



Issue 2  
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# WISCONSIN EPI EXPRESS

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## PROGRAM UPDATES

**STAFF UPDATES:** BCD welcomes the following staff to their new positions!

**Trevor Drulia**, Harm reduction response team coordinator

**Sarah Kangas**, Immunization epidemiologist

**Maddie Kemp**, Immunization epidemiologist

**Ashley Murphy**, Immunization analytics unit supervisor

**Maeve Pell**, Immunization epidemiologist

**Jenna Romanowski**, BCD public health educator

## NEW EDUCATIONAL MATERIALS:

The following new resources are available:

**Expedited Partner Therapy (EPT)**  
Quick Reference Guide for Clinicians and Pharmacists

**What is EPT?**  
Expedited Partner Therapy (EPT) is a standard and recommended strategy for treating sex partners of individuals with chlamydia, gonorrhea, and/or trichomoniasis. EPT allows a patient's sex partner(s) to receive medications, even if they have not been tested or seen by a health care provider. This helps prevent reinfection back to the index patient.

**EPT is legal in Wisconsin and strongly encouraged.**  
Wisconsin allows physicians, certified nurse prescribers, and physician assistants to prescribe antibiotics for chlamydia, gonorrhea, and trichomoniasis to treat exposed sex partners(s). The clinician does not need to examine the partner(s) first.

**Notes:** 2023 Wis. Act 230 protects health care professionals and pharmacists from civil and professional liability, except for willful and wanton misconduct.

**Why is EPT important for the health of individuals and communities?**

**EPT treats partners who may otherwise spread STIs (sexually transmitted infections).**

- In Wisconsin, there are about 100,000 STIs reported each year. All other reportable communicable diseases combined, not including COVID-19.
- Of these cases, 15-20% are reinfections caused by untreated sex partners.

**EPT saves money.**

- A single test, visit, resource and can be cost-effective for patients.
- Not treating STIs is expensive. Medication for chlamydia and gonorrhea costs less than \$50, but compensation from STIs can cost thousands of dollars.

**EPT works.**

- It reduces chlamydia and gonorrhea infection prevalence as follows: up to 100% and 100%, respectively.
- It increases the likelihood that sex partners will be notified of exposure.
- It improves confidence that sex partners had been treated.

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**Expedited Partner Therapy Fact Sheet for Providers, P-03456**

**Expedited Partner Therapy Treating Chlamydia with Azithromycin**

Someone you have had sex with has taken medication to cure chlamydia. You may also have chlamydia. Take medication as soon as you can to cure any infection that may have started.

Chlamydia is a very common infection people can get from having vaginal, anal, and/or oral sex.

- Chlamydia can cause pain or discharge (STI).
- Chlamydia has no symptoms for many people. This means that many people who have chlamydia don't know they have it.
- Chlamydia that persists during pregnancy or childbirth, can be harmful to the baby. Getting treated is important.

Chlamydia is easy to treat. Get treated now.

- Both you and your sex partner(s) should start medication as prescribed right away. If you don't get treated, you can get one sick or reduce the chance of being able to get pregnant in the future.
- The best way to take care of this sexually transmitted infection (STI) is to visit a clinic to health care provider as soon as possible. If you can't get to a clinic in the next several days, take the medication right here following instructions on page 2.

Make a plan to get tested now.

- The best doesn't hurt. You only have to pee in a cup.
- Anyone you've had sex with in the last 60 days should also get tested.
- Get another test in three months to make sure you didn't get chlamydia again.
- Because people can have more than one STI at the same time, it is important that you get tested for other STIs as soon as possible.

Ask your partner where they got tested and treated or call your local health department: [gonadisa@doh.wisconsin.gov](mailto:gonadisa@doh.wisconsin.gov)

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**Chlamydia Expedited Partner Therapy Patient Information Sheet, P-00197**

# Seasonal Trends in Legionnaires' Disease Surveillance and Prevention Resources

By: Frances Goglio, Legionellosis surveillance coordinator

## BACKGROUND

[Legionnaires' disease](#) is a severe pneumonia illness, typically caused by breathing water contaminated with *Legionella* bacteria. Legionnaires' disease patients usually need care in a hospital and antibiotic treatment to recover. Naturally occurring fresh water, like lakes and rivers, can contain *Legionella* bacteria. *Legionella* can also grow to harmful levels in [building and other manmade water systems](#). The bacteria grow most quickly at water temperatures of 77–113°F with low levels of disinfectant, such as chlorine, and with long periods of stagnation (water sitting in pipes and not flowing). Exposure to *Legionella* bacteria may occur from:

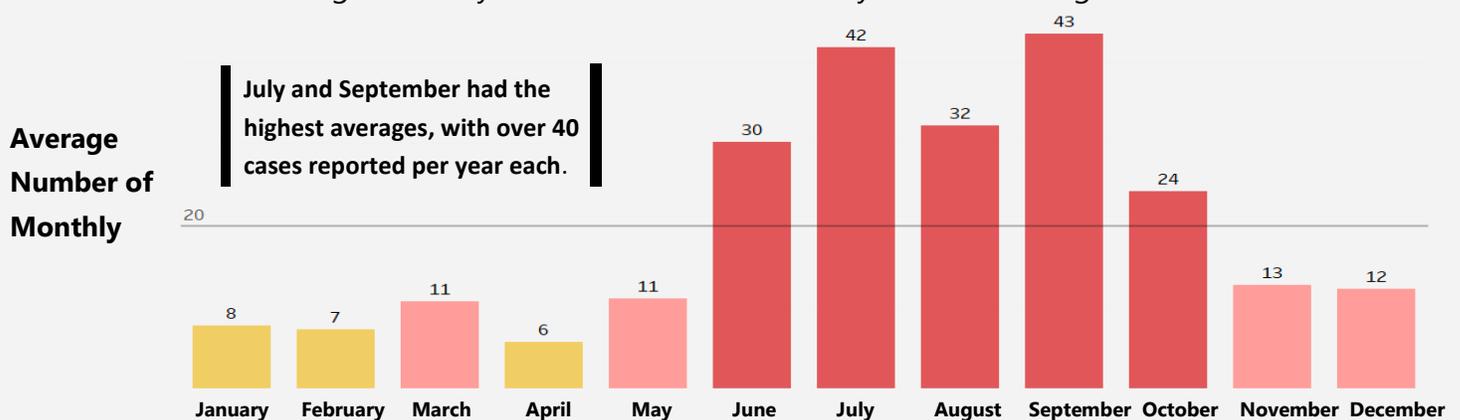
- **Water fixtures** like showers and sinks, especially if these fixtures are rarely used.
- **Recreational water** like hot tubs, especially if water temperature is maintained between 77–113°F.
- **Cooling towers**, which may spread fine mists over long distances. Home and car air conditioners are **not** usually a source of *Legionella* growth.
- ◆ Personal humidifiers and respiratory therapy equipment, especially if tap water is used to fill the device.



## SITUATION

While cases of Legionnaires' disease are diagnosed year-round, most cases are detected in the summer and fall months. From 2017–2022, 72% of laboratory-confirmed cases of Legionnaires' disease reported to the Bureau of Communicable Diseases (BCD) were detected from June to October. Just 11% of laboratory-confirmed cases were detected from December to February (Figure 1). Of the Legionnaires' disease outbreak investigations opened by BCD from 2016 to 2022, 75% started during the summer and fall months (Figure 2 on the following page).

**FIGURE 1:** Average Monthly Case Counts of Laboratory-Confirmed Legionnaires' Disease, 2017–2022.



# Seasonal Trends in Legionnaires' Disease Surveillance and Prevention Resources (cont.)

By: Frances Goglio, Legionellosis surveillance coordinator

## PREVENTION

Legionnaires' disease can be prevented year-round. CDC provides [resources](#) for building managers (for example, a hotel or apartment complex owner), cooling tower operators, and homeowners.

People can reduce the risk of *Legionella* growth in their home by regularly using or flushing plumbed fixtures in the home, such as faucets or showers. Water-using devices, such as humidifiers, should be routinely cleaned and maintained following directions provided by the manufacturer.

Building managers and cooling tower operators should consider whether a water management program for *Legionella* prevention would be appropriate for their building. The CDC provides a worksheet to assist with this.



## Prevention Resources

For more information on Legionnaires' disease, please see our webpage:

[Legionellosis \(Legionnaires' Disease and Pontiac Fever\) | Wisconsin Department of Health Services](#)

Worksheet to identify buildings at risk for *Legionella* growth:

[Buildings at Risk for Legionella | CDC](#)

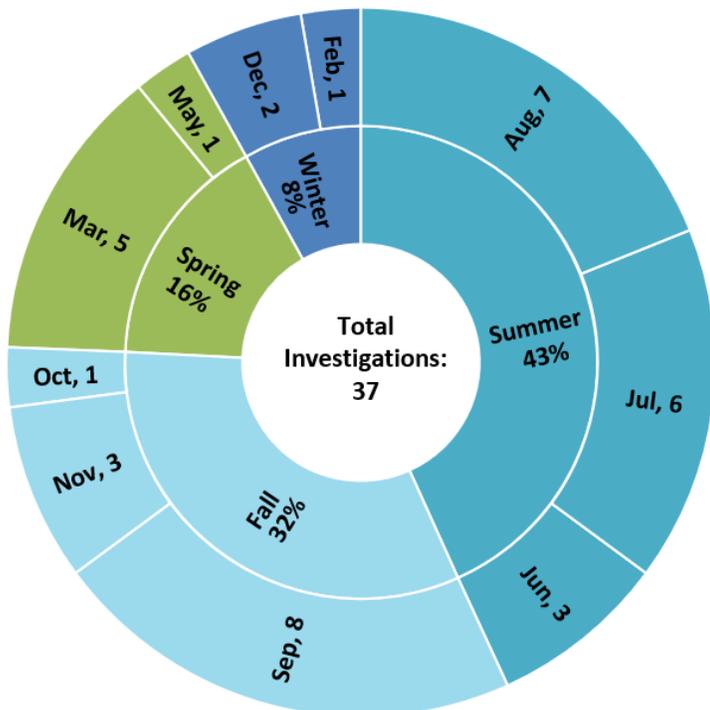
Information on preventing *Legionella* growth for building managers and cooling tower operators:

[Toolkit for Control of Legionella in Common Sources of Exposure | CDC](#)

Preventing *Legionella* growth at home:

[Preventing Waterborne Germs at Home | Drinking Water | Healthy Water | CDC](#)

**FIGURE 2:** From 2016 to 2022, almost half of the 37 Legionnaires' disease facility investigations occurred in **summer** (June through August).



# Trends in Outpatient Antibiotic Prescribing in Wisconsin, 2018–2021

By: Dr. Lindsay Taylor, Antimicrobial stewardship coordinator

## INTRODUCTION

Improving antibiotic prescribing in all health care settings is critical to combatting antibiotic-resistant bacteria. To better understand the current state of outpatient antibiotic use in our state, the [Wisconsin Healthcare-Associated Infections \(HAI\) Prevention Program](#) partnered with the [Wisconsin Health Information Organization \(WHIO\)](#) to develop a [report](#) describing trends in outpatient antibiotic use. This is the first report of its kind, and will be updated annually.

## ABOUT THE DATA

Data in the report included insured Wisconsinites receiving outpatient care through clinics, urgent care settings, and emergency departments; as well as their associated antibiotic prescriptions from 2018 to 2021. The antibiotic use measures included in this report were developed using claims data, which is retrospective and relies on accurate medical coding. Although the data represents the majority of outpatient oral antibiotic prescribing, it does not include Wisconsinites who are uninsured or use Veterans Affairs benefits. The antibiotic prescriptions were linked temporally to medical data, which provides additional context to use.



## SUMMARY

In general, outpatient antibiotic use in Wisconsin decreased from 2018 to 2021 (Figure 1), both in overall volume of oral antibiotic prescribing and the rate of visits associated with an antibiotic prescription. The three most commonly prescribed oral antibiotics by class were: penicillins, cephalosporins, and beta-lactams with increased activity, respectively.

**FIGURE 1.**

## Total Number of Wisconsin Antibiotic Prescriptions by Year, 2018–2021



# Trends in Outpatient Antibiotic Prescribing in Wisconsin, 2018–2021 (cont.)

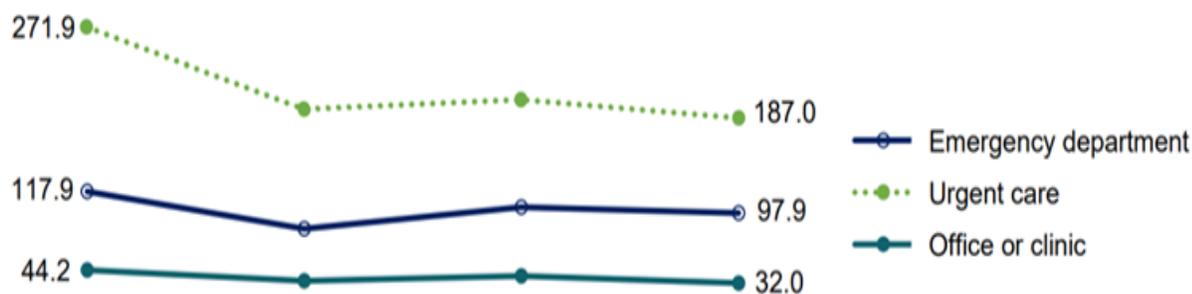
By: Dr. Lindsay Taylor, Antimicrobial stewardship coordinator

## KEY FINDINGS

- When stratifying by site of care, **urgent care visits** were more likely to result in an antibiotic prescription than visits to clinics or emergency departments (Figure 2).
- The rate of visits associated with antibiotic prescriptions was greatest in the **northern public health** region, for **female patients**, and for **patients living in areas of greater disadvantage**.
- By grouping common infectious diagnoses into categories based on likelihood of antibiotic prescribing, the report shows a **reduction in both the proportion of visits for viral respiratory infection associated with antibiotic prescription and the volume of antibiotics prescribed for these indications**.
- When examining the number of antibiotic prescriptions associated with viral syndromes, there were still **32,596 prescriptions in 2021**, indicating room for further improvement.

FIGURE 2.

## Wisconsin Antibiotic Visits per 1,000 Visits by Location, 2018–2021



## RECOMMENDATIONS:

Based on the findings of this report, DHS recommends the following actions:

1. **Target urgent care locations** as an area for antibiotic use improvement education efforts.
2. Continue efforts to **eliminate antibiotic prescribing for acute upper respiratory infections**.

## QUESTIONS?

Additional information and figures can be found in the [full report](#). For questions regarding the report, contact the HAI Prevention Program ([DHSWIHAIPreventionProgram@dhs.wisconsin.gov](mailto:DHSWIHAIPreventionProgram@dhs.wisconsin.gov)).

# Routine Immunization Community Outreach Grant Program

By: Lindsey Douglas, Wisconsin Immunization Program

## INTRODUCTION

The Wisconsin Department of Health Services created the Routine Immunization Community Outreach (RICO) grant program to help fund community-based organizations (CBOs) conduct routine immunization outreach. The grant program launched in September 2022. The Immunization Cooperative Agreement from the CDC funds the program.

## SITUATION

RICO builds off the success of the Moving Forward Together Grant Program, which funded CBOs to carry out COVID-19 vaccine outreach. CBOs are rooted in their communities, making them best suited to reach the vulnerable populations they serve. In total, 11 CBOs were awarded RICO funding. Out of the 11 awardees, six of the CBOs are focusing on child and teen vaccine outreach, and five CBOs are focusing on adult vaccine outreach. These recipients will serve many diverse communities

across 33 counties in Wisconsin. The RICO funded CBOs will provide health services to meet each communities' individual needs and improve routine vaccination uptake.

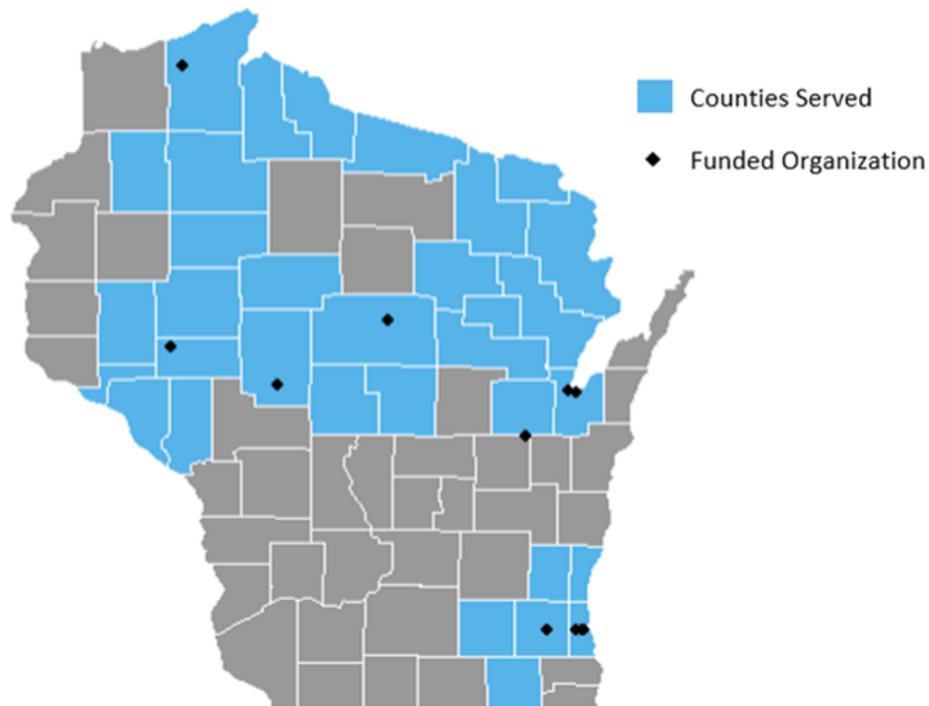
## DATA

Figure 1 highlights the locations of the 11 organizations and the counties that will be served.

## QUESTIONS

For questions regarding the pediatric grant, contact the Wisconsin Immunization Program Child Outreach ([DHSDPHImmRoutineChildOutreach@dhs.wisconsin.gov](mailto:DHSDPHImmRoutineChildOutreach@dhs.wisconsin.gov)). For questions regarding the adult grant, contact the Wisconsin Immunization Program Adult Outreach ([DHSDPHImmRoutineAdultOutreach@dhs.wisconsin.gov](mailto:DHSDPHImmRoutineAdultOutreach@dhs.wisconsin.gov)).

**Figure 1. Organizations and Counties Served by the RICO Grant Program**



# 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 second quarter (Q2) and year-to-date (YTD) are through June 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 and Gastrointestinal</b> (also includes suspect cases)						
Campylobacteriosis	1,347	271	287			558
Cholera <sup>1</sup>	0	0	0			0
Cryptosporidiosis	546	86	71			157
Cyclosporiasis	64	0	6			6
<i>E. coli</i> , Shiga toxin-producing (STEC)	455	98	82			180
Giardiasis	422	83	67			150
Hemolytic uremic syndrome	6	2	0			2
Listeriosis	22	5	5			10
Salmonellosis	1,027	193	179			372
Shigellosis	111	26	12			38
Typhoid fever	0	4	2			6
Vibriosis (non-cholera)	49	12	7			19
Yersiniosis	140	44	38			82
<b>Invasive Bacteria</b>						
Group A streptococcal disease	229	200	138			338
Group B streptococcal disease	591	152	101			253
<b>Fungal</b>						
Blastomycosis	133	21	2			23
Coccidioidomycosis <sup>1</sup>	16	2	1			3
Histoplasmosis	31	5	2			7
<b>Respiratory</b>						
Coronavirus disease (COVID-19)	776,767	55,599	14,776			70,375
Please refer to the <a href="#">weekly respiratory virus surveillance report</a> .						
Influenza, novel	1	0	0			0
Influenza-associated hospitalizations	3,554	575	54			629
Legionellosis	235	22	21			43
Tuberculosis	52	13	0			13
Latent TB infection	972	213	139			352
<b>Sexually Transmitted</b>						
<i>Chlamydia trachomatis</i>	25,686	6,342	4,948			11,290
Gonorrhea	8,748	1,691	1,354			3,045
HIV	289	N/A	N/A			N/A
Syphilis (all stages)	1,923	498	317			815
<b>Vaccine Preventable</b>						
Diphtheria	0	0	0			0
<i>Haemophilus influenzae</i> invasive disease	109	38	17			55
Hepatitis B, acute (confirmed cases only)	10	3	2			5
Hepatitis B, perinatal	0	0	0			0

# Communicable Disease Case Counts (cont.)

Disease	2022 Case Counts		2023 Case Counts			
	Total	Q1	Q2	Q3	Q4	2023 YTD
<b>Vaccine Preventable (continued)</b>						
Measles (rubeola)	0	0	0			0
Meningococcal disease	1	1	1			2
Mumps	9	1	0			1
Pertussis (whooping cough)	23	5	9			14
Poliomyelitis	0	0	0			0
Rubella	0	0	0			0
<i>Streptococcus pneumoniae</i> invasive disease	431	130	99			229
Tetanus	0	0	0			0
Varicella (chickenpox)	161	58	32			90
<b>Vectorborne</b>						
Babesiosis	91	1	9			10
Dengue virus infection <sup>1</sup>	9	0	0			0
Eastern equine encephalitis virus (EEEV)	1	0	0			0
Ehrlichiosis/Anaplasmosis	572	2	109			111
Jamestown Canyon virus infection	5	0	0			0
La Crosse virus infection	0	0	0			0
Lyme disease	5,312	450	704			1,154
Malaria <sup>1</sup>	24	2	1			3
Powassan virus infection	8	0	0			0
Spotted fever group rickettsioses (spotted fevers)	11	2	1			3
West Nile virus infection	6	0	2			2
Yellow fever <sup>1</sup>	0	0	0			0
Zika virus infection <sup>1, 2</sup>	0	0	0			0
<b>Zoonotic</b>						
Brucellosis	0	0	0			0
Hantavirus infection	0	0	0			0
Leptospirosis	0	0	0			0
Mpox	87	1	2			3
Psittacosis	0	0	0			0
Q Fever, acute	7	0	0			0
Q Fever, chronic	1	0	0			0
Rabies (human)	0	0	0			0
Toxoplasmosis	1	0	0			0
Tularemia	4	0	0			0
<b>Other</b>						
CP-CRE	43	14	7			21
Hepatitis A	31	8	8			16
Hepatitis C, acute	105	22	14			36
Hepatitis E, acute	11	3	0			3
Kawasaki disease	14	8	1			9
Lymphocytic choriomeningitis virus infection	0	0	0			0
Transmissible spongiform encephalopathy (human)	1	1	0			1

<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.

