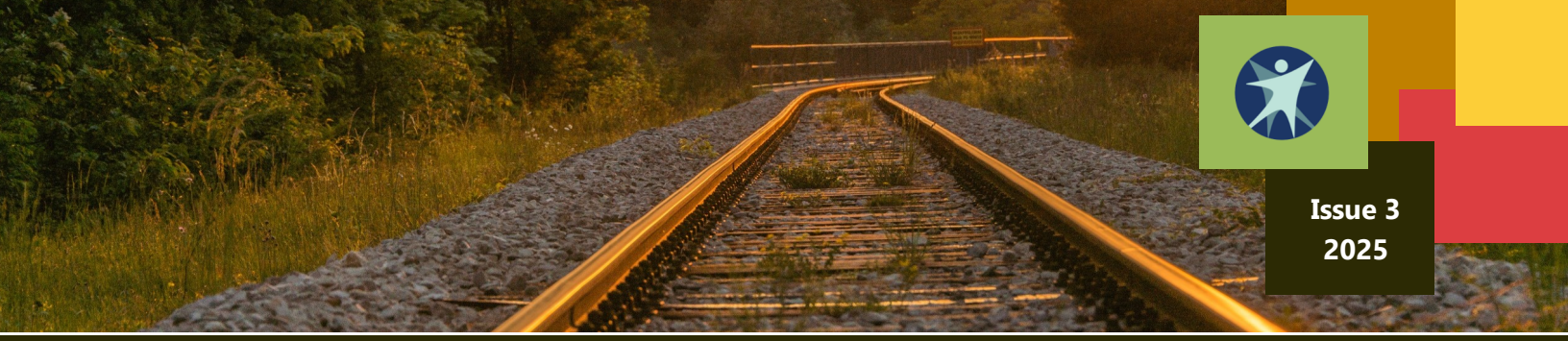

Issue 3
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WISCONSIN EPI EXPRESS

In This Issue

Program Updates

Staff updates:

BCD welcomes the following staff to their new positions!

Dr. Matt Deraedt, CDC Epidemic Intelligence Service (EIS) Officer

Measles Readiness Toolkit available

The Immunization Program created a Measles Readiness Toolkit that contains readiness checklists for local and Tribal health departments, health clinics, schools, and daycares.

Online interviews during outbreak investigations

The Enteric and Waterborne Diseases Unit recently expanded their use of online surveys to help increase capacity during outbreak investigations. Online interview questions are tailored to the investigation and the interview forms are published to a secure webpage. If you're interested in using online interviews during a foodborne outbreak investigation, email the Enteric and Waterborne Disease Unit at DHSDPHEnterics@dhs.wisconsin.gov.

New Healthcare-Associated Infections materials

The Healthcare-Associated Infection Prevention (HAI) Program created a script for health care workers to help provide education on central line-associated bloodstream infections, as well as a flyer about preventing HAIs.

Wisconsin 2024–2025 School Immunizations Assessment released

The Wisconsin School Immunizations Assessment for 2024–2025 provides compliance rates for students in all grades, as well as further analyses on the impact of the new meningococcal vaccine requirement.

Gonorrhea Quality Assurance/Quality Improvement Project

By: Brandon Kufalk, STI Unit Supervisor; Laura Rollin, SURRG Epidemiologist

Overview

One of the major initiatives for the Wisconsin Department of Health Services (DHS) Sexually Transmitted Infections (STI) Unit is the Combatting Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) project. This project aims to identify antibiotic resistance in gonorrhea. This is usually identified when people who have gonorrhea have a suspected treatment failure, and still have persistent symptoms or continue to test reactive even after completing recommended treatment. However, one challenge in identifying these cases is some medial providers are not reporting treatment to the local or Tribal health department (LTHD) as they are obligated to do per Wis. Stat. § 252.05. Ensuring medical providers are fulfilling this obligation can be difficult for LTHDs. This is why the STI Unit initiated a Gonorrhea Quality Assurance/Quality Improvement Project (GC QA/QI Project).

GC QA/QI Project

The GC QA/QI Project is operated by the STI Unit's epidemiologist. The epidemiologist identifies providers who have sent reports that do not document treatment or who report treatment that does not align with the Centers for Disease Control and Prevention (CDC) recommendations. This information is compiled into a list that is shared with the Disease Intervention Specialist (DIS) team. The DIS then work with the medical providers to ensure there is proper communication with the LTHD in the future. The goal of this project is to ensure that antibiotic resistant gonorrhea is able to be identified early to prevent spread in Wisconsin.

Results

Already, the STI Unit can see positive results from this initiative. Preliminary analyses have shown significant improvements in treatment reporting completeness and accuracy after project implementation. The DIS team's follow-up efforts have substantially increased the proportion of cases with adequate treatment documented by approximately 34% in 2024. Additionally, the proportion of records with no documented treatment decreased from 39.8% to 24.4%, since the project started. Although it is too early to assess long-term trends in provider treatment practices, the project has already identified common reporting issues, enabling actionable changes to improve data quality.

The future of the GC QA/QI Project

As with many public health activities, the future of federal funding for this important work remains unclear. The DHS STI Unit continues to investigate diverse funding opportunities to ensure that the work of preventing the spread of antibiotic resistant gonorrhea can continue.

Launch of the Tick Bite Tracker

By: Ryan Wozniack, Vectorborne, Respiratory, Invasive Disease Unit Supervisor; Rebecca Osborne, Vector borne Disease Epidemiologist

Introduction

The Wisconsin Department of Health Services (DHS) has published new Wisconsin Tick Bite Tracker data visualizations (Figure 1) showing tick bite data statewide and by public health region on the Ticks in Wisconsin: What You Need to Know webpage.

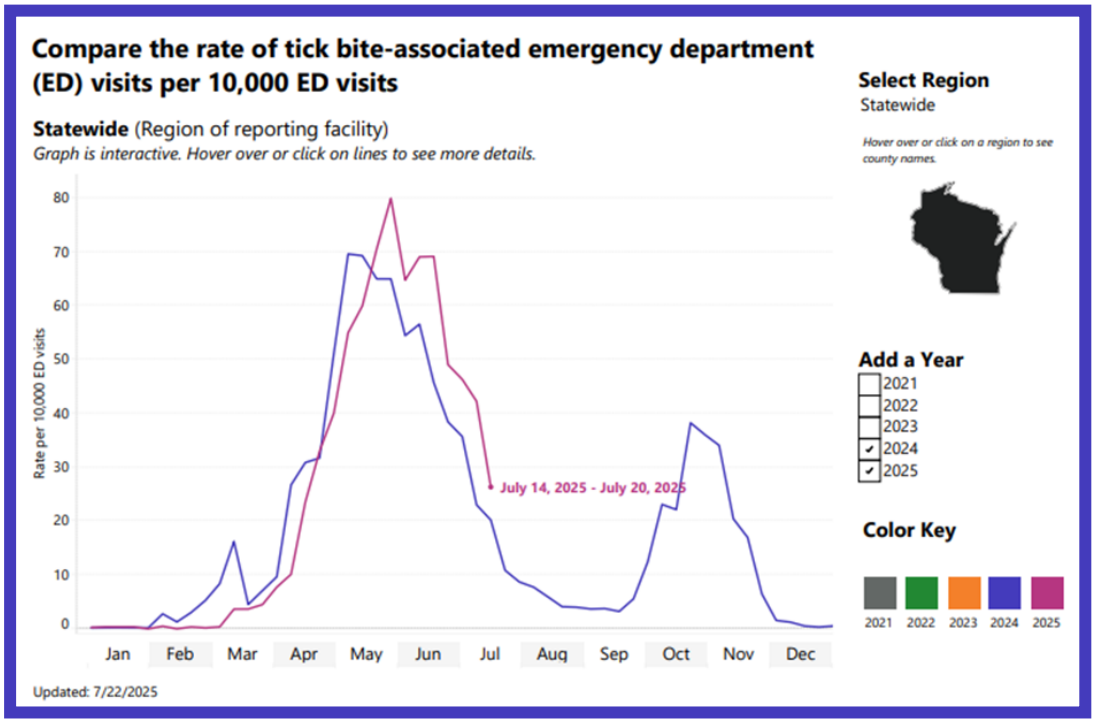


Figure 1. Statewide graph of tick-bite associated emergency department visits

Tick season

DHS monitors emergency department (ED) data for people seeking medical care for tick bite-related concerns throughout Wisconsin. Looking at trends in tick bite-related ED visits helps people see when they are likely to be at higher risk for tick bites. The interactive tick bite data includes current and past statewide and regional trends in tick bite-related ED visits. The data is updated weekly during the tick season and will be updated less frequently during the off season.

More tick information

The new data visualizations will allow clinicians, local and Tribal health departments, health care providers, and the public to easily access tick bite information on the DHS website. The webpage also includes information about ticks and the DHS Tick Identification Survey. DHS offers additional information on tickborne diseases endemic to Wisconsin, as well as steps individuals can take to prevent tick bites and "fight the bite" during tick season.

Please encourage the public, public health practitioners, and clinicians to use the new data visualizations to prevent tick bite-related illness in Wisconsin.

Questions about ticks?

Check out the following webpages:

- Illnesses spread by ticks
- Lyme Disease
- Tick Bite Prevention
- Fight the Bite

Contact the Vectorborne Team at 608-267-9003 or send an email to DHSDPHBCD@dhs.wi.gov.

Oral Health Clinic Sterilization Breach: A Case Review

By: Ashley O'Keefe, Region 8 Infection Preventionist; Linda Coakly, Special Projects Infection Preventionist

Background

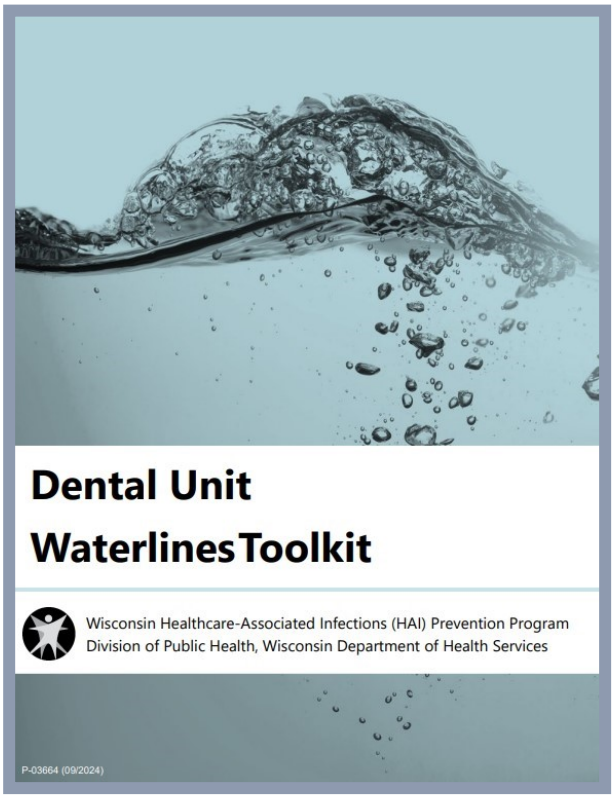
Earlier this year, a local health department (LHD) was notified of a potential breach in the sterilization process at an oral health clinic in their jurisdiction. At the facility, a staff member noticed the instruments they were about to use for a patient's care were in a package in which the chemical indicator had not properly changed after being removed from the autoclave. The staff member was rightly concerned that instruments used on patients may not have been properly sterilized.

Follow-up

After consultation with the facility's LHD, and with the Wisconsin Healthcare-Associated Infections (HAI) Prevention Program, clinical operations at the oral health clinic were temporarily put on hold so a thorough investigation could be performed. Through investigation, it was determined that the instruments had been properly cleaned and packaged, but the autoclave did not perform as expected. Affected patients were notified of the breach and were offered bloodborne pathogen screening. Policies and procedures at the facility were updated, and just-in-time staff education was provided. The facility reopened with new processes in place, assuring that proper sterilization of instruments occurred moving forward.

Infection prevention support for oral health clinics

The Wisconsin HAI Prevention Program offers free, non-regulatory technical assistance provided by certified infection preventionists specializing in dental infection prevention. Support is confidential, collaborative, educational, and available at no cost to all oral health clinics across Wisconsin. Subject areas covered include hand hygiene, instrument sterilization, personal protective equipment use, and dental unit waterline care and maintenance. The HAI Prevention Program offers both remote support and in-person proactive onsite visits, which consist of a two-hour tour of the facility, followed by a written summary of the observations, and corresponding recommendations offered by the team.



Resources

Learn more about infection prevention support for oral health clinics on the DHS website. Find toolkits for sterilization and dental unit waterlines.

To learn more or schedule your free consultation, email the team at DHSWIHAIPreventionProgram@dhs.wisconsin.gov

MMR Coverage Rates from School Immunization Assessment, 2024–2025

By: Laura Gregor, Vaccine Preventable Disease Epidemiologist

Background

The Wisconsin Student Immunization law requires students to receive a minimum number of immunizations, be in the process of receiving those immunizations, or have a signed waiver to attend school and comply with the law. The law applies broadly to all Wisconsin public, private, and independent charter schools. By the 40th school day, via REDCap, schools are required to report the aggregate enrollment and the number of students (kindergarten and all grades) who have met the minimum requirements, are in the process of meeting the requirements, are behind schedule, have a waiver, or have no immunization or record on file. These definitions are outlined in the School Immunization Assessment booklet. Schools are also required to report this data by vaccine type, including the measles, mumps, and rubella (MMR) vaccine.

As of September 16, 2025, the Centers for Disease Control (CDC) has reported 1,491 total cases of measles in the United States this year, the highest case burden since the disease was declared eliminated in 2000. Over one-third of cases have been reported in school-age children (5–19-year-olds) and 92% of cases were unvaccinated or had an unknown vaccination status. Therefore, MMR coverage estimates in this population, from a variety of data sources, are critical to estimating how protected this population is from contracting and spreading measles.

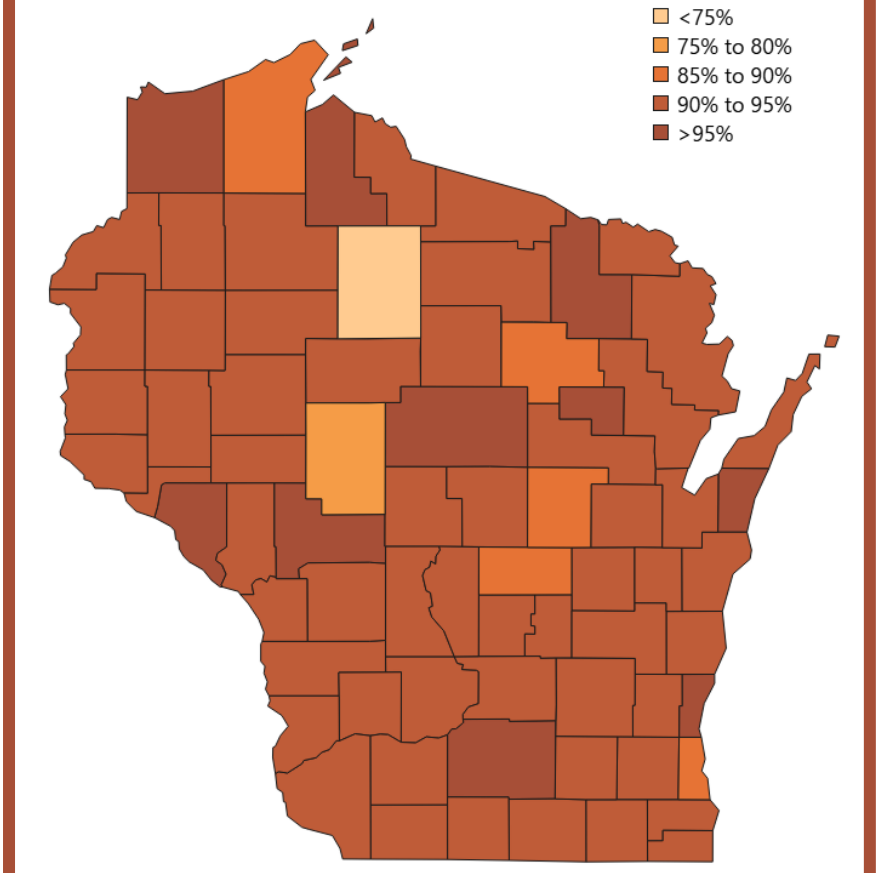


Figure 1: Percentage of all students receiving required number of doses of MMR for their age or grade*, by county

*One dose of MMR vaccine is required for PreK students ages 2–4. Two doses are required for students in kindergarten through 12th grade.

MMR results

As of September 16, 2025, the Wisconsin Department of Health Services (DHS) has reported 36 cases of measles in Wisconsin this year. Statewide, 92.6% of Wisconsin students in all grades were reported as meeting the MMR requirement for their grade on the 2024–25 school immunization assessment. This estimate is markedly higher than the 2023–24 and 2024–25 kindergarten MMR estimates—84.8% and 84.9%, respectively.

Estimates by county reflect similar trends (Figure 1 and Figure 2). The percent of students in all grades having an up-to-date MMR record for their age/grade by county ranged from 71% to 96%, whereas the percentage of kindergarten students meeting the two-dose MMR requirement ranged from 52% to 94%.

MMR Coverage Rates from School Immunization Assessment, 2024–2025

By: Laura Gregor, Vaccine Preventable Disease Epidemiologist

As this year's kindergarten cohort was the first to experience a disruption in their first dose of MMR vaccine because of the COVID-19 pandemic, these estimates may signal wider gaps in MMR coverage that may lag in the sample of all students. It is also possible that some kindergarten students catch up by the following school year.

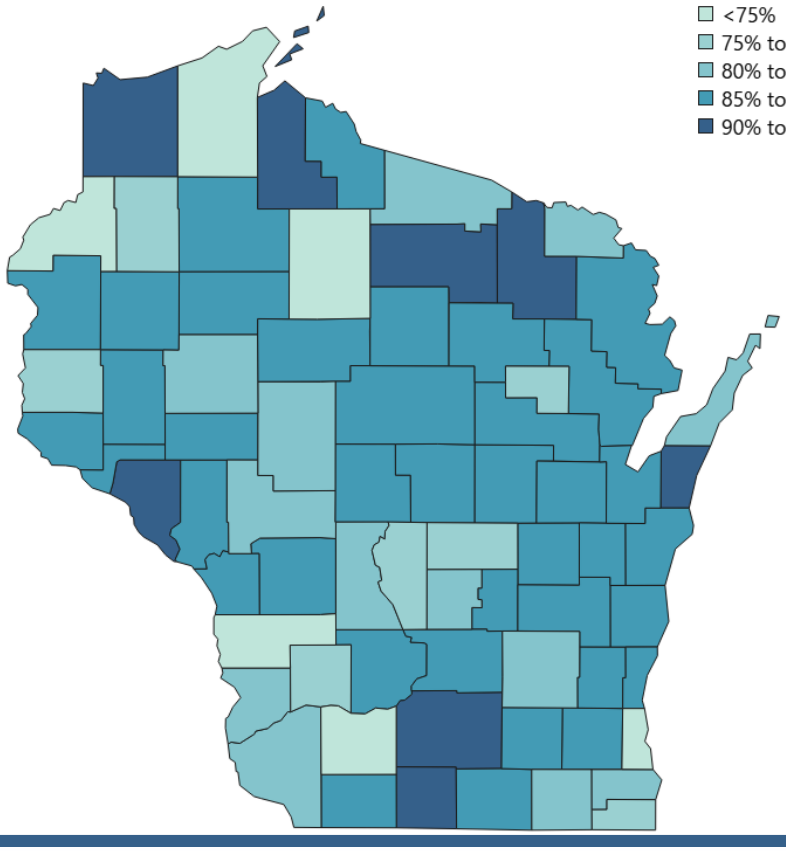


Figure 2: Percentage of kindergarten students receiving two doses of MMR, by county

Limitations

Parents provide student immunization records to schools. Schools then aggregate this information and report to public health during the fall of every school year. The Wisconsin Department of Health Services does not have the ability to verify the accuracy of the enrollment or coverage data that was submitted by schools.

Questions

You can find more information about immunization data in Wisconsin on the DHS Immunizations website. Contact the Wisconsin Immunization Program at DHSImmProgram@dhs.wisconsin.gov with questions.

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 2025 third quarter (Q3) and year-to-date (YTD) are through September 15, 2025.

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

Disease	2024 Case Counts	2025 Case Counts				
	Total	Q1	Q2	Q3	Q4	2025 YTD
Enteric and Gastrointestinal						
Campylobacteriosis[4]	1,692	301	404	415		1,120
Cholera[1, 4]	1	0	0	0		0
Cryptosporidiosis[4]	641	62	120	192		374
Cyclosporiasis[4]	68	1	27	36		64
E. coli, Shiga toxin-producing (STEC)[4]	528	79	145	142		366
Giardiasis[4]	657	85	88	138		311
Hemolytic uremic syndrome	9	1	0	2		3
Listeriosis	30	6	2	9		17
Salmonellosis[4]	1,131	216	280	272		768
Shigellosis[4]	90	21	16	8		45
Typhoid fever[4]	2	1	1	0		2
Vibriosis (non-cholera)	50	6	14	15		35
Yersiniosis	261	57	53	43		153
Invasive Bacteria						
Group A streptococcal disease	415	140	90	54		284
Group B streptococcal disease	625	152	186	131		469
Fungal						
Blastomycosis[4]	121	22	13	1		36
Coccidioidomycosis[1]	27	3	9	0		12
Histoplasmosis[4]	24	8	4	1		13
Respiratory						
Coronavirus disease (COVID-19)[3, 4]	N/A	N/A	N/A	N/A		N/A
Please refer to the weekly respiratory virus surveillance report and respiratory illness data webpage.						
Influenza, novel	1	0	0	0		0
Influenza-associated hospitalizations	3,347	5,943	172	29		6,144
Legionellosis[4]	212	41	44	79		164
Tuberculosis[4]	69	21	14	14		49
Latent TB infection[4]	1,573	413	329	173		915
Sexually Transmitted						
Chlamydia trachomatis	23,434	5,304	5,462	4,396		15,162
Gonorrhea	6,892	1,348	1,298	1,219		3,865
HIV	278	N/A	N/A	N/A		N/A
Syphilis (all stages)	1,421	371	314	177		862
Vaccine Preventable						
Diphtheria	0	0	0	0		0
Haemophilus influenzae invasive disease	152	39	36	21		96
Hepatitis B, acute (confirmed cases only)	8	2	1	2		5
Hepatitis B, perinatal	0	0	0	0		0

Communicable Disease Case Counts

Disease	2024 Case Counts	2025 Case Counts				
	Total	Q1	Q2	Q3	Q4	2025 YTD
Vaccine Preventable (continued)						
Measles (rubeola)	1	0	0	36		36
Meningococcal disease	7	3	2	2		7
Mumps	6	6	1	1		8
Pertussis (whooping cough)	2,984	318	131	126		575
Poliomyelitis	0	0	0	0		0
Rubella	0	0	0	0		0
Streptococcus pneumoniae invasive disease	577	219	151	41		411
Tetanus	2	0	0	1		1
Varicella (chickenpox)	235	54	50	46		150
Vectorborne						
Babesiosis[4]	141	2	41	82		125
Dengue virus infection[1]	38	7	2	5		14
Eastern equine encephalitis virus (EEEV)	1	0	0	0		0
Ehrlichiosis/Anaplasmosis[4]	843	12	590	356		958
Jamestown Canyon virus infection	10	0	2	1		3
La Crosse virus infection	0	0	0	0		0
Lyme disease[4]	6,469	580	2,514	3,781		6,875
Malaria[1]	18	5	3	3		11
Powassan virus infection	12	0	11	4		15
Spotted fever group rickettsioses (spotted fevers)[4]	14	0	3	5		8
West Nile virus infection	32	0	0	12		12
Yellow fever[1]	0	0	0	0		0
Zika virus infection[1, 2]	0	0	0	1		1
Zoonotic						
Brucellosis	3	0	0	0		0
Hantavirus infection	0	0	1	0		1
Leptospirosis	1	0	0	1		1
Mpox[4]	7	0	0	2		2
Psittacosis	0	0	0	0		0
Q Fever, acute	8	0	0	0		0
Q Fever, chronic	1	1	0	0		1
Rabies (human)	0	0	0	0		0
Toxoplasmosis	1	0	0	0		0
Tularemia	0	1	3	0		4
Other						
CP-CRE	0	0	0	2		2
Hepatitis A	31	3	5	1		9
Hepatitis C, acute	61	18	14	10		42
Hepatitis E, acute	4	1	1	1		3
Kawasaki disease	20	9	7	3		19
Lymphocytic choriomeningitis virus infection	0	0	0	0		0
Transmissible spongiform encephalopathy (human)	7	1	1	0		2

[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.
[4] DHS collects standardized industry and occupation information in WEDSS for these conditions.