in categories II and III of Appendix A of this chapter to the local health officer or, if required under Appendix A, to the state epidemiologist, by individual case report form or by telephone within 72 hours of the identification of a case or suspected case.

Report "shall include... the diagnosed or suspected disease, the name of the ill or affected individual, ... **address** and **telephone** number, age or **date of birth**, **race** and **ethnicity**, **sex**, county of residence, date of onset of the disease..."

Required Information: Content of Report

See: Wis. Admin Code. § DHS 145.04 2(a) and (3)(a)



- (2) CONTENT OF REPORT.
- (a) Each report under sub. (1) (a) to (d) of a case or suspected case of a communicable disease to the local health officer or the state epidemiologist shall include the name and address of the person reporting and of the attending physician, if any, the diagnosed or suspected disease, the name of the ill or affected individual, that individual's address and telephone number, age or date of birth, race and ethnicity, sex, county of residence, date of onset of the disease, name of parent or guardian if a minor, and other facts the department or local health officer requires for the purposes of surveillance, control and prevention of communicable disease.
- (b) Reports may be written, verbal, or by electronic transmission. Written reports shall be on the individual case report form provided by the local health officer or on a form containing the information required under par. (a). Reports shall be submitted to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.
- (c) Reports by laboratories of the identification or suspected identification or suspected identification of a disease-causing organism or laboratory findings indicating the presence of a communicable disease shall be made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist. These reports shall include the name of the individual affected or ill, the individual's address, telephone number, county of residence, age or date of birth, the name of the attending physician and the identity or suspected identity of the organism or the laboratory findings.
- (d) All information provided under this subsection shall remain confidential except as may be needed for the purposes of investigation, control and prevention of communicable diseases.
- (3) Urgency of reports.
- (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category I of Appendix A of this chapter to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist.
- (b) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of less urgent public health importance as listed in categories II and III of Appendix A of this chapter to the local health officer or, if required under Appendix A, to the state epidemiologist, by individual case report form or by telephone within 72 hours of the identification of a case or suspected case.

"... and other facts the department or local health officer requires for the purposes of surveillance, control and prevention of communicable disease."

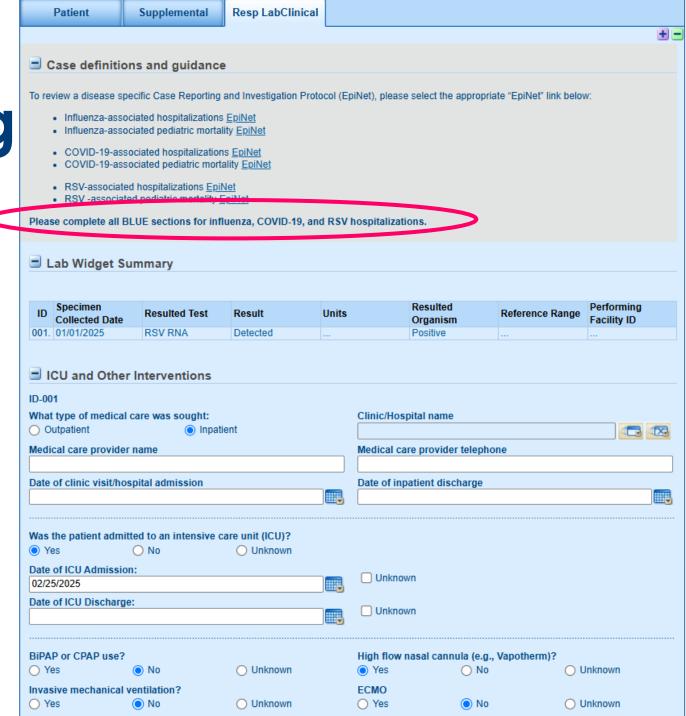
Admission, Outcome Information

- Inpatient status and admission date
- Symptom onset, diagnosis date
- Outcome
- Key clinical notes



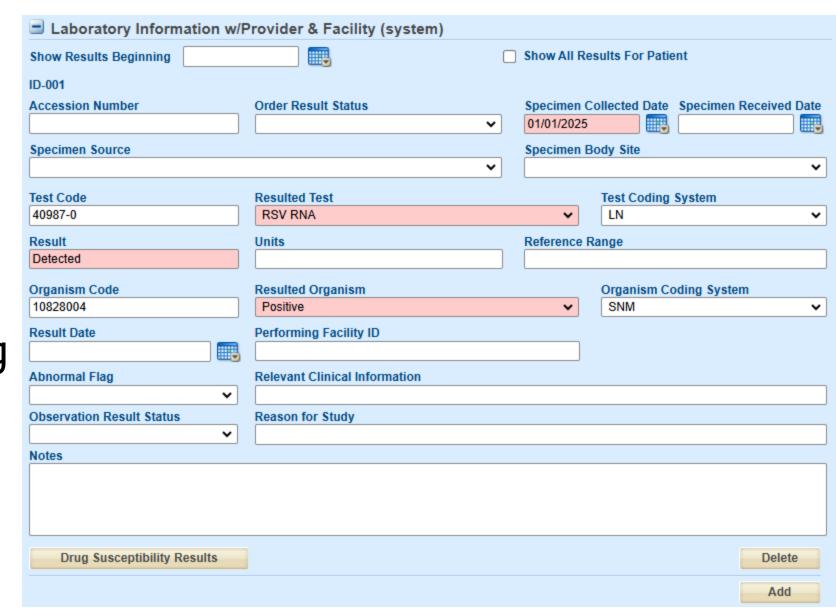
Disease-Specific Tab and Reporting Instructions

- May contain special instructions for reporting at top of disease-specific tab
- Direct link to EpiNet
- Contains Submit button at bottom of the tab



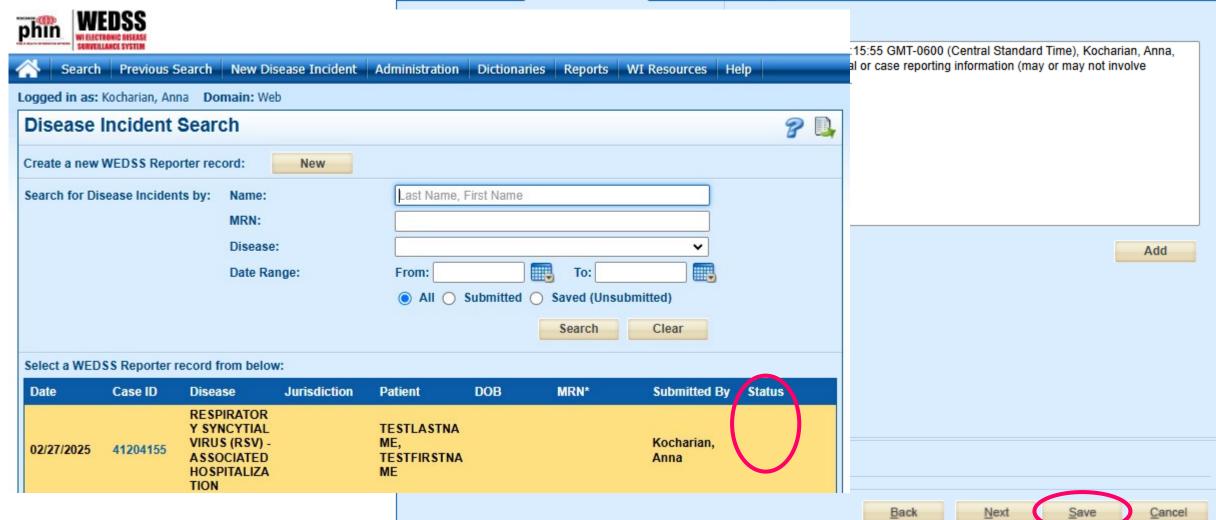
Laboratory Results

- Does your health system or clinic already have electronic laboratory reporting (ELR)?
- If no, please complete required (pink) fields.



Saved Web Report

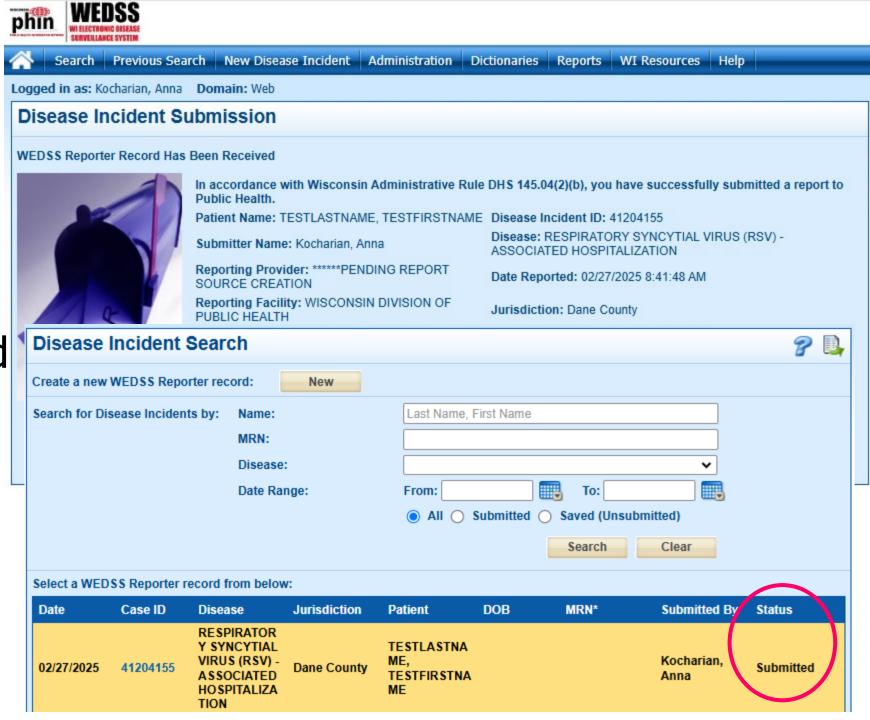




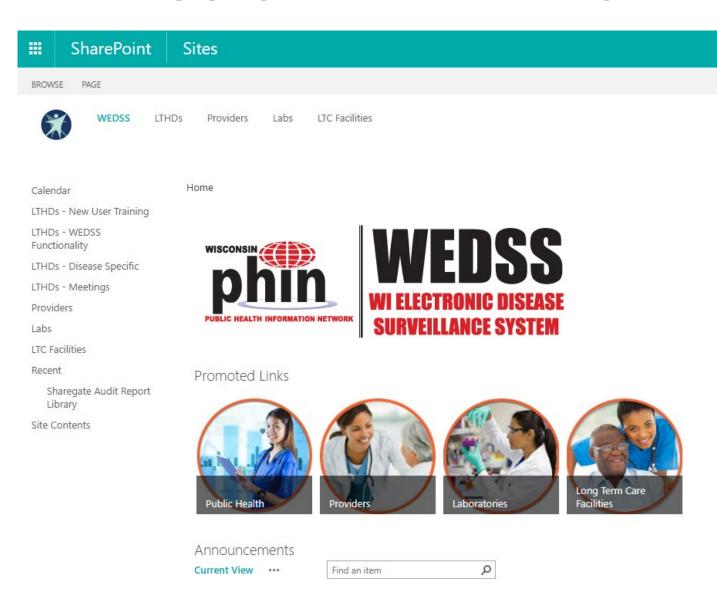
Submitted Web Report

Need to add more information to a previously submitted incident?

Select patient and create new incident.

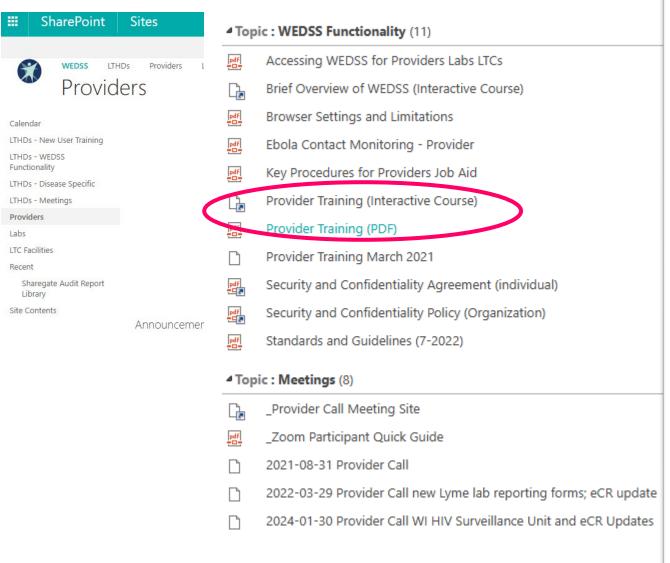


WEDSS SharePoint Site: Resources



- Wisconsin Logon
 Management System
 (WILMS) account
 required to access
 WEDSS and these
 documents
- Contact WEDSS team at <u>DHSWEDSS@wi.gov</u> to request instructions for WILMS account set-up

WEDSS SharePoint Site: Resources





Division of Public Health

WEDSS Provider Training

Learn the basics of how to use the Wisconsin Electronic Disease Surveillance System (WEDSS) as a medical provider, including how to:

- Navigate.
- Search.
- Enter data.
- Use the filing cabinet.
- Extract reports.
- · Find help.

WEDSS overview

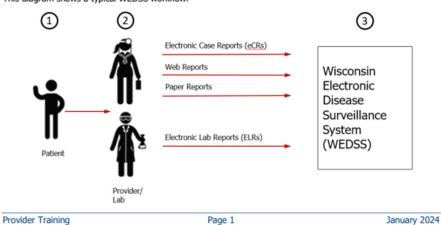
Getting started

To learn what WEDSS is, how to gain access, and which diseases are reportable in WEDSS, please refer to Brief Overview of WEDSS <u>Interactive Course</u> or Brief Overview of WEDSS <u>PDF</u>.

To optimize internet browsers when using WEDSS, refer to the guidance provided in <u>Browser Settings and Limitations</u>.

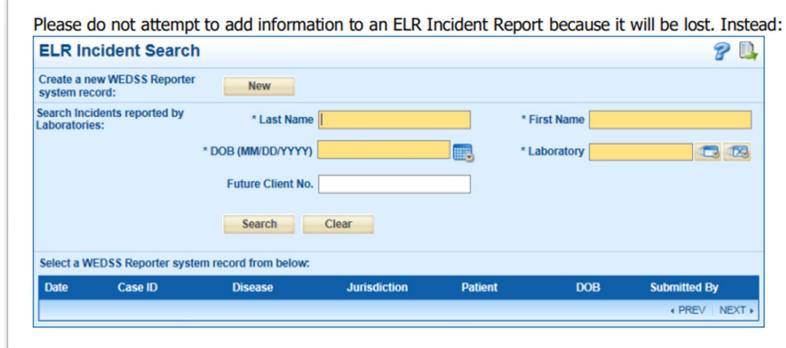
WEDSS data flow

This diagram shows a typical WEDSS workflow.



WEDSS Provider Training Document

Example: Searching for Patient's Electronic Lab Report (page 5)



- Click on the case ID in the results grid.
- Choose New Incident for Selected Patient.
- Enter the symptom and treatment information.

Lab information already exists in WEDSS, so don't include it. Local or tribal health department staff will merge the two incidents.

Some Uses of Public Health Surveillance

- Q Detect outbreaks and epidemics
- Estimate magnitude and scope of health problems
- Identify cases and contacts for public health action
- La Characterize trends in disease transmission
- Monitor changes in infectious agents
- Assess effectiveness of control measures
- Develop and study hypotheses

COVID-19, Influenza, and RSV-Associated Hospitalizations



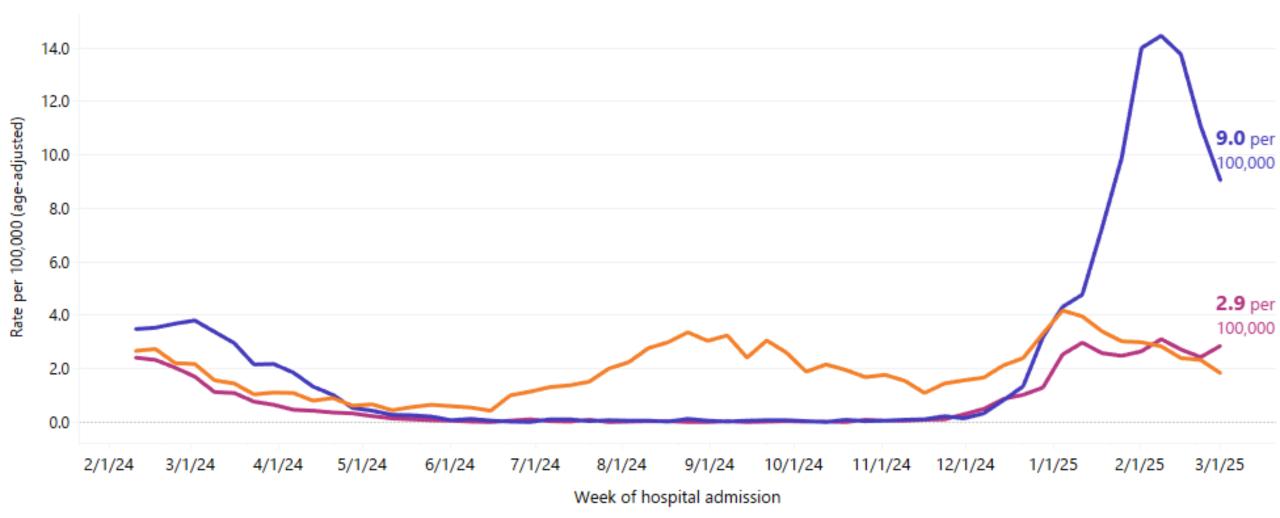
Data dashboards now available at:

www.dhs.wisconsin.gov/disease/respiratory-hospitalizations.htm

Data source: Wisconsin Electronic Disease Surveillance System (WEDSS) www.dhs.wisconsin.gov/wedss/index.htm

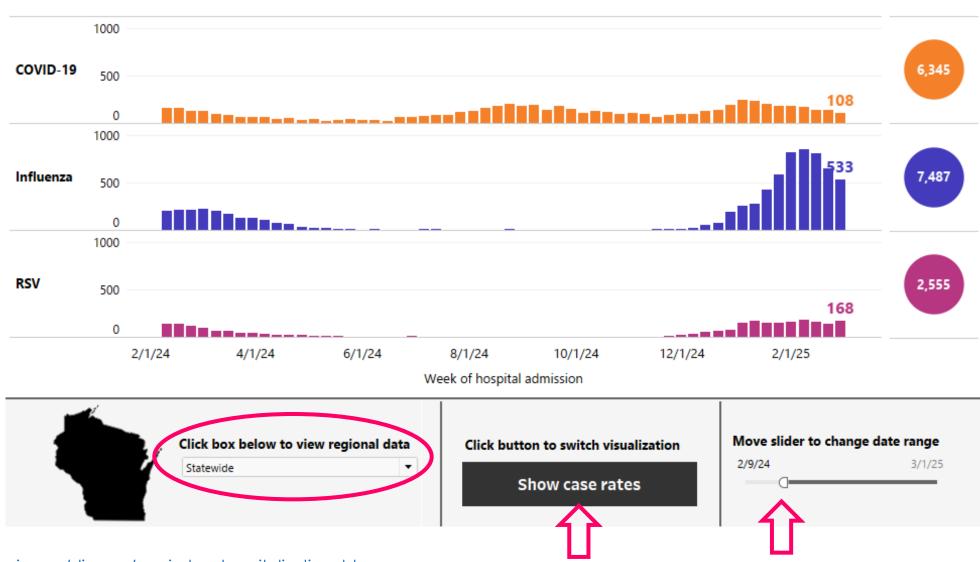
Rate of hospitalizations per 100,000 residents for COVID-19, influenza, and RSV

Statewide data is displayed for February 4, 2024, through March 1, 2025.



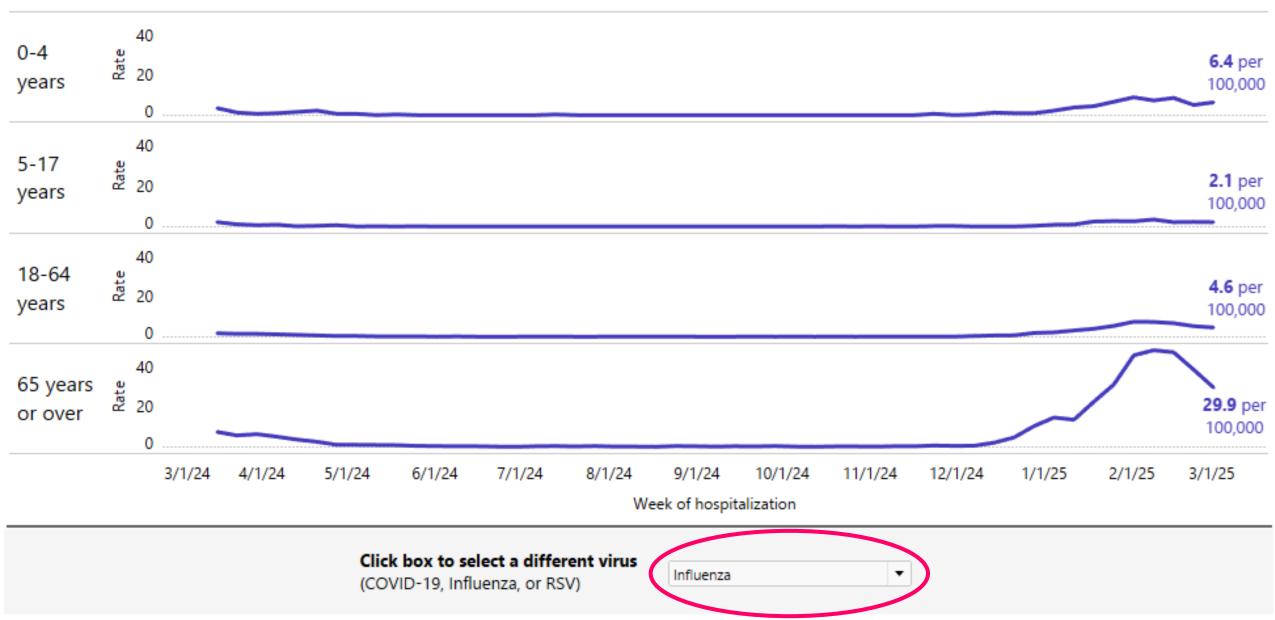
Number of hospitalizations for COVID-19, influenza and RSV

Statewide data is displayed for February 4, 2024, through March 1, 2025.



Rate of Influenza-associated hospitalizations per 100,000 by age group

Statewide Data



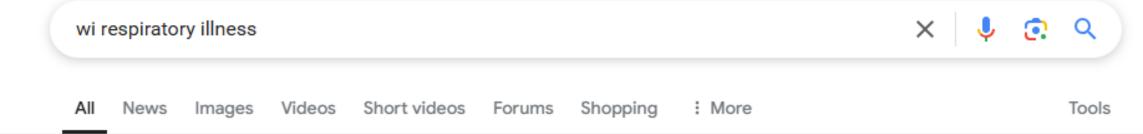
www.dhs.wisconsin.gov/disease/respiratory-hospitalizations.htm

How to Find DHS Respiratory Illness Data



Google "WI Respiratory Illness Data" to find the DHS Respiratory Illness Data Snapshot webpage and related data pages.







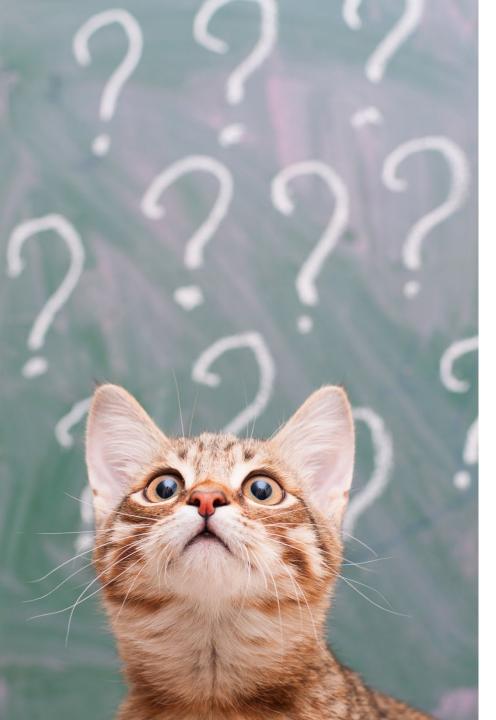
Wisconsin Department of Health Services (.gov)

https://www.dhs.wisconsin.gov > disease > respiratory-data

Respiratory Illness Data Snapshot | Wisconsin Department of ...

Statewide respiratory illness levels are very high and activity is beginning to decrease. Influenza activity is very high based on emergency department, ...

Outbreaks, Recalls, and... · Respiratory Virus Death Data · Laboratory testing



Thank you!

Questions?

anna.kocharian@dhs.wisconsin.gov 608.267.9004

DHSDPHBCD@dhs.wisconsin.gov

608.267.9003



Send your questions and topic suggestions.

Submit your ideas to Ashley O'Keefe at <u>ashley.okeefe@dhs.wisconsin.gov</u>.



IP Starter Kit

- Interactive, web-based resource
- Background information, resources, and templates
- Covers topics applicable to IPs across care settings



HAI Prevention Program Contact Information



Email: dhswihaipreventionprogram@dhs.wisconsin.gov



Phone: 608-267-7711



Website: www.dhs.wisconsin.gov/hai/contacts.htm

Upcoming Lunch and Learn Session

Date: Tuesday, April 8

Topic: Sexually Transmitted Infections (STIs) and Expedited Partner Therapy (EPT)