



Issue 1  
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# WISCONSIN EPI EXPRESS

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## PROGRAM UPDATES

### HIV INTEGRATED PLAN:

The Bureau of Communicable Disease (BCD) Harm Reduction Program staff recently completed the 2022-2026 Wisconsin Integrated HIV Prevention and Care Plan. This plan serves as a strategic framework for ending the HIV epidemic in Wisconsin. The activities, strategies, and objectives outlined in the plan were informed by results from a statewide, comprehensive needs assessment and developed in collaboration with members of the Statewide Action Planning Group (SAPG). The Harm Reduction team is responsible for coordinating and overseeing the implementation, monitoring, and evaluation of the plan. The plan will be shared widely when it is available.

### RESPIRATORY VIRUS SURVEILLANCE REPORT:

The weekly respiratory report is back! Respiratory viruses are reported weekly and distributed through GovD. [Sign up](#) to receive weekly reports here or go to our [website](#) to see reports.

### UKRAINIAN VACCINATION GUIDE:

The Minnesota Center of Excellence in Newcomer Health (COE) has recently finalized a Ukrainian Vaccination Guide. The guide is meant to support health care providers, public health professionals, and resettlement partners to better serve Ukrainian immigrant and refugee families. [View the guide](#) and [additional resources](#).

# PROGRAM UPDATES (CONT.)

## WISCONSIN TUBERCULOSIS (TB) PROGRAM UNITING FOR UKRAINE (U4U) and TARGETED TESTING MINI-GRANT OPPORTUNITIES

The Wisconsin TB Program is awarding a series of mini-grants to local and tribal health partners to support tuberculosis (TB) screening for U4U participants and other populations at risk for TB in Wisconsin. Any local or tribal health department that has a U4U sponsor registered to their jurisdiction is eligible. Funds must be used to enhance public health capacity to encourage and provide TB or LTBI screening and treatment for populations at risk.

The first call for applications closed on January 12, 2023, and offered four awards up to \$10,000. The next mini-grant opportunity will be five awards up to \$30,000 each. The request for application is posted on the [Wisconsin Public Notices page](#). For more information, call the Wisconsin TB Program at 608-261-6319.

## LOCAL AND TRIBAL HEALTH DEPARTMENT (LTHD) INFECTION PREVENTION PILOT PROGRAM

The Healthcare-Associated Infections (HAI) Prevention Program has selected seven participants from five local and two Tribal health departments to participate in a six-month infection prevention and control pilot program. The program seeks to provide local and Tribal health department staff with infection prevention and control education and experiences in order to strengthen local capacity to respond to HAIs and infection prevention questions and concerns from health care facilities in their communities. For more information see the [LTHD Infection Prevention Pilot Program webpage](#).



# NEW BCD STAFF!



## BCD welcomes the following staff to their new positions!

### BUREAU OF COMMUNICABLE DISEASES:

**Angela Bray**, BCD Public Health Educator

**Carla Rattunde**, BCD Public Health Educator

### HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM:

**Molly Bieber**, HAI Health Educator

**Tess Hendricks**, Regional Infection Preventionist

**Jen Kuhn**, Ambulatory Infection Preventionist

**Rebecca LeMay**, Dialysis Infection Preventionist

**Greta Michaelson**, MDRO Infection Preventionist

**Linda Ramthun**, HAI Infection Preventionist Unit  
Supervisor

### HARM REDUCTION UNIT:

**Emily Hacker**, HCV Disease Intervention Specialist

**Noah Leigh**, HIV Surveillance Coordinator

**Stephanie Luedtke**, HIV Prevention Epidemiologist  
and Evaluation Coordinator

**Jasmin Wright**, HIV Surveillance Epidemiologist

### COVID-19 CONTACT TRACING:

**Debra Barry**, Contact Tracer

**Katrina Cardin**, Contact Tracer

**Allison Draeger**, COVID-19 Information Line  
Team Lead

**Juliana Epstein**, Contact Tracer-Peer Mentor

**Ashley Estrada**, COVID-19 Information Line  
Associate

**Justin Fanter**, COVID-19 Information Line

**Katherine Goodman**, Contact Tracer

**Jana Harris**, Contact Tracer

**Ariel Hernandez**, Contact Tracer

**Shemika Jones**, COVID-19 Information Line

**Carolyn Muryn**, Contact Tracer

**Madelyn Perez**, COVID-19 Information Line

**Susan Saecker**, COVID-19 Information Line-Peer  
Mentor

**Darcee Thompson**, Contact Tracer

**Cynobia Tubbs**, Contact Tracer

# Polio Activity in the United States

By: Monica Thakur, Wisconsin Immunization Program

## BACKGROUND

Poliomyelitis, more commonly known as “Polio,” is a disease that can cause paralysis and death. The virus is transmitted through contact with poop and saliva. About 90-95% of individuals do not have symptoms and less than 10% develop flu-like symptoms. Additionally, less than 1% of individuals develop paralysis, which can lead to death. Polio can be prevented by the Oral Polio Vaccine (OPV) and the Inactivated Polio Vaccine (IPV). IPV is the only vaccine licensed in the United States.

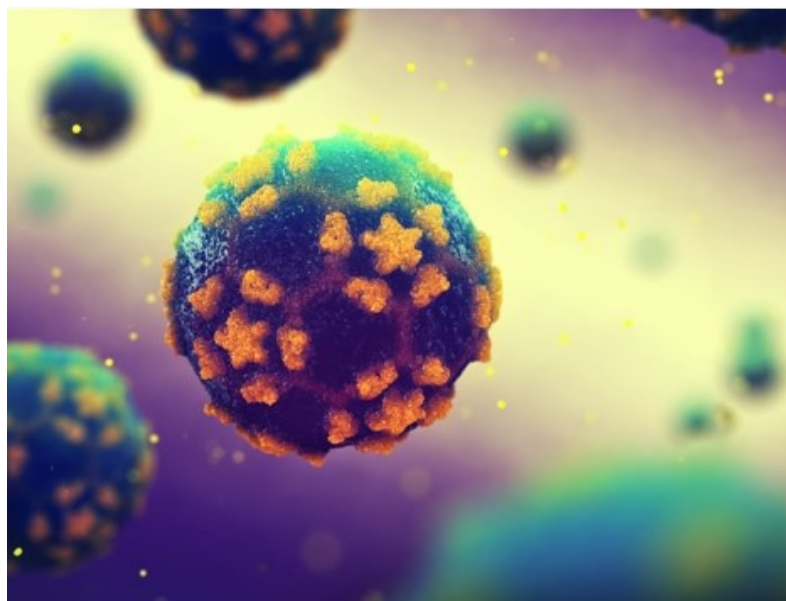
The wild poliovirus type 1 is still present in some parts of the world. There is a risk of importing this virus along with infections from OPV recipients. The best way to protect our communities is to get vaccinated. The Advisory Committee on Immunization Practices (ACIP) recommends three doses for children 2 years and younger and a booster dose at 4-6 years of age.

## SITUATION

The last case of wild poliovirus infection in the United States was in 1979. Since then, a few vaccine-related cases have occurred. In June of 2022, a 20-year-old unvaccinated individual in Rockland County, New York contracted polio. The previous vaccine-related case occurred in 2013. Wastewater testing detected this virus to be present in six of 13 New York counties. Currently, there are no other confirmed cases in the United States.

## RESULT

The Centers for Disease Control (CDC) and the New York State Department of Health were able to track the most recent polio infection through the Acute Flaccid Myelitis (AFM) Surveillance System and wastewater surveillance. Both are effective methods to detect the virus. The best method to prevent the disease is continuing to increase polio vaccinations and knowledge surrounding the virus.



## Resources

For more information on polio, please see our webpage:

[Polio | Wisconsin Department of Health Services](#)

Statewide immunization rates for polio and other vaccines visit:

[Rate Data | Wisconsin Department of Health Services](#)

Vaccination records for adults and children, visit:  
[Immunizations: Wisconsin Immunization Registry | Wisconsin Department of Health Services](#)

# COVID-19 Outreach and Support: Breaking down barriers through use of preferred language

By: Kimberly Goffard, COVID-19 Outreach and Support Unit

## BACKGROUND

The COVID-19 Outreach and Support Unit within the Bureau of Communicable Disease (BCD) currently houses the DHS COVID-19 Contact Tracing Team (CTT) and the COVID-19 Information Line. The CTT calls cases and contacts referred by Local and Tribal Health Departments (LTHDs), and the Information line responds to phone and email requests for COVID-19 test results from state sponsored testing sites. Both teams break down barriers by directly speaking to clients in their preferred language. In cases of a rare language, DHS staff utilizes a phone translation service.

Over the course of the pandemic, the DHS CTT employed more than 200 CT staff. Overall, the staff spoke about 11 languages. From March 2020 to October 2022, the DHS CTT completed 6,365 interviews in 62 languages other than English, using both DHS multilingual staff and the language line. Ninety percent of the total calls utilized Spanish translation.

At the height of the pandemic, the COVID-19 Information Line had staff fluent in Spanish and Hmong. While Hmong translation needs were not as numerous as Spanish translation needs, the team discovered that having a team member fluent in the Hmong language was key to building trust. Most clients appreciated having Spanish and Hmong

speaking staff. The COVID-19 Information Line answered calls one day for 21 Hmong clients in a single community. None of them spoke English. The team quickly pulled in the Language Line to help. This experience led to having both Spanish and Hmong speaking staff members available to take calls whenever possible.

## SUCCESS STORY

Many people, especially vulnerable groups, were greatly affected by COVID-19 in significant ways. The DHS CTT and COVID-19 Information Line found themselves connecting people with available resources, such as sending resources in the preferred language; 211 referrals; connecting with LTHDs when a client needed additional support; and spending extra time on the phone with people who were isolated or anxious.

A bilingual contact tracer was working with a Spanish speaking family who became financially insecure when one spouse was not able to travel back to the U.S. to resume work due to travel restrictions. The contact tracer facilitated a three-way phone call to the Wisconsin Workforce Hot Line and was able to help the spouse apply for COVID-19 unemployment benefits.

## LESSONS LEARNED

The COVID-19 calls provided test results, COVID-19 isolation and quarantine education, and basic human needs. Having staff available to receive and make COVID-19 calls in a preferred language had a greater impact than imagined. The ability to build trust and communicate with any Wisconsinite, regardless of preferred language, was valuable and beneficial for both staff and clients.



# 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 first quarter (Q1) and year-to-date (YTD) are only through February 15, 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
<b>Enteric/Gastrointestinal (also includes suspect cases)</b>						
Campylobacteriosis	1,345	127				127
Cholera <sup>1</sup>	0	0				0
Cryptosporidiosis	546	38				38
Cyclosporiasis	64	0				0
<i>E. coli</i> , Shiga toxin-producing (STEC)	454	39				39
Giardiasis	427	24				24
Hemolytic uremic syndrome	8	1				1
Listeriosis	22	2				2
Salmonellosis	1,027	74				74
Shigellosis	111	7				7
Typhoid fever	0	0				0
Vibriosis (non-cholera)	49	4				4
Yersiniosis	137	19				19
<b>Invasive Bacteria</b>						
Group A streptococcal disease	225	81				81
Group B streptococcal disease	587	79				79
<b>Fungal</b>						
Blastomycosis	86	1				1
Coccidioidomycosis <sup>1</sup>	11	1				1
Histoplasmosis	25	1				1
<b>Respiratory</b>						
Coronavirus disease (COVID-19)	776,375	29,591				29,591
Please refer to the <a href="#">weekly respiratory virus surveillance report</a> .						
Influenza, novel	1	0				0
Influenza-associated hospitalizations	3,540	523				523
Legionellosis	232	8				8
Tuberculosis	52	2				2
Latent TB infection	892	47				47
<b>Sexually Transmitted</b>						
<i>Chlamydia trachomatis</i>	25,663	3,067				3,067
Gonorrhea	8,746	812				812
HIV	282	17				17
Syphilis (all stages)	1,909	142				142
<b>Vaccine Preventable</b>						
Diphtheria	0	0				0
<i>Haemophilus influenzae</i> invasive disease	111	17				17
Hepatitis B, acute (confirmed cases only)	14	1				1
Hepatitis B, perinatal	0	0				0

# Communicable Disease Case Counts (continued)

Disease	2022 Case Counts		2023 Case Counts			
	Total	Q1	Q2	Q3	Q4	2023 YTD
<b>Vaccine Preventable (continued)</b>						
Measles (rubeola)	0	0				0
Meningococcal disease	1	1				1
Mumps	12	0				0
Pertussis (whooping cough)	25	1				1
Poliomyelitis	0	0				0
Rubella	0	0				0
<i>Streptococcus pneumoniae</i> invasive disease	415	62				62
Tetanus	0	0				0
Varicella (chickenpox)	170	24				24
<b>Vectorborne</b>						
Babesiosis	93	0				0
Dengue virus infection <sup>1</sup>	9	0				0
Eastern equine encephalitis virus (EEEV)	1	0				0
Ehrlichiosis/Anaplasmosis	567	0				0
Jamestown Canyon virus infection	3	0				0
La Crosse virus infection	0	0				0
Lyme disease	5,278	212				212
Malaria <sup>1</sup>	23	0				0
Powassan virus infection	8	0				0
Spotted fever group rickettsioses (spotted fevers)	12	1				1
West Nile virus infection	6	0				0
Yellow fever <sup>1</sup>	0	0				0
Zika virus infection <sup>1, 2</sup>	0	0				0
<b>Zoonotic</b>						
Brucellosis	0	1				1
Hantavirus infection	0	0				0
Leptospirosis	0	0				0
Mpox	87	0				0
Psittacosis	1	0				0
Q Fever, acute	3	0				0
Q Fever, chronic	1	0				0
Rabies (human)	0	0				0
Toxoplasmosis	0	0				0
Tularemia	0	0				0
<b>Other</b>						
CP-CRE	30	3				3
Hepatitis A	93	1				1
Hepatitis C, acute	7	0				0
Hepatitis E, acute	12	1				1
Kawasaki disease	0	0				0
Lymphocytic choriomeningitis virus infection	0	0				0
Transmissible spongiform encephalopathy (human)	0	0				0

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

<sup>2</sup> Due to enhanced surveillance, asymptomatic confirmed cases are included.

