### Laboratory Surveillance Report

**SARS-CoV-2**
- SARS-CoV-2 activity is increasing in Wisconsin (9.0%) and nationally (9.1%).
- Omicron [B.1.1.529/BA.1 and its sublineages] was the predominant variant detected in Wisconsin (>99%) and nationally (100%).
- The proportion of Omicron sublineage BA.2 and its sublineages is increasing in Wisconsin (>90%).

**Influenza**
- Influenza activity is moderate in Wisconsin (5.5%) and nationally (8.6%).
- The dominant Influenza subtype is H3N2.

### Other Surveillance Data-Wisconsin:

#### Respiratory pathogens
- SARS-CoV-2 activity in WI is increasing
- Seasonal respiratory virus activities are high including rhinoviruses/enteroviruses, parainfluenza viruses, human metapneumovirus and seasonal coronaviruses.

#### Gastropathogens
- Other pathogens detected include: EPEC (4.2%), Astrovirus (2.2%), EAEC (1.8%), Adenovirus 40/41 (1.6%), ETEC (1.0%), Yersinia enterocolitica (0.4%)

### Links:
- The WSLH sequencing dashboard is available here: [https://dataportal.slh.wisc.edu/sc2dashboard](https://dataportal.slh.wisc.edu/sc2dashboard)
- A current summary of COVID-19 data for Wisconsin can be found here: [https://www.dhs.wisconsin.gov/covid-19/data.htm](https://www.dhs.wisconsin.gov/covid-19/data.htm)
- The influenza, RSV and respiratory virus activity graphs can be viewed here: [http://www.slh.wisc.edu/wcln-surveillance/surveillance/virology-surveillance/](http://www.slh.wisc.edu/wcln-surveillance/surveillance/virology-surveillance/)
- The bacterial, viral and parasitic activity graphs can be viewed here: [http://www.slh.wisc.edu/wcln-surveillance/surveillance/gastropathogen-surveillance/](http://www.slh.wisc.edu/wcln-surveillance/surveillance/gastropathogen-surveillance/)

*On a weekly basis, participating Wisconsin clinical laboratories voluntarily report to WSLH the total number of tests performed, the method used for detection, and the number of those tests with positive results.*

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**To enhance surveillance activities, the WSLH asks labs to please send:**
1. A sampling of specimens from influenza-related hospitalizations (e.g. 1 per week).
2. Influenza A specimens that fail to subtype (Ct <35) if subtyping for 2009 pdmH1 and H3 were performed.
3. Please send up to 5 SARS-CoV-2 specimens per week.