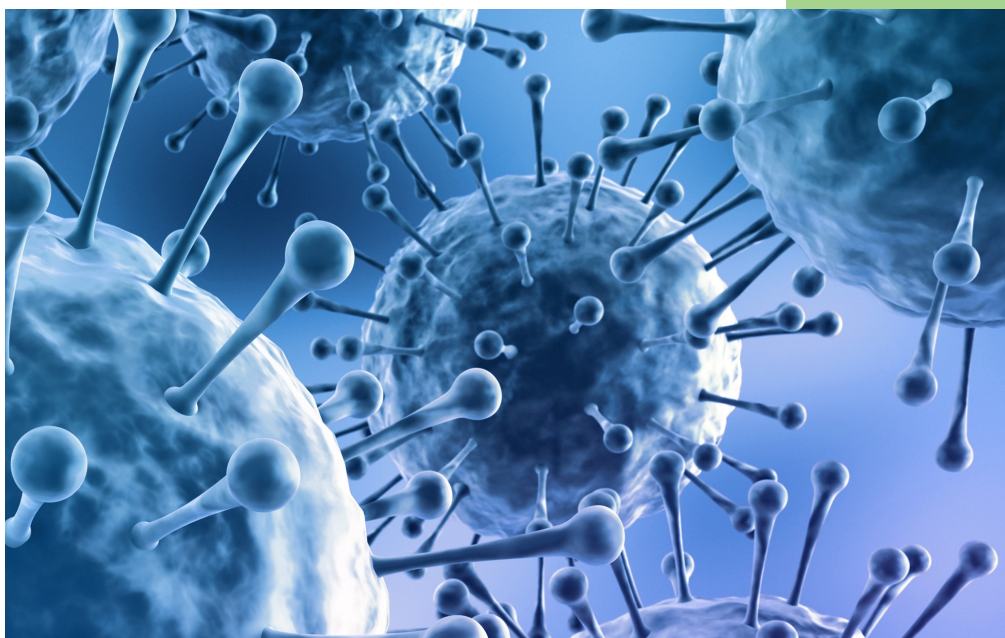




**Wisconsin State
Laboratory of Hygiene**
UNIVERSITY OF WISCONSIN-MADISON

Laboratory-Based Surveillance Plan 2026-2027



**Surveillance program
overviews, submission
instructions and 2025-26
data summaries**

Welcome to the 2026-27 Season!

Thank you for participating in laboratory-based surveillance in Wisconsin! The participation of clinical laboratories across the state has helped Wisconsin develop one of the most robust surveillance networks in the country!

Supplies for collecting and shipping surveillance specimens, transport to the WSLH, and testing of surveillance specimens is available at **NO COST** when you send specimens using Purple Mountain Solutions. This booklet contains detailed information about the submission of clinical laboratory data and specimens for surveillance.

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Updates for the 2026-27 Season

Table 1. Updates to Submission Requests and Surveillance Requisition Forms for the 2026-27 Season

Pathogen	Surveillance Type	What is Requested
Updated Requests		
RSV	PCR Testing Data	Option added to report RSV type (e.g. RSV A) (pg. 5)
Norovirus	PCR Testing Data	Option added to report norovirus type (e.g. GI or GII) (pg. 5)
<i>Chlamydia pneumoniae</i>	PCR Testing Data	Number tested and number positive requested (pg. 5)
<i>Mycoplasma pneumoniae</i>	PCR Testing Data	Number tested and number positive requested (pg. 5)
No Longer Requested		
<i>Cryptosporidium</i> species	Specimen Submission	Specimens no longer needed
<i>Babesia</i>	Specimen Submission	Specimens no longer needed
Updated Surveillance Requisition Forms		
Respiratory Surveillance Form	FLU/SARS-CoV-2	No longer need to mark reason for submission (pg. 13)
<i>S. pneumoniae</i> Requisition	Isolates	Additional requirements for the submission of invasive isolates (pg. 23)

Biosafety Considerations



Evaluate biosafety at your testing site using a risk assessment:

Review your testing practices and lab environment and consider performing a risk assessment to minimize potential staff exposures when performing testing.

- Use personal protective equipment (e.g. safety glasses, gloves, lab coat)
- An online laboratory risk assessment tool is available here: www.cdc.gov/safelabs/resources-tools/biosafety-resources-and-tools.html

NEW

New Purple Mountain Solutions Portal

NEW

The WSLH Communicable Disease Division has recently transitioned to the Purple Mountain Solutions e-Courier Online Portal for scheduling specimen pickups. The new e-Courier Portal streamlines the shipping process by providing a centralized platform for ordering shipments, tracking package status, and accessing delivery documentation. This portal is available for specimens that qualify for fee-exempt shipping to the Wisconsin State Laboratory of Hygiene.

Specimens eligible for fee-exempt transport include:

- Bacterial surveillance specimens
- Viral surveillance specimens
- Mycobacteria/TB specimens
- Measles specimens
- Outbreak-related specimens
- Stool specimens submitted for test-of-cure purposes

Additional information about using the Purple Mountain courier service can be found on page 27-28.

NEW

New Surveillance Data Reporting Portal

NEW

Effective July, 2026, WSLH transitioned clinical surveillance data reporting to a new portal. All surveillance data must be submitted through the REDCap portal beginning with the week ending July 4, 2026. A link to this new portal can be found at: <https://www.slh.wisc.edu/wcln-surveillance/surveillance/>



Wisconsin State
Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

**Welcome to the WSLH Clinical Testing
Data Web-Portal!**

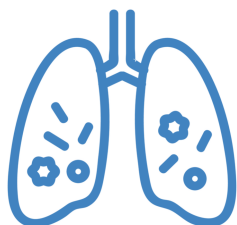
The new portal is designed to provide a streamlined, user-friendly interface that simplifies data entry and navigation. It incorporates enhanced data validation rules, automated error checks, and standardized fields to improve data consistency and accuracy at the point of submission. Users can save progress, review previously submitted records, and make edits as needed, offering greater flexibility.

In addition to serving as a data collection tool, the portal functions as a centralized database, enabling more efficient data storage, retrieval, and management. This integration supports improved data quality assurance processes and enhances the ability to compile and analyze surveillance data for reporting and public health decision-making.

Laboratory Testing Data Submissions

In collaboration with other public health partners, the WSLH has developed data-driven statewide respiratory and gastrointestinal pathogen surveillance programs in Wisconsin. Weekly reporting of diagnostic testing data to WSLH is important so that public health partners know what communicable diseases are impacting community health in Wisconsin.

Wisconsin Respiratory Surveillance Program:



The aim of this program is to gain situational awareness of the respiratory pathogens circulating in Wisconsin, including geographic spread and positivity rates. **All Sites** in Wisconsin performing PCR/molecular and/or antigen testing for respiratory pathogens are asked to submit their testing data on a **weekly basis** (number tested, number positive) **all year round**. Refer to Table 2 on page 5 for a list of pathogens for which testing data is requested.

Wisconsin Acute Diarrheal Illness Surveillance Program:



The aim of this program is to gain awareness of the gastrointestinal pathogens affecting community health in Wisconsin. The WSLH requests that clinical labs submit gastropathogen PCR testing data for bacterial, parasitic and viral pathogens on a **weekly basis** (number tested, number positive), **all year round**. Refer to Table 2 on page 5 for a list of pathogens for which testing data is requested.

Why Submit Data?

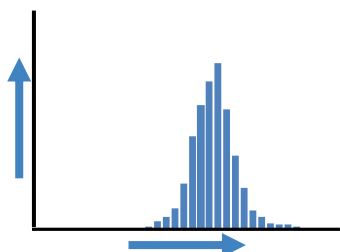
To monitor for changes in positivity rates:

The data can be used to identify outbreaks, detect unusual increases in disease activity, and monitor the performance of commercial testing methods. For example, false-positive test results can artificially elevate positivity rates, particularly during periods when the pathogen is not typically circulating, signaling the need for further investigation.



To provide situational awareness:

Testing data is used to determine when the season begins, peaks and ends for a variety of pathogens. This can help inform medical provider differential diagnosis, and inform clinical lab staffing needs for seasonal and outbreak testing. Graphs of surveillance data are updated weekly and can be found on the WSLH website.



www.slh.wisc.edu/wcln-surveillance/surveillance/

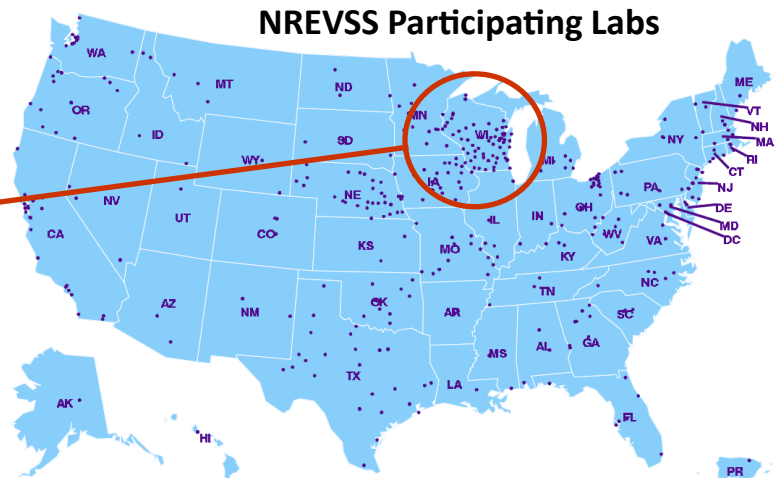
Why Submit Data?

To participate in the National Respiratory and Enteric Virus Surveillance System (NREVSS)

WSLH collates all testing data collected from Wisconsin and submits it to NREVSS on a weekly basis. NREVSS is a laboratory-based system that monitors temporal and geographic circulation of a variety of viral pathogens. NREVSS data can be viewed on the CDC website at:

www.cdc.gov/surveillance/nrevss/

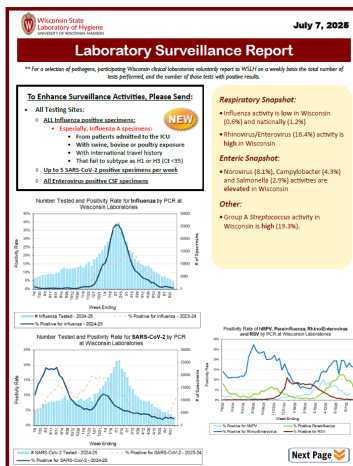
Wisconsin leads the country for the number of labs participating in surveillance activities.



To participate in national influenza surveillance:

Influenza testing data is submitted to the CDC for inclusion into the national influenza surveillance program. Influenza data can be found on CDC's FLUVIEW website at: www.cdc.gov/fluview/

Wisconsin Surveillance Data Distribution:



WSLH Website:

Aggregate data for a variety of pathogens can be found on the WSLH website at: www.slh.wisc.edu/wcln-surveillance/surveillance/

WSLH Bi-Weekly Surveillance Report:

The WSLH aggregates all respiratory and enteric pathogen data and provides summary reports in the bi-weekly Laboratory Surveillance Report, which is distributed to over 600 recipients across the state. Email wcln@slh.wisc.edu to sign up for this report.

WCLN Laboratory Messages:

The WSLH provides laboratory guidance and general updates through Wisconsin Clinical Laboratory Network (WCLN) Laboratory Messages. If you would like to receive these messages, please email wcln@slh.wisc.edu and include "WCLN Lab Message Sign-up" in the subject line.

WDHS Respiratory Illness Dashboard

A data summary of respiratory pathogens is also sent to the Wisconsin Department of Health Services for inclusion into their interactive **Respiratory Illness Dashboard**. www.dhs.wisconsin.gov/disease/respiratory-data.htm

Data Submission Requests

The WSLH requests that **all clinical labs** in Wisconsin performing PCR/molecular and/or rapid antigen testing for the following bacterial, parasitic and viral pathogens submit testing data (number tested and number positive) on a **weekly basis, all year round**.

Table 2. Laboratory Testing Data Requests

Antigen Detection

Rapid Strep (Group A *Streptococcus*)

Respiratory Pathogens - PCR/Molecular Detection

Influenza A/B	SARS-CoV-2	RSV (A&B)
Seasonal Coronaviruses	Human Metapneumovirus	Human Parainfluenza virus
Rhinovirus/Enterovirus	Adenovirus	<i>B. pertussis</i> and <i>parapertussis</i>
Group A <i>Streptococcus</i>	<i>Chlamydia pneumoniae</i>	<i>Mycoplasma pneumoniae</i>

Gastrointestinal Pathogens - PCR/Molecular Detection

<i>Campylobacter</i>	<i>Clostridioides difficile</i>	<i>Salmonella</i>
<i>Shigella</i>/ Enteroinvasive <i>E.coli</i> (EIEC)	Shiga-like toxin-producing <i>E. coli</i> (STEC)	<i>Vibrio</i>
<i>Yersinia enterocolitica</i>	Adenovirus 40/41	Astrovirus
Norovirus (GI/GII)	Rotavirus	Sapovirus
<i>Cryptosporidium</i>	<i>Cyclospora cayetanensis</i>	<i>Giardia lamblia</i>

NEW

Submission of Laboratory Testing Data

NEW

New Surveillance Data Reporting Portal

Effective July, 2026, WSLH transitioned clinical surveillance data reporting to a new portal. All surveillance data must be submitted through the REDCap portal beginning with the week ending July 4, 2026.

The new portal is designed to provide a streamlined, user-friendly interface that simplifies data entry and navigation. It incorporates enhanced data validation rules, automated error checks, and standardized fields to improve data consistency and accuracy at the point of submission. Users can save progress, review previously submitted records, and make edits as needed, offering greater flexibility.

In addition to serving as a data collection tool, the portal functions as a centralized database, enabling more efficient data storage, retrieval, and management. This integration supports improved data quality assurance processes and enhances the ability to compile and analyze surveillance data for reporting and public health decision-making.

How to Access the New REDCap Portal

With the new surveillance portal, each laboratory is given a unique URL for the reporting of data. Your URL will remain the same and can be saved or bookmarked for future use.

- **Access** your custom reporting URL:
 - Go to the WSLH website <http://www.slh.wisc.edu/wcln-surveillance/surveillance/> then click on ***“Report Clinical Surveillance Data—2026-27 Season”*** in the center of the page.

**Report Clinical Surveillance Data
2026-2027 Season**

- Enter your **Lab ID*** in the designated field. Your facility name and unique URL will appear below.
 - Your URL will remain the same and can be saved or bookmarked for future use.
 - *Your **Lab ID** is the same username you use to log in to the previous Survey Alchemer reporting portal. It consists of a series of uppercase letters followed by numbers (e.g. LRN999).
 - If you do not know your **Lab ID**, please contact us at WCLN@slh.wisc.edu or call 800-862-1013.

Submission of Laboratory Testing Data (cont'd)

Survey Queue Overview

Your unique URL will direct you to your survey queue, which serves as your home base for re-reporting data. The survey queue displays a list of recent weeks that are available for data submission.

- New reporting weeks will appear on the queue after the week concludes (*e.g., the week ending 07/04/26 will appear on 07/05/26*)
 - Weeks older than **12 weeks** will be removed from the queue
 - To report older data, please contact WSLH for assistance
- Once data has been entered for a week, it will be marked as **Complete**
 - You may review or update submissions using the “**Edit Response**” option
- The **top survey** allows you to configure your **laboratory’s default settings**, and can be updated at any time.

Welcome to the WSLH Clinical Testing Data Web-Portal!

Please select the **Week-ending Saturday** that you would like to submit data for:

- A week is defined as Sunday to Saturday
- Each Saturday, a new survey will become available to enter testing data for that past week.
- Data collection surveys will be open for 3 months.
- If you wish to submit testing data older than 3 months, please email WCLN@slh.wisc.edu.

Status	Survey Title
✓ Completed	Lab Default Settings – Laboratory Default Settings Edit response
Begin survey	Data Reporting for Week Ending – 07/11/26 - Week 2627
Begin survey	Data Reporting for Week Ending – 07/04/26 - Week 2626

Creating an Account Password

The first time you visit the portal, you will be prompted to create a password for your institution. This password will be used for all future logins to enter data or update your laboratory’s default settings.

- Please note that this password will be visible to REDCap administrators, so do not reuse any personal or sensitive passwords.
- Passwords may include letters, numbers, and/or symbols, but they are not case-sensitive.
- After logging in, your session will remain active for 15 minutes.
- If you forget your password, please contact **WCLN@slh.wisc.edu** for assistance.

Status	Survey Title
Begin survey	Create a New Password – New User Setup

Submission of Laboratory Testing Data (cont'd)

Updating Lab Default Settings

- Access the “**Lab Default Settings**” survey, which can be found at the top of your survey queue. Settings include:
 - Pathogens your laboratory tests for
 - Whether your tests report typing results (e.g., Influenza A, Norovirus GI/GII))
 - Which assay(s) your laboratory uses for testing
- Pre-populated default settings have been provided by WSLH
 - Please review for accuracy and update as needed
- The lab default settings survey will always remain available and can be edited at any time

Status	Survey Title
✓ Completed	Lab Default Settings – Laboratory Default Settings

Edit response

Data Submission Overview

Each week-ending Saturday will have it’s own survey available on the survey queue. New re-reporting weeks will appear on the queue after the week concludes (e.g., the week ending 07/04/26 will appear on 07/05/26). In the new portal, antigen and PCR/Molecular testing data has been combined on to the same page.

- Data is divided up into the following sections:
 - Flu/SARS-CoV-2/RSV PCR/Molecular Testing
 - Respiratory Pathogen PCR/Molecular Testing
 - Group A strep PCR and Antigen Testing
 - Gastrointestinal Pathogen PCR/Molecular Testing
- Data entry fields will only appear for pathogens selected in your default settings.
 - See below for an example of when a pathogen is NOT selected as indicated by the red arrow.
 - To enable additional pathogens, update your **Lab Default Settings**

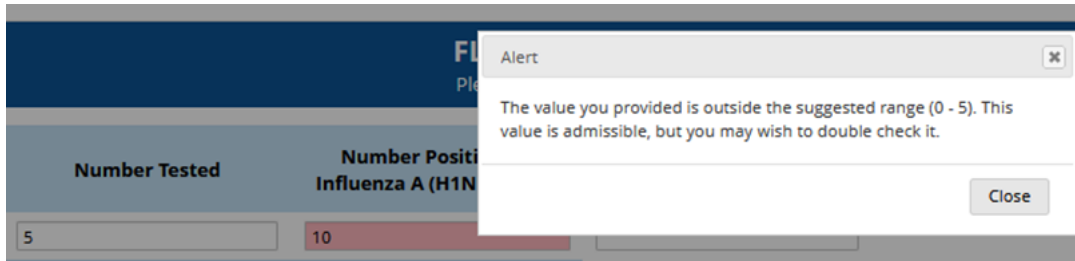
FLU / SARS-CoV-2 / RSV PCR/Molecular Testing

Please report the number of specimens tested and the number positive.

Influenza	Number Tested	Number Positive for Influenza A (H1N1)pdm09	Number Positive for Influenza A (H3)	Number Positive for Influenza A (Test Does not Subtype)	Number Positive for Influenza B

Submission of Laboratory Testing Data (cont'd)

- The following validation checks are in place to ensure data accuracy
 - You will be alerted if the number of positive specimens exceeds the number of specimens tested



- If you are reporting typing results, you will also be alerted if total number of positives exceeds the number of specimens tested.

***** The total number of influenza positives is greater than the number tested! *****

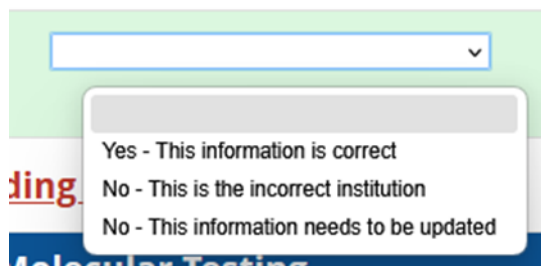
Please double check your data for accuracy!

How to Enter Data

- To enter data, locate the appropriate **“Week-ending Saturday”** for which you wish to report data and click **“Begin Survey.”**
 - A week is defined as Sunday through Saturday.
 - Note: It is critical that you select the correct week ending date!

Status	Survey Title
✓ Completed	Lab Default Settings - Laboratory Default Settings Edit response
Begin survey	Data Reporting for Week Ending - 07/11/26 - Week 2627
Begin survey	Data Reporting for Week Ending - 07/04/26 - Week 2626

- Confirm your institution information:
 - If you select “No-This information needs to be updated”, please provide updated laboratory information when prompted.



Submission of Laboratory Testing Data (cont'd)

- Enter your clinical testing data:
 - Report** the number tested and number positive for each of the listed pathogens for which you perform testing on-site.
 - If you do not perform a test on-site and/or refer specimens to another laboratory**, skip that pathogen section without entering any data.
 - If you normally perform that testing on site, but did not test any specimens** that week, enter zero "0" for the number tested.
 - If you discontinue testing for a season (summer), please notify us so that our data accurately reflects testing in Wisconsin.**

Group A Streptococcus PCR and Antigen Testing

Please report the number of specimens tested and the number positive.

PCR/Molecular Testing	
Number Tested	Number Positive

Antigen Testing	
Number Tested	Number Positive

- Review for accuracy the test(s) that have been pre-marked for your institution.
 - If the marked test(s) are NOT correct, select the appropriate testing method(s) for respiratory and gastrointestinal testing.
 - To update default assay selections, return to the **Lab Default Settings** survey

Gastrointestinal Pathogen PCR Test Used (Please check all that apply):

☐ BioFire FilmArray Gastrointestinal Panel

☒ BD MAX Cdiff

☐ Prodesse ProGastro SSCS (Hologic/GenProbe)

☐ Verigine Enteric Pathogen Test (Nanosphere)

☐ BD MAX Enteric Bacteria Panel

☐ Cepheid Xpert/Xpress

☐ xTAG Gastropathogen Panel PCR (GPP) (Luminex)

☒ Other

- Enter the **name and email address** of the individual submitting the data
- Click "**Submit**" to complete your entry
 - Submitted responses can be reviewed and updated through the survey queue by selecting "Edit Response."
- After submitting data, you will be redirected back to the survey queue. If needed, you can re-report data for another week, by selecting the correct week-ending date and repeating the data entry process.

If you have questions please email WCLN@slh.wisc.edu or call
WSLH customer service at 800-862-1013

Respiratory Pathogen Surveillance

Laboratory-based surveillance for influenza, SARS-CoV-2, and other respiratory pathogens is coordinated by the Wisconsin State Laboratory of Hygiene (WSLH), in collaboration with the Wisconsin Division of Public Health and the Centers for Disease Control and Prevention (CDC). This surveillance network utilizes a combination of laboratory testing data and respiratory specimens submitted to the WSLH for additional surveillance testing and characterization. Requests for influenza positive specimens are modified as the level of influenza activity changes and as other circumstances require. These changes will be communicated in the bi-weekly “Laboratory Surveillance Report” which is posted at the WSLH website (<http://www.slh.wisc.edu/wcln-surveillance/surveillance/>). Requests for other respiratory pathogens are static throughout the year and can be found in Table 3 on page 14.

The following is a description of the contributing elements of the laboratory-based respiratory surveillance plan for Wisconsin:

Data Submissions:



All Sites in Wisconsin performing PCR/molecular testing for respiratory pathogens are asked to submit their testing data on a weekly basis (number tested, number positive) as described in Table 2 found on page 5.

Specimen Submissions:



All Sites: Any Clinical Laboratory in Wisconsin performing testing for respiratory pathogens is requested to submit influenza, SARS-CoV-2, *Legionella* and TB positive specimens to the WSLH. The WSLH requests influenza and SARS-CoV-2 positive specimens from clinical laboratories performing testing using antigen and/or molecular-PCR methods as described in Table 3 (page 14). In addition, these sites are asked to submit isolates or lower respiratory specimens (BAL, Sputum) from patients that test positive for *Legionella* by culture or urine antigen testing, and all TB isolates.



Enrolled Regional Respiratory Surveillance Sites: 17 labs throughout the 5 public health regions of Wisconsin are enrolled as Regional Respiratory Surveillance sites. This surveillance network is designed to provide a consistent and randomized supply of respiratory specimens from all areas of the state. These sites provide the first 3 specimens per week from patients presenting with respiratory symptoms (regardless of initial test results) as described in Table 3 (page 14).



University Health Clinics: This surveillance program is used to monitor respiratory pathogens impacting student health, including influenza, SARS-CoV-2, and adenovirus. University Health sites are requested to submit the first 3 specimens per week from patients presenting with respiratory symptoms (regardless of initial test results) as described in Table 3 (page 14). These specimens are tested at WSLH with an enhanced respiratory pathogen panel.

What Do We Do With These Specimens?

Respiratory surveillance specimens submitted to the WSLH for viral surveillance are tested with the CDC Influenza/SARS-CoV-2 multiplex RT-PCR assay.

Influenza Positive Specimens:

- WSLH performs the CDC influenza A subtyping on all influenza positive specimens received. Subtyping of influenza specimens from around Wisconsin monitors for the emergence of avian and novel influenza in humans.
- Whole genome sequencing is performed on a selection of influenza positive specimens received at the WSLH.
- WSLH submits a selection of influenza positive specimens from around the state to the national influenza surveillance pipeline. Viral culture and whole genome sequencing is performed on these specimens before they are submitted to the CDC.

Detect novel influenza viruses!

Subtyping is important to detect variant or emerging influenza viruses with pandemic potential.



Participate in national influenza surveillance!

CDC uses influenza positive specimens to inform vaccine strain selection and provide vaccine candidates.



SARS-CoV-2 Positive Specimens:

- Whole genome sequencing is performed on SARS-CoV-2 positive specimens received at the WSLH.
- WSLH also submits specimens to the National SARS-CoV-2 Strain Surveillance (NS3) program to enhance national surveillance efforts. This program provides information to guide antiviral recommendations and vaccine selection.

Perform genomic surveillance!

Sequencing is useful to detect novel viral variants, monitor antiviral resistance, and aid in outbreak investigations.



Specimens Negative for Influenza and SARS-CoV-2:

- An enhanced respiratory pathogen panel is performed on a selection of surveillance specimens. This data is submitted to NREVSS and can aid public health personnel in determining which respiratory pathogens are circulating throughout the year.

Monitor for other respiratory pathogens!

Testing with an enhanced respiratory panel provides positivity data for less-commonly tested for respiratory pathogens.



Respiratory Specimens or Isolates from Patients with Legionella:

- These specimens/isolates are cultured and their identity confirmed with PCR. Confirmed positive isolates may undergo whole genome sequencing that can help identify the source of the outbreak.

Respiratory Specimen Submission Instructions:

For each influenza or SARS-CoV-2 positive surveillance specimen submitted, fill out a copy of your customized **respiratory surveillance requisition form** (included with your mailing packet). This form has been updated this season to pre-fill the tests requested/reason for submission section.

For site-specific surveillance programs, please use the associated requisition form when submitting specimens.

These forms are included in your packet and are printed on colored paper for easy identification.

For *Legionella* submissions, please fill out a WSLH General requisition form and check “*Legionella* Culture, Surveillance” (MP00420).

Specimen Collection:

All upper and lower respiratory specimens are acceptable for viral surveillance testing. Upper respiratory specimens should be collected with Dacron or polyester tipped plastic shafted swabs and placed in virus transport medium (VTM).

- Please submit the swab in remaining virus transport medium (if previously tested).
- If the swab was collected and immersed in test reagent, collect a second sample for surveillance testing.

When selecting specimens to submit for influenza surveillance, please prioritize specimens from patients who are hospitalized, have international travel history or have had recent contact with cattle, swine or poultry.

**CATTLE/BOVINE
CONTACT**



**SWINE/PIG
CONTACT**



**AVIAN/POULTRY
CONTACT**



**INTERNATIONAL
TRAVEL**



**HOSPITALIZED
PATIENTS**



**INFLUENZA A
UNSUBTYPABLE
(Ct < 35)**



Any clinical specimen that produces a positive result for influenza A by PCR, but fails to subtype as H3 or (H1N1)pdm09, has the potential to be a novel strain of influenza virus. **Repeat Testing is recommended in these situations.** If the influenza A specimen fails to subtype after repeat testing **AND** the influenza A Ct is <35, please send the sample to the WSLH for further testing.

Specimen Submission and Supplies

Requisition forms and supplies for collecting and shipping surveillance specimens are provided at **NO COST** and can be requested at 800-862-1088. Transport to the WSLH and testing of surveillance specimens is available at **NO COST** when you send specimens using **Purple Mountain Solutions**. Detailed shipping instructions can be found on pages 26-28 of this packet.

Wisconsin State
Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON
2501 Agriculture Dr, Madison, WI 53718

CDD Customer Service
Phone: 800-862-1013
Kits and Supplies: 800-862-1088

RESPIRATORY SURVEILLANCE
Requisition Form
Version 4, revised 7/2026

****Please submit influenza and SARS-CoV-2 positive specimens per WSLH request****

Patient Information		Submitter Information	
Name (Last, First):		(Your Institution's Agency Number If Known)	
Address:		(Your Institution's Name)	
City:	State:	Zip:	(Your Institution's Address)
Date of Birth:	Gender: M F	(City, State, Zip)	
Occupation:		(Telephone Number)	
Your Patient ID Number (optional):		Health Care Provider Full Name:	
Your Specimen ID Number (optional):		Institution ID:	
Date Collected:		Specimen Type: ☐ Other	
☐ Previously Frozen		☐ Combined Throat/Nasopharynx Swab ☐ Nasopharynx Swab (in VTM)	
		☐ Throat Swab (in VTM) ☐ Nasal Swab (in VTM)	
Additional Information:			
Hospitalized? ☐ Yes ☐ No ☐ Unknown ☐ Hospitalized - ICU			
☐ Travel history (within 10 days of onset) (Places & Dates):			
☐ Swine contact ☐ Avian contact ☐ Bovine contact ☐ Unsubtypable (Ct < 35)			
Test Requested: ☒ VR01754 Influenza and SARS-CoV-2 Multiplex rRT-PCR			
*A selection of these specimens will also be tested with a Respiratory pathogen panel. For details, refer to the WSLH surveillance plan at: www.sls.wisc.edu/wslh-surveillance/surveillance .			
Your Test Results			
Influenza A	Influenza B	SARS-CoV-2	RSV
☐ Positive	☐ Positive	☐ Positive	☐ Positive
☐ Negative	☐ Negative	☐ Negative	☐ Negative
☐ Not Tested	☐ Not Tested	☐ Not Tested	☐ Not Tested
Please mark the test methodology used: ☐ PCR/NAAT ☐ Antigen Detection			
Please mark the test kit used:			
☐ Abbot BinaxNOW	☐ GenMark Dx ePlex	☐ Quidel QuickVue	
☐ Abbot ID NOW	☐ Hologic Panther/Panther Fusion	☐ Quidel Sofia	
☐ Abbot RealTime	☐ Hologic ProFAST ProFu	☐ Quidel Sofia	
☐ BD Max	☐ Lumineer Verigene	☐ Roche Cobas	
☐ BD Veritor	☐ McKesson Connubi	☐ Roche Cobas Liat	
☐ BioFire FilmArray	☐ Mesa Accula	☐ ThermoFisher TaqPath	
☐ Cepheid Xpert/Xpress	☐ QSOX	☐ ThermoFisher Xpert	
☐ DiaSorin Simplexa	☐ Quanta QIAstat	☐ Other (specify):	

UPDATED

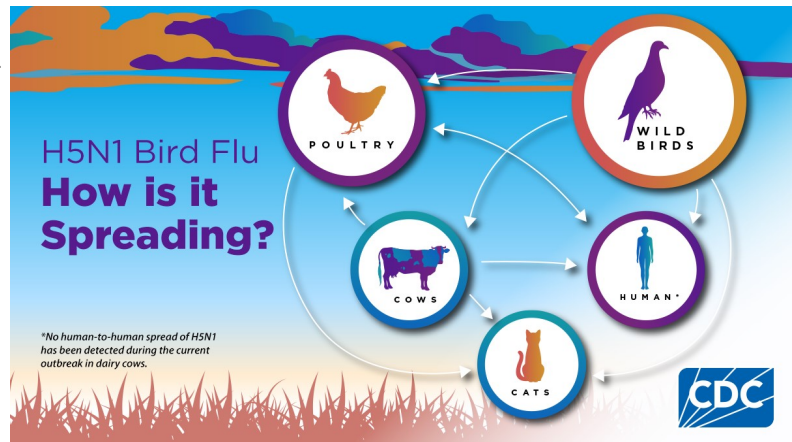
Table 3: Respiratory Specimen Submission Requests

Pathogen Specific Respiratory Surveillance		
Influenza Surveillance		
Submitter Testing Method:	Season	
	Off Season (June-October)	Influenza Season (Winter/Spring*)
PCR/Molecular OR Antigen	<u>ALL</u> influenza positive specimens	One influenza-related hospitalization per week AND Unsubtypable influenza A positives (If subtyping is attempted, Ct < 35) AND Influenza A positive specimens with: • International travel history • Bovine, swine or avian exposure
SARS-CoV-2 Surveillance		
PCR/Molecular OR Antigen	Five positive SARS-CoV-2 samples per week for genomic surveillance	
Legionella Surveillance		
Culture, PCR OR Urine Antigen	Specimens from all <i>Legionella</i> positive patients: • Sputum or BAL from Urine Antigen positive patients (NOT URINE) • Isolates	
Mycobacteria Surveillance		
The WSLH requests that clinical laboratories submit one <i>Mycobacterium tuberculosis</i> complex (MTBC) isolate from each patient identified as having a MTBC infection.		
Site Specific Respiratory Surveillance		
University Health	The first 3 respiratory specimens per week from symptomatic patients (regardless of initial test results, all year round)	
Regional Surveillance	The first 3 respiratory specimens per week from symptomatic patients (regardless of initial test results, all year round)	

*Refer to the WSLH bi-weekly "Laboratory Surveillance Report" for current influenza activity in Wisconsin

Avian Influenza Update

Since 2022, Influenza A(H5N1) has been circulating in wild birds worldwide, including in North America. This strain has caused outbreaks in poultry flocks and dairy cattle herds across the U.S. In addition, H5N1 has also been identified in numerous other mammal species, including humans. Since February 2024, the CDC (Centers for Disease Control and Prevention) has confirmed 71 human influenza A (H5N1) infections in the U.S., including two fatalities. To date, there has been one case of avian influenza in a Wisconsin resident, and one detection in a dairy herd in the state of Wisconsin.

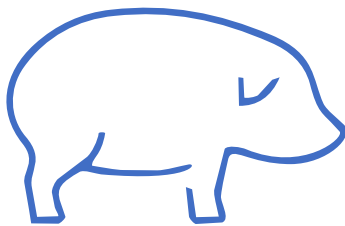


There have been no reports of human-to-human spread of avian viruses as of August 2026. Although CDC's Risk Assessment for the general population remains LOW, additional precautions are being taken to enhance influenza surveillance across the country. People who have close contact with poultry or dairy cattle infected with H5N1 are at increased risk of infection.

For Additional Information:

- <https://www.cdc.gov/bird-flu/situation-summary/index.html>
- <https://www.slh.wisc.edu/clinical/diseases/h5n1-highly-pathogenic-avian-influenza-update/>

Influenza A Swine Variant Viruses



Influenza viruses normally circulate in pigs and are referred to as swine influenza viruses. Influenza viruses from swine normally do not infect humans; however, cases do occur sporadically in humans and are typically associated with close contact with infected pigs. The majority of cases have occurred in children. When one of these swine influenza viruses infects a human it is termed a **variant** influenza virus. These variant viruses are denoted with a "v" at the end of the name (e.g. H1N1v, H1N2v and H3N2v).

There have been no reports of sustained human-to-human spread of swine variant viruses. Although CDC's Risk Assessment for the general population remains LOW, additional precautions are being taken to enhance influenza surveillance across the country. People who have exposure to infected swine are at increased risk of infection.

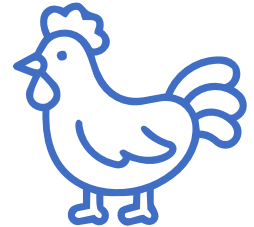
The CDC has many guidance documents and information pertaining to variant influenza viruses on its website: <http://www.cdc.gov/flu/swineflu/variant.htm>

Testing for Avian/Swine Variant Viruses

In-house testing, including rapid influenza diagnostic tests to identify influenza A, are discouraged for samples from patients with known contact with affected birds or dairy cattle. Specimens should be sent to the Wisconsin State Laboratory of Hygiene (WSLH) for testing.

Clinicians who suspect influenza virus infection in symptomatic patients with known exposure to the following should contact the **Wisconsin Division of Public Health**

- **Ill or dying animals or their products**
- **Confirmed H5N1 positive flock/herd**
- **Person with a probable or confirmed case of H5N1**
- **Exposure to swine or cattle**



To obtain approval for testing, contact Wisconsin Respiratory Epidemiologists at:

- Email — dhsrespiratoryvirus@dhs.wisconsin.gov
- Weekdays during business hours — PH: 608-267-9003
- After-hours — PH: 608-258-0099. Ask for “the communicable disease epidemiologist on-call”.

Specimen Collection and Submission:

- Collect **one nasopharyngeal (NP) swab** or other respiratory specimen types as described in the DHS memo below. Place in a tube of viral transport medium (VTM).
 - <https://www.dhs.wisconsin.gov/dph/memos/communicable-diseases/2026-06-bcd-influenza.pdf>
- For patients with **conjunctivitis**, additionally, obtain a conjunctival swab and place in a tube of VTM.
 - Use swabs with a Dacron or polyester tip with an aluminum or plastic shaft.
- For patients with lower respiratory illness, collect a lower respiratory tract specimen (e.g. BAL).
- After gaining approval from WDPH, an “Enhanced Surveillance” requisition form should be requested from the WSLH, and filled out for each submitted specimen.
 - **Please check “Avian Influenza Suspect” or “Swine Contact” under reason for submission.**
- Specimens can be transported to the WSLH by a carrier of your choice, or at NO COST when using Purple Mountain Solutions.
 - Detailed shipping instructions can be found on pages 26-28 of this packet.

****Please contact the WSLH Customer Service Department at 800-862-1013 with questions.****

Wisconsin Mycobacteriology Surveillance

WSLH leads the state-wide surveillance and antimicrobial susceptibility testing program for *Mycobacterium tuberculosis* complex (MTBC) specimens identified in Wisconsin, with the support of the WI Mycobacteriology Laboratory Network (WMLN). The WMLN was developed in 1998 with a goal to assure excellence in TB laboratory testing, support TB control efforts by the WI Tuberculosis Program through the state Division of Public Health, and drive surveillance for non-tuberculous mycobacteria (NTM) identified among WI residents. The WMLN provides a laboratory-based mechanism for monitoring the incidence of *M. tuberculosis* isolation and drug resistance rates and works to ensure that mycobacteriology testing in Wisconsin is meeting the needs of Wisconsin residents.



Mycobacterium Tuberculosis Complex (MTBC) Surveillance:

- The WSLH requests that clinical laboratories submit one MTBC isolate from each patient identified as having a MTBC infection.
 - WSLH performs rapid rifampin susceptibility testing and phenotypic susceptibility testing for first-line MTBC antimicrobials and moxifloxacin on one isolate from each patient. Whole-genome sequencing for MTBC speciation and first-line susceptibility prediction will begin in the second half of 2026.
 - In conjunction with the WI TB Program, WSLH ensures that any additional susceptibility testing necessary will be performed at the Centers for Disease Control and Prevention or one of our other national partner laboratories.
 - WSLH performs genotyping on one isolate from each MTBC-positive patient. Genotype data, coupled with the CDC Tuberculosis Genotyping Information Management System (TB-GIMS), helps identify state- and nation-wide TB transmission links.
 - WSLH provides a state repository for MTBC isolates for the purpose of universal drug susceptibility testing and genotyping.

Non-Tuberculous Mycobacteria Surveillance:

- WSLH organizes surveillance for non-tuberculous mycobacteria (NTM) identified from Wisconsin residents.
 - WSLH requests that all clinical laboratories performing mycobacteria testing (AFB smear/culture, mycobacteria-specific NAAT testing, mycobacterial identification) submit NTM isolation **data** to the WMLN Coordinator annually.
 - WSLH generates an annual NTM isolation report which is distributed to network members and state and local public health departments.
 - Clinical laboratories interested in participating in NTM surveillance or receiving the annual WMLN Mycobacteria Surveillance Report can contact WSLH at 800-862-1013.

Specimen Submissions:

Specimen submission instructions:

WSLH requests that clinical laboratories submit MTBC isolates for universal drug susceptibility testing and genotyping. **MTBC isolates MUST be submitted using Category A packaging and shipping requirements.**

- Fill out a **WSLH General Requisition Form** with each specimen submitted
 - For isolates for which susceptibility testing **has not been performed** at another reference laboratory, please select test *M. tuberculosis* Susceptibility: 1st- Line Drugs [MM00204].
 - For isolates for which susceptibility testing **has already been performed and reported to WI DHS/WI TB Program**, please select test *M. tuberculosis* genotyping [MM02881].
- Specimen requisition forms and supplies for shipping surveillance specimens are provided at **NO COST** and can be requested at 800-862-1088.
- Transport to the WSLH is available at **NO COST** when you send specimens using **Purple Mountain Solutions**. Detailed shipping instructions can be found on pages 26-28.

MYCOBACTERIOLOGY		
☐	Mycobacteria (AFB) Smear AND Culture	MM00250
☐	Mycobacteria Isolate Identification	MM00253
☐	<i>M. avium</i> complex (MAC) Susceptibility	MM00202
☐	<i>M. tuberculosis</i> complex Genotyping	MM02881
☐	<i>M. tuberculosis</i> complex Susceptibility: 1st Line Drugs	MM00204
☐	<i>M. tuberculosis</i> complex PCR DECONTAMINATED? ☐ YES ☐ NO	MM00256
	SMEAR RESULT:	
☐	<i>M. avium</i> complex (MAC) PCR DECONTAMINATED? ☐ YES ☐ NO	MM00260
	SMEAR RESULT:	

[illegible]

Wisconsin Enteric Pathogen Surveillance

The WSLH requests that clinical laboratories submit isolates, enrichment broths, or stools specimens in enteric transport medium that test positive by culture-independent diagnostic test (CIDT). These specimens undergo additional testing, including whole-genome sequencing to generate data essential for detecting and responding to clusters and outbreaks of enteric pathogens in Wisconsin. The resulting laboratory data enables epidemiologists at the WDPH to rapidly identify links to potential food and environmental sources.



Specimen submission instructions:

WSLH requests that clinical laboratories submit the pathogens listed in Table 4 **As Detected**.

- Fill out a **WSLH General requisition form** with each specimen submitted:
 - For all enteric submissions, indicate the **Organism(s) Suspected**, whether a CIDT (Culture independent diagnostic test) was used and the ID method performed.
 - For isolates, select **Bacterial ID, Enteric**
 - For Stool, select **Stool Culture, Routine**
- Specimen requisition forms and supplies for shipping surveillance specimens are provided at **NO COST** and can be requested at 800-862-1088.
- Transport to the WSLH is available at **NO COST** when you send specimens using **Purple Mountain Solutions**. Detailed shipping instructions can be found on pages 26-28.

BACTERIOLOGY

ID & CHARACTERIZATION

- ☐ Shiga Toxin PCR MP00545
- ☐ Shiga Toxin EIA MP00549
- ☐ Legionella Diagnostic PCR MP00441
- ☐ Legionella Culture, Diagnostic MP00420
- ☐ Legionella Culture, Surveillance

ORGANISM SUSPECTED

CIDT: ☐ YES ☐ NO ID METHOD:

- ☐ Stool Culture, Routine
- ☐ Bacterial ID, Enteric
- ☐ Bacterial ID, Non-Enteric

Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

Erin C. Rice, PhD, DABMHL, WASEPCMH
Director of Clinical Laboratory Services
2601 Agriculture Dr., Madison, WI 53718
http://www.dh.wisconsin.edu Version 2/27/2024

CID Customer Service
Phone: 800-862-1013
Fax: 844-390-6233
WTS/Supplies: 800-862-1088

Communicable Disease Division
General Requisition Form
2 - SUBMITTING INSTITUTION

1 - PATIENT INFORMATION* (*) REQUIRED INFORMATION FOR ALL TESTS

LAST NAME* FIRST NAME* MI DATE OF BIRTH* MM/DD/YYYY

SEX* ☐ MALE (M) ☐ FEMALE (F)

RACE ☐ American Indian ☐ Asian ☐ Black or African American ☐ Pacific Islander ☐ White ☐ Other, Specify

ETHNICITY ☐ Hispanic OR Latino ☐ Not Hispanic or Latino

PATIENT ADDRESS CITY STATE ZIP

CHARID/PATIENT ID CLINICIAN* NPI #

4 - SPECIMEN COLLECTION TYPE/SOURCE* ☐ Blood, Whole ☐ Stool, Cary-Blair/ETM ☐ Stool, Other

☐ Cerebrospinal Fluid (CSF) ☐ Swab ☐ STool PRESERVATIVE

COLLECTION DATE/TIME* SWAB SOURCE ☐ LESION (NUMBER) ☐ YES ☐ NO

SUBMITTER SPECIMEN ID* ☐ Serum ☐ ACUTE ☐ Tissue ☐ Tissue SOURCE

☐ Other Type/Source (specify) ☐ Slide/Smear ☐ Urine ☐ Wash/Aspirate

OTHER TYPE/SOURCE NOT LISTED ☐ Sputum ☐ SLIDE/SMEAR SOURCE ☐ WASH/ASPIRATE SOURCE

5 - CLINICAL & EPIDEMIOLOGICAL INFORMATION

☐ Fever ☐ Diarrhea ☐ Nasal Discharge ☐ Relevant Vaccination ☐ Travels ☐ YES ☐ NO ☐ HOSPITALIZED ☐ POSTMORTEM ☐ PREGNANT

☐ Headache ☐ Vomiting ☐ Conjunctivitis ☐ Rash ☐ Sore Throat ☐ VACCINATION TYPE ☐ TRAVEL LOCATION ☐ OUTBREAK

☐ Arthralgia ☐ Lesion ☐ Cough

DATE OF ONSET SYMPTOMS DATE OF EXPOSURE VACCINATION DATE TRAVEL DATES

6 - TEST SELECTION* SEE THE TEST DIRECTORY FOR FULL LIST & REQUIREMENTS: <https://www.dh.wisconsin.edu/TestDirectory>

☐ H. influenzae PCR MP00051 ☐ Mycobacteria (MAB) Smear AND Culture MM00250

☐ H. meningitidis PCR MP00051 ☐ Mycobacteria Isolate Identification MM00251

☐ Bordetella PCR MP00311 ☐ M. avium complex (MAC) Susceptibility MM00252

☐ Shiga Toxin PCR MP00545 ☐ M. tuberculosis complex Genotyping MM00253

☐ Shiga Toxin EIA MP00549 ☐ M. tuberculosis complex Susceptibility: ☐ var Line Strip ☐ MM00254

☐ Legionella Diagnostic PCR MP00441 ☐ M. tuberculosis complex PCR DECONTAMINATED? ☐ YES ☐ NO ☐ SHERA RESULT: ☐ MM00256

☐ Legionella Culture, Diagnostic MP00420 ☐ M. avium complex (MAC) PCR DECONTAMINATED? ☐ YES ☐ NO ☐ SHERA RESULT: ☐ MM00260

☐ Legionella Culture, Surveillance ☐ HIV-1/HIV-2 Diagnostic Algorithm S000095

☐ B. anthracis PCR MP00051 ☐ HIV-1 Prostate DNA PCR - CALL PRIOR TO SENDING S000096

☐ B. anthracis Culture, Diagnostic MP00051 ☐ Chlamydia AND Gonorrhea TMA SC00111

☐ B. anthracis Culture, Surveillance MP00051 ☐ Chlamydia trachomatis ONLY SC00128

☐ B. anthracis Culture, Surveillance MP00051 ☐ Chlamydia pneumoniae ONLY SC00129

☐ B. anthracis Culture, Surveillance MP00051 ☐ Trichomonas vaginalis TMA SC00201

☐ B. anthracis Culture, Surveillance MP00051 ☐ Mycoplasma genitalium TMA SC00300

☐ B. anthracis Culture, Surveillance MP00051 ☐ Herpes Simplex Virus 1 & 2 TMA - LESION SC01766

7 - SELECT AGENT ☐ Suspect Select Agent

8 - SYMPTOMS ☐ Patient History of Syphilis: ☐ YES ☐ NO

☐ Syphilis Diagnostic Algorithm S002016

☐ Syphilis VDRL ONLY, Post Treatment S002019

☐ Syphilis CSF VDRL ONLY (Neurosyphilis) S002018

OTHER TESTS (RECEIVE):

9 - COMPLETE SECTION 5 - SYMPTOMS, ONSET, & TRAVEL

Acute/Chronic RT-PCR (2019/2020) S002310

Acute/Chronic IgM Antibody Panel S00201

Dengue Fever IgM, Serology S002272

10 - COMPLETE SECTION 5 - SYMPTOMS, ONSET, & TRAVEL

Acute/Chronic RT-PCR (2019/2020) S002310

Acute/Chronic IgM Antibody Panel S00201

Dengue Fever IgM, Serology S002272

Wisconsin Enteric Pathogen Surveillance Submissions

Table 4. Enteric Pathogen Specimen Submissions

Pathogen	Specimen Type	Testing Performed at WSLH
<i>Campylobacter</i> species	Isolates or stool	Identification, antimicrobial susceptibility testing and molecular subtyping (WGS) will be performed as necessary
Enterohemorrhagic/Shiga Toxin-Producing <i>E. coli</i> (EHEC/STEC)	Isolates, stool or enrichment broth	Identification, serotyping and molecular subtyping (WGS)
<i>Salmonella</i> species	Isolates or stool	Identification, serotyping, antimicrobial susceptibility testing and molecular subtyping (WGS)
<i>Shigella</i> species and Enteroinvasive <i>E.coli</i> (EIEC)	Isolates or stool	<i>Shigella</i> identification, serogrouping, antimicrobial susceptibility testing, and molecular subtyping
<i>Vibrio</i> Species	Isolates or stool	Identification and referral to CDC
<i>Yersinia</i> species	Isolates or stool	Identification
<i>Cyclospora cayetanensis</i>	Stool	Molecular subtyping and/or referral to CDC
Rotavirus	Stool	<u>One positive per week</u> for molecular subtyping/genotyping (performed at CDC)

- Stools specimens should be submitted in an enteric transport media such as Cary Blair.
- Isolates of enteric pathogens from any source are requested.
- Consult with the Wisconsin Division of Public Health Foodborne Disease Epidemiologists to inquire about testing of any other organisms that are suspected of being in a cluster or outbreak of public health significance.

Antimicrobial Resistance Monitoring



The WSLH is the Midwest Regional Laboratory for the CDC-coordinated Antimicrobial Resistance Laboratory Network (AR Lab Network). The overarching goal of AR Lab Network testing is rapid identification and containment of resistant pathogens. Data compiled from the AR Lab Network is shared with CDC and Wisconsin Clinical Laboratory Network partners. A summary can be found on pages 35-38.

Specimen Submission instructions:

WSLH requests that clinical laboratories submit the isolated pathogens listed in Table 5.

- One isolate per patient with the same organism and mechanism will be tested per 12 month period.
- If more than one isolate per patient is received at the same time, the more invasive isolate will be tested.
- If your facility performs carbapenemase testing (e.g., mCIM, Carba-NP®, NG CARBA 5®, Ce-pheid CARBA-R®) on Enterobacterales and *Pseudomonas aeruginosa* isolates, only submit isolates that test positive for a carbapenemase.

Please fill out a **WSLH ARLN Requisition form** with each isolate submitted and include:

- AST results and any relevant phenotypic or molecular test results.
- Specimen requisition forms and supplies for shipping surveillance specimens are provided at **NO COST** and can be requested at 800-862-1088.
- Transport to the WSLH is available at **NO COST** when you send specimens using **Purple Mountain Solutions**. Detailed shipping instructions can be found on pages 26-28.

WSLH WISCONSIN STATE LABORATORY OF HYGIENE		2601 Agriculture Dr Madison, WI 53718 800-862-1013		Antimicrobial Resistant Isolate Characterization Version 2 (06/2024)	
Patient Information				Submitter Information	
Name (Last, First):				Telephone Number:	
Address:				Laboratory Contact Name:	
City: State: Zip:				Submitter CLIA or NPI Number (facility):	
Date of Birth: Gender: M F				WSLH Use Only	
Your Patient ID Number:				Study: ARLN CRE/CRPA/CANDIDA	
Your Specimen ID Number:					
OC Result Report to:					
Originating Facility (where specimen was collected):					
Name: _____					
City and Zip Code: _____					
Results and Tests Performed in Your Laboratory:					
☐ OXA	☐ Negative	☐ Positive	☐ Carba-NP	☐ Negative	☐ Positive
☐ IMP	☐ Negative	☐ Positive	☐ mCIM	☐ Negative	☐ Positive
☐ KPC	☐ Negative	☐ Positive	☐ Other (specify): _____		
☐ VIM	☐ Negative	☐ Positive	☐ Negative ☐ Positive		
☐ NDM	☐ Negative	☐ Positive			
Organism (Your Test Results):					
☐ Acinetobacter baumannii			☐ Klebsiella pneumoniae		
☐ Candida (species: _____)			☐ Klebsiella oxytoca		
☐ Enterobacter (species: _____)			☐ Pseudomonas aeruginosa		
☐ Escherichia coli			☐ Other (specify): _____		
Date Collected: _____			Specimen Type: _____		
Time Collected: _____			☐ Isolate, source: _____		
Please include AST Results performed at your laboratory with the specimen					
WSLH Test Request:					
☐ MP00580 Bacterial Characterization			☐ MP00900 Fungal Characterization		
☐ MP00696 Aztreonam-Avibactam (ExAST)					
(Prior approval required)					
WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY					

Antimicrobial Resistance Specimen Submissions

Table 5. Antimicrobial Resistance Specimen Submissions		
Pathogen	Resistance Traits	Testing Performed at WSLH
<i>Candida auris</i>	N/A	• Identification • Molecular subtyping • Antimicrobial susceptibility testing (AST) performed on invasive and urine isolates. Other isolates upon request
Pan-resistant organisms	Resistant to all drugs tested in your laboratory	Identification, AST, AR-targeted PCR and referral to CDC as necessary
<i>Enterobacterales</i>	Resistant to any carbapenem (CRE)*	Identification, carbapenemase screen, AST, AR-targeted PCR, and molecular subtyping
<i>Staphylococcus aureus</i>	Non-susceptible to vancomycin (VRSA)	Identification, AST and referral to CDC as necessary
<i>Pseudomonas aeruginosa</i> **	• Resistant to carbapenem other than ertapenem AND • Non-susceptible to cefepime and/or ceftazidime OR • Resistant to ceftolozane/tazobactam	Identification, AST, carbapenemase screen, AR-targeted PCR and molecular subtyping
<i>Acinetobacter baumannii</i>	Resistant to any carbapenem (CRAB)	Identification, AST, AR-targeted PCR and molecular subtyping
<i>Aspergillus fumigatus</i> isolates from invasive infections	N/A	Isolates will be forwarded to the Maryland Department of Health for surveillance of azole resistance

Antimicrobial susceptibility testing will be performed on a subset of isolates with results being shared with CDC.

*Exception: *Proteus* spp., *Providencia* spp., and *Morganella* spp. that are resistant to imipenem only but are not resistant to meropenem or doripenem. These isolates may have elevated imipenem MICs by mechanisms other than production of carbapenemases. These isolates will also be susceptible to other beta-lactams.

**Exception: Do not submit resistant *Pseudomonas aeruginosa* isolates from cystic fibrosis patients or mucoid isolates due to difficulties in testing.

Wisconsin Invasive Pathogen Surveillance

The Wisconsin Invasive Pathogen Surveillance program is a partnership between WSLH and other public health and clinical partners, and monitors invasive infections in the state. The WSLH requests the submission of isolates and specimens of invasive pathogens listed in Table 6 **As Detected**.



Specimen submission instructions:

Isolates should be from **sterile body sites** (CSF, Blood, etc...).

- In the absence of an isolate, please submit CSF specimens which have been determined to contain these pathogens by a culture-independent diagnostic test (CIDT).
- If the specimen is an isolate, please indicate the source (CSF, Blood, etc...).
- For **invasive bacterial** submissions, Please fill out a WSLH

General requisition with each specimen submitted and indicate the pathogen isolated/detected.

- Place a check mark next to the pathogen detected or isolated.

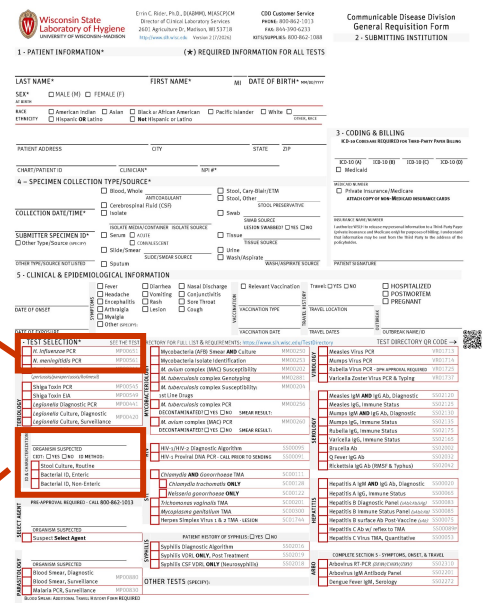
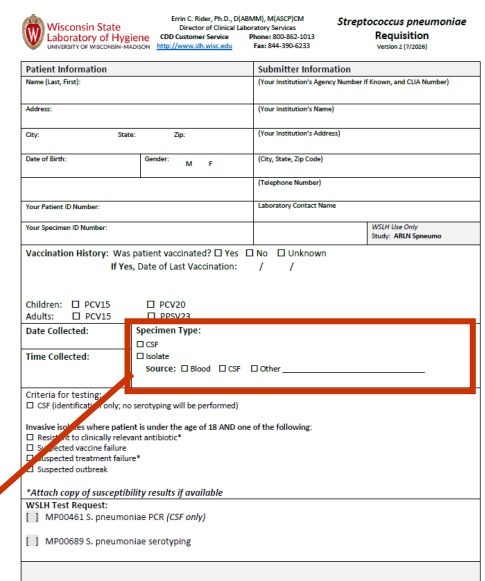
☐	<i>H. influenzae</i> PCR	MP00651
☐	<i>N. meningitidis</i> PCR	MP00561

- For *Listeria monocytogenes* isolates, please select **Bacterial ID, Non-Enteric**,

ID & CHARACTERIZATION	ORGANISM SUSPECTED
	CIDT: ☐ YES ☐ NO ID METHOD:
	☐ Stool Culture, Routine
	☐ Bacterial ID, Enteric
	☐ Bacterial ID, Non-Enteric

- For ***Streptococcus pneumoniae*** specimens, please fill out the *Streptococcus pneumoniae* Requisition form (included with your mailing packet). Attach a copy of the susceptibility results if available.
- Check the appropriate specimen type:
- If submitting an isolate, indicate the source (must be a sterile body site)

Specimen Type:	
☐ CSF	
☐ Isolate	
Source: ☐ Blood ☐ CSF ☐ Other _____	

Wisconsin Invasive Pathogen Surveillance Submissions

- Select one or more criteria for testing (REQUIRED)

☐ CSF (identification only; no serotyping will be performed)

Invasive isolates where patient is under the age of 18 AND one of the following:

- ☐ Resistant to clinically relevant antibiotic*
- ☐ Suspected vaccine failure
- ☐ Suspected treatment failure*
- ☐ Suspected outbreak

- At the bottom of the page, indicate the testing being requested.
- Specimen requisition forms and supplies for shipping surveillance specimens are provided at **NO COST** and can be requested at 800-862-1088.
- Transport to the WSLH is available at **NO COST** when you send specimens using **Purple Mountain Solutions**. Detailed shipping instructions can be found on pages 26-28.

Table 6. Invasive Pathogen Specimen Submission Requests

Pathogen	Specimen Type	Testing Performed at WSLH
<i>Haemophilus influenzae</i>	Isolates or CSF	Identification and serotyping
<i>Listeria monocytogenes</i>	Isolates	Identification and molecular subtyping (WGS)
<i>Neisseria meningitidis</i>	Isolates or CSF	Identification, antimicrobial susceptibility testing and serogrouping
<i>Streptococcus pneumoniae</i>	Isolates or CSF	Identification, antimicrobial susceptibility testing and serotyping performed on: - CSF (Identification PCR only) Invasive isolates on patients <18 years: - CSF isolates - Non-CSF invasive isolates that are: - Non-susceptible to clinically relevant antibiotics - Suspected vaccine failure - Suspected treatment failure - Outbreak related isolates

UPDATED

Other Pathogens of Public Health Significance

WSLH also requests the following specimens for state-wide surveillance purposes. These specimens help to monitor circulating strains, monitor cases of vector-borne diseases in our state and identify potential outbreaks or emerging pathogens. Please submit the organisms listed in Table 7 As Detected.

Specimen Submission instructions:

- Please fill out a WSLH General requisition form with each specimen submitted.
 - Indicate the pathogen detected in the “Other Tests” field in the bottom right.
- Specimen requisition forms and supplies for shipping surveillance specimens are provided at **NO COST** and can be requested at 800-862-1088.
- Transport to the WSLH is available at **NO COST** when you send specimens using **Purple Mountain Solutions**. Detailed shipping instructions can be found on pages 26-28.

Table 7. Other Pathogens of Public Health Significance Submission Requests

Pathogen	Specimen Type	Testing Performed at WSLH
<i>Blastomyces</i>	Isolates	Species identification
<i>Cronobacter</i> spp.	Isolates from infants	Identification and molecular subtyping (WGS)
<i>Ehrlichia</i> (species unknown)	Residual blood and/or nucleic acid	Forwarded to CDC for species identification (if speciation not available at your lab)
Enterovirus	CSF	Molecular typing
Hepatitis C Virus	Serum	All new positives, molecular subtyping (WGS)
Malaria	Positive thick and thin blood smears and residual EDTA blood	Species confirmation via microscopy and PCR.
Other organisms suspected of being part of a cluster or outbreak of public health significance	Isolates or specimens	Consult with Wisconsin Division of Public Health Epidemiologists to inquire about testing (608-267-9003)

Shipment of Specimens

Order Supplies:

Specimen collection and shipping supplies including:

- Requisition sheets
- Specimen collection kits
- Mailers and ice packs



Supplies are available at **NO COST** for surveillance submissions. Please contact the WSLH Clinical Orders department at **800-862-1088** or to order supplies.

Shipping Resources

Guidance and training materials for the shipping of category B biological substances can be found on the WSLH website: www.slh.wisc.edu/clinical/diseases/packaging-and-shipping/

Mycobacterium tuberculosis complex (MTBC) isolates MUST be submitted using Category A packaging and shipping requirements. Guidance for shipping Category A can be found on the Department of Transportation website: www.phmsa.dot.gov/

Category B Specimen Packaging:

If classified as Category B, specimens should be triple packaged and shipped as:

“Biological substance, Category B / UN 3373”

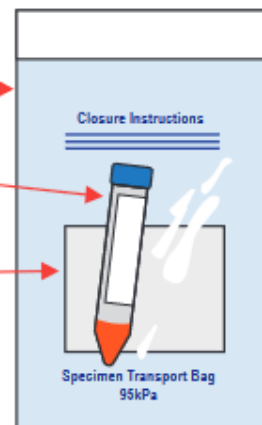
- Label each specimen with patient name (First and Last) and date of birth, and the specimen source.
- Ensure the specimen cap is on tight and the specimen is not leaking.
- Securely tape the cap of the specimen container, and wrap specimen with absorbent material.
- Place the specimen vial into a biohazard bag.

Secondary Packaging

Biohazard or 95kPa specimen bag

Primary Receptacle

Absorbent material



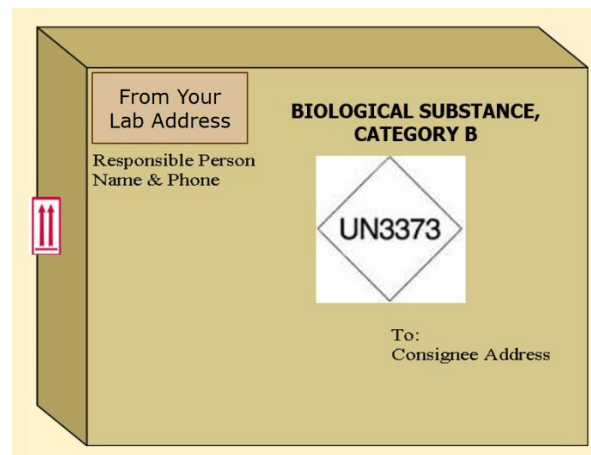
- Place the completed requisition form into the **outer** sleeve of the bag.
- Place the bagged specimen and form in the Styrofoam mailer with a **frozen** cold pack and cushioning.
- Replace lid on the Styrofoam box. Close and securely tape the cardboard box shut.

Shipment of Specimens (Cont'd)

- Attach the WSLH address label to the package:

Wisconsin State Lab of Hygiene
Specimen Receiving, Communicable Disease Division
2601 Agriculture Drive
Madison, WI 53718

- Attach the “*Biological substance, Category B / UN 3373*” label to the package.
- Attach your return address label
- **Include the name and telephone number** of the person who knows the content of the package (**REQUIRED**)



Shipping Arrangements:

Transport of surveillance specimens requested in this booklet is available at **NO COST** when you send specimens using **Purple Mountain Solutions** (<https://purplemountainsolutions.com/>)

- The WSLH has a contract with Purple Mountain Solutions for shipment of specimens to the WSLH, with charges billed to the WSLH.
 - This account is for surveillance specimens or other specimens requested by WSLH. Funding is not available for transport of other samples.
 - You are not required to ship via Purple Mountain Solutions, only if you wish to have the transport charges billed to the WSLH.
- **Visit the e-courier Online Portal to schedule a pick-up.** Orders must be placed by noon for same day pickup.
 - Instructions for using the e-courier online portal can be found on page 28 of this booklet.
- Specimens will be picked up during regular working hours (Monday through Friday), but you must confirm the time with Purple Mountain Solutions.
 - Specimens will be delivered to the WSLH the following day. **Ensure to include enough coolant to preserve items during shipment.**
- All package preparation should be completed before the courier arrives.
- Same day delivery may be available for specific high priority specimens. However, **pre-approval from WSLH is necessary for same day delivery.**



e-Courier Online Portal—Quick Guide

Login & Default Screen

- Go to: <https://portal.e-courier.com/login?tenantId=sTq0tBha8WUIA9N9Z8HWa>
- Enter your Username and Password.
- After login, you will land on **Track Order (default screen)**.
 - Use to look up existing orders and view status on the map.

Place an Order

- Select **Place Order** from the left navigation.

Caller Information:

- Enter **Name**, **Phone**, and optional **Email**.
- **Do NOT change Order Ready By date/time**.
 - Before 12:00 PM → same-day pickup
 - After 12:00 PM → next service day

Pickup & Delivery

- **Pickup address** auto-populates from your account.
- **Delivery address** is preset to **CDD**.

Service Items

- **Service Type:** Contract (default)
 - **Package Type:** Box (if applicable)
 - **Pieces:** Number of boxes
 - **Weight:** Estimated total weight
 - **Vehicle:** Leave default
 - **Description:** **✗** Never enter HIPAA-protected or patient data
- Click the **Place This Order** button on the bottom of the screen.

Order Confirmation, Labeling, & Pickup

- Confirm your **Order Number**.
- Print **one shipping label per box**.
- Do not adjust label settings.

Labeling

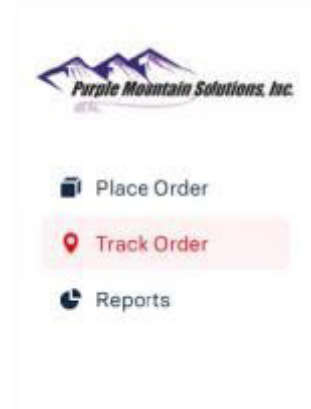
- Apply labels to a flat surface.
- Do not tape over barcodes & keep barcodes fully visible.

Pickup

- Stage sealed, labeled packages together.
- Keep labels visible and accessible.
- Pickup window: **12:30 PM – 6:00 PM** (varies by day)

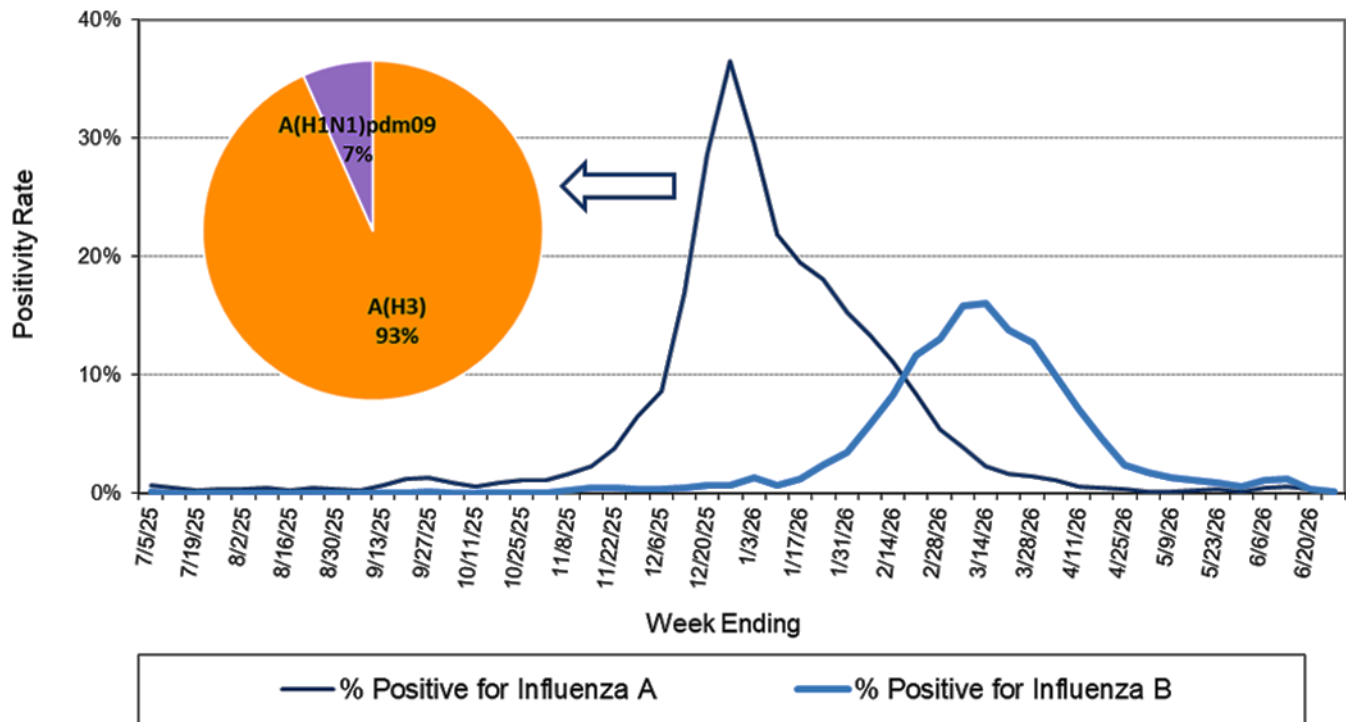
For assistance:

- Contact WSLH CDD Customer Service at 800-862-1013
- Email dispatch@purplemountainsolutions.com

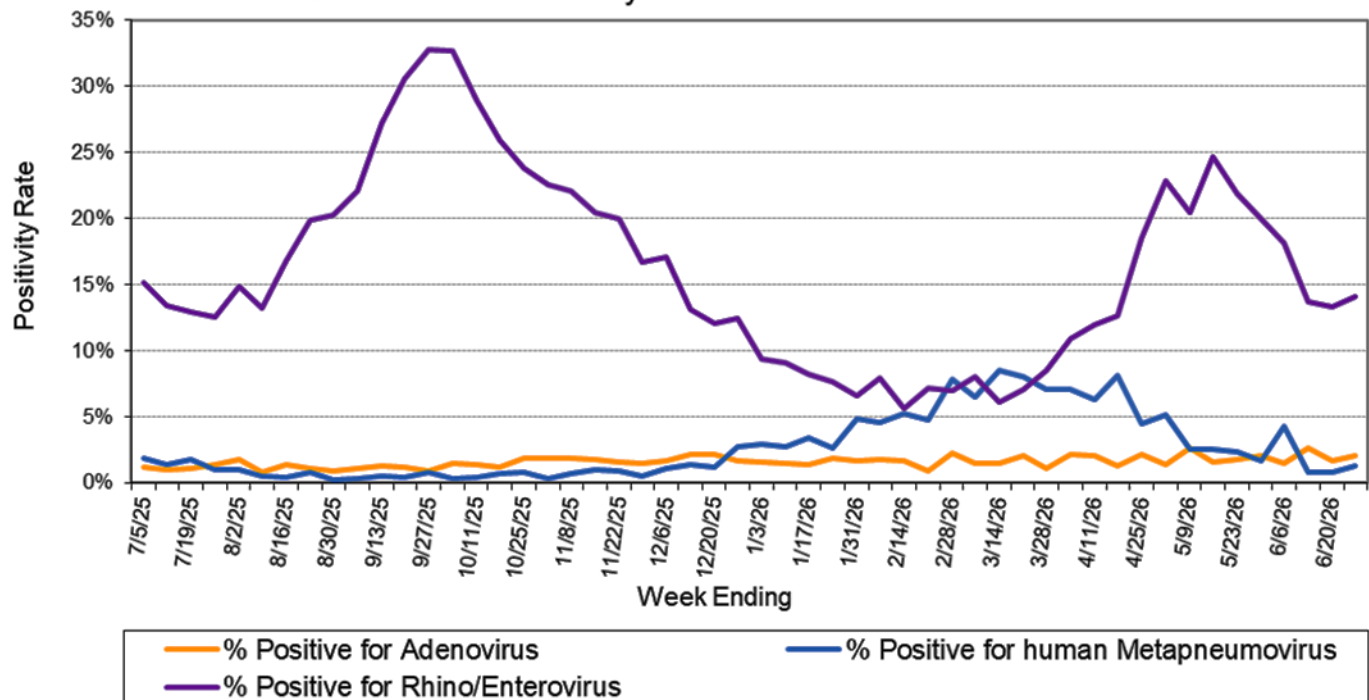


Surveillance Graphs for 2025-26 Season

Positivity Rate and Subtyping for **Influenza** by PCR at Wisconsin Laboratories

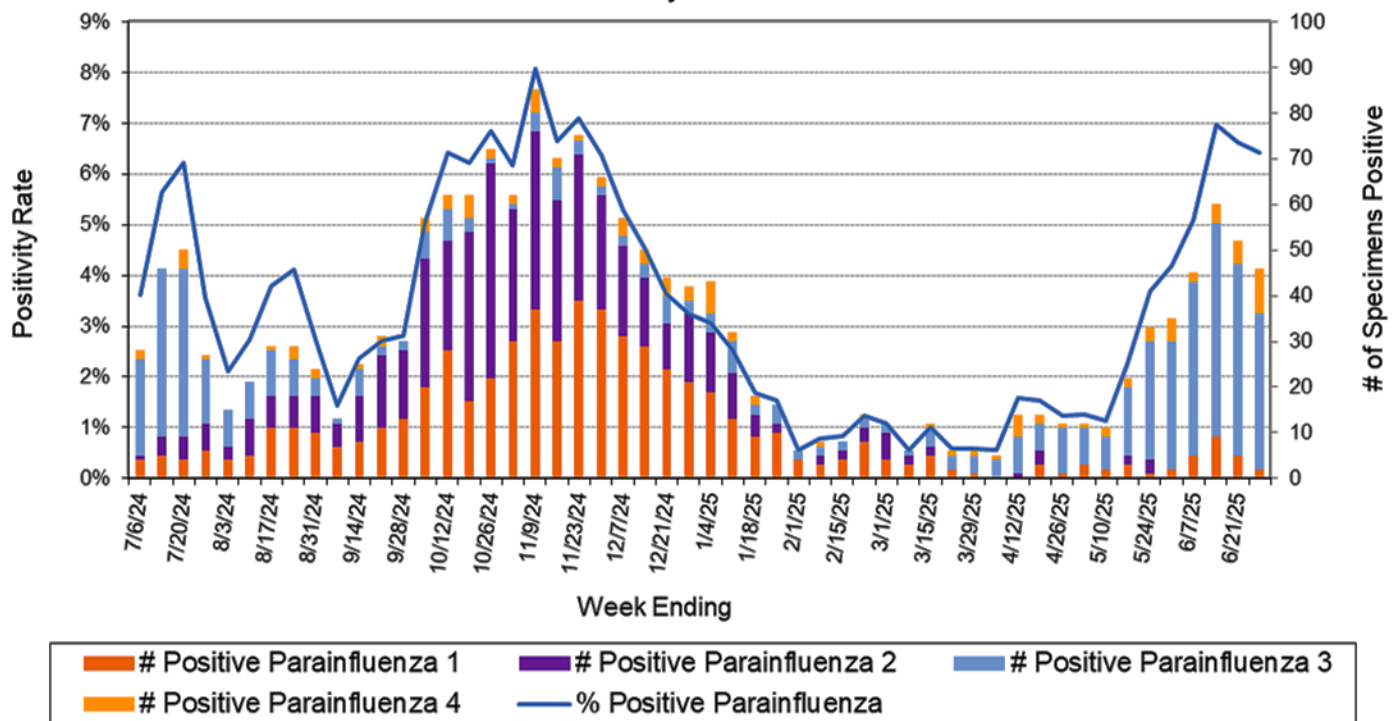


Positivity Rate of **Adenovirus, hMPV and Rhino/Enterovirus** by PCR at Wisconsin Laboratories

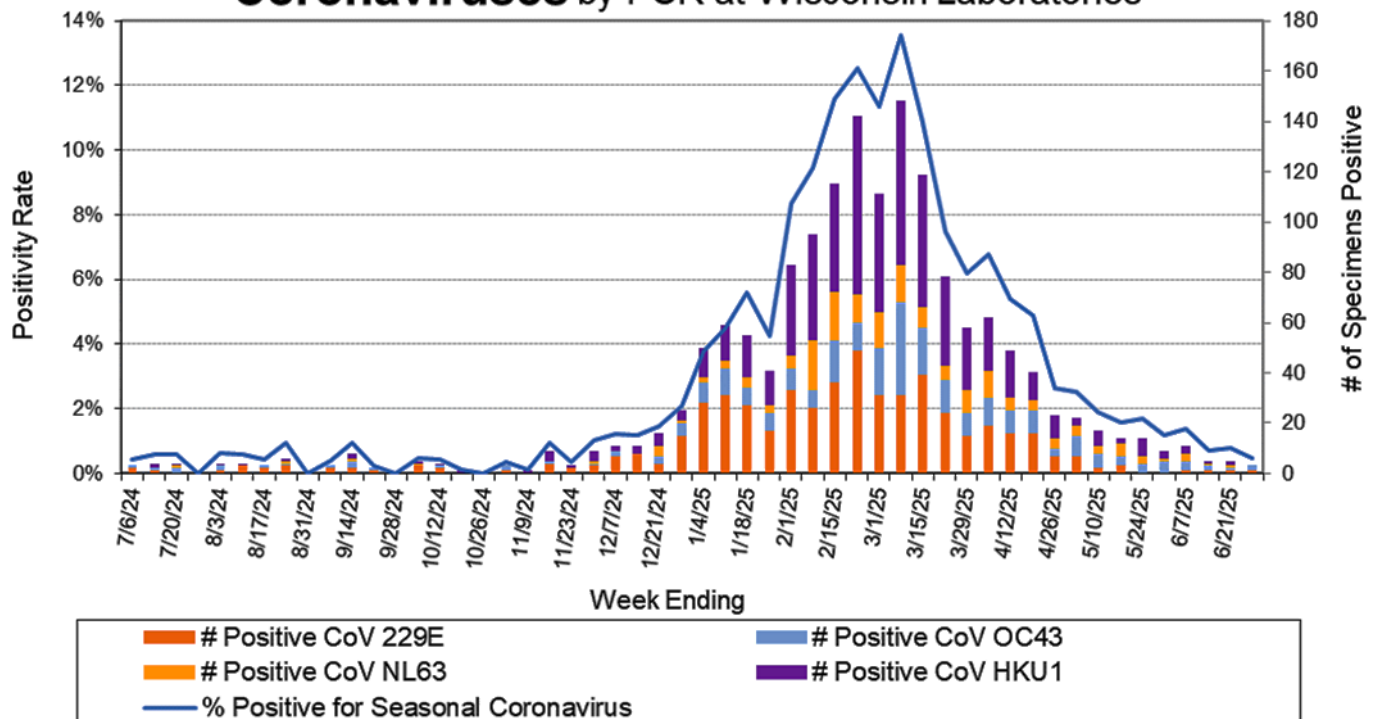


Surveillance Graphs for 2025-26 Season

Positivity Rate and Number of Specimens Positive for
Parainfluenzavirus by PCR at Wisconsin Laboratories

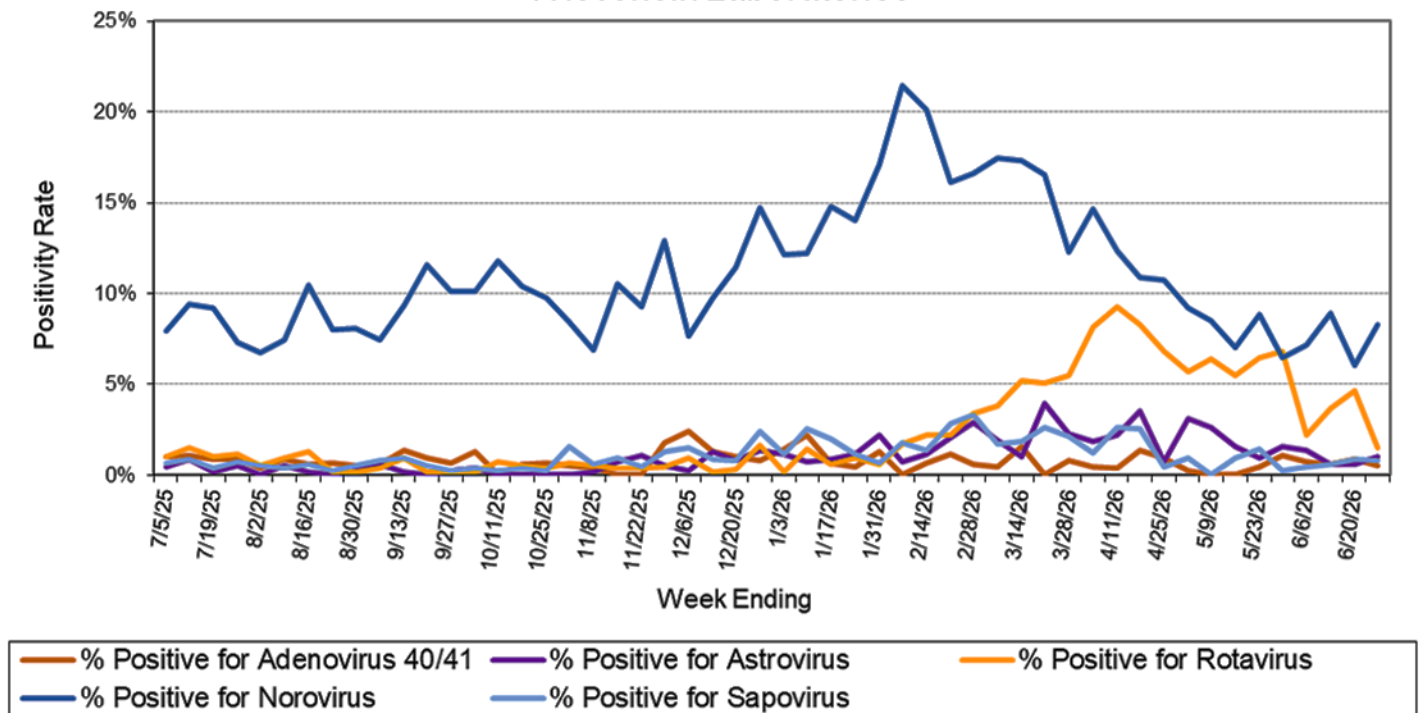


Positivity Rate and Number of Specimens Positive for **Seasonal Coronaviruses** by PCR at Wisconsin Laboratories



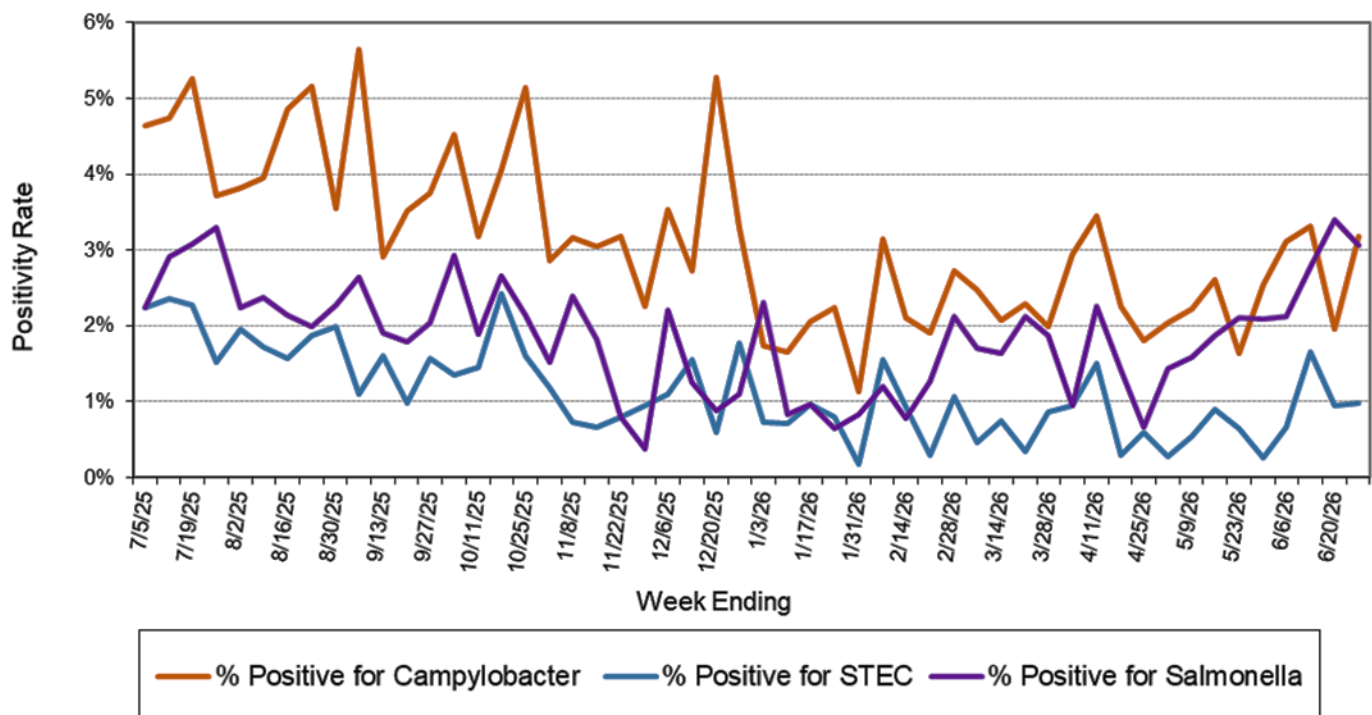
Surveillance Graphs for 2025-26 Season

Positivity Rate of **Viral Enteric Pathogens** by PCR at Wisconsin Laboratories



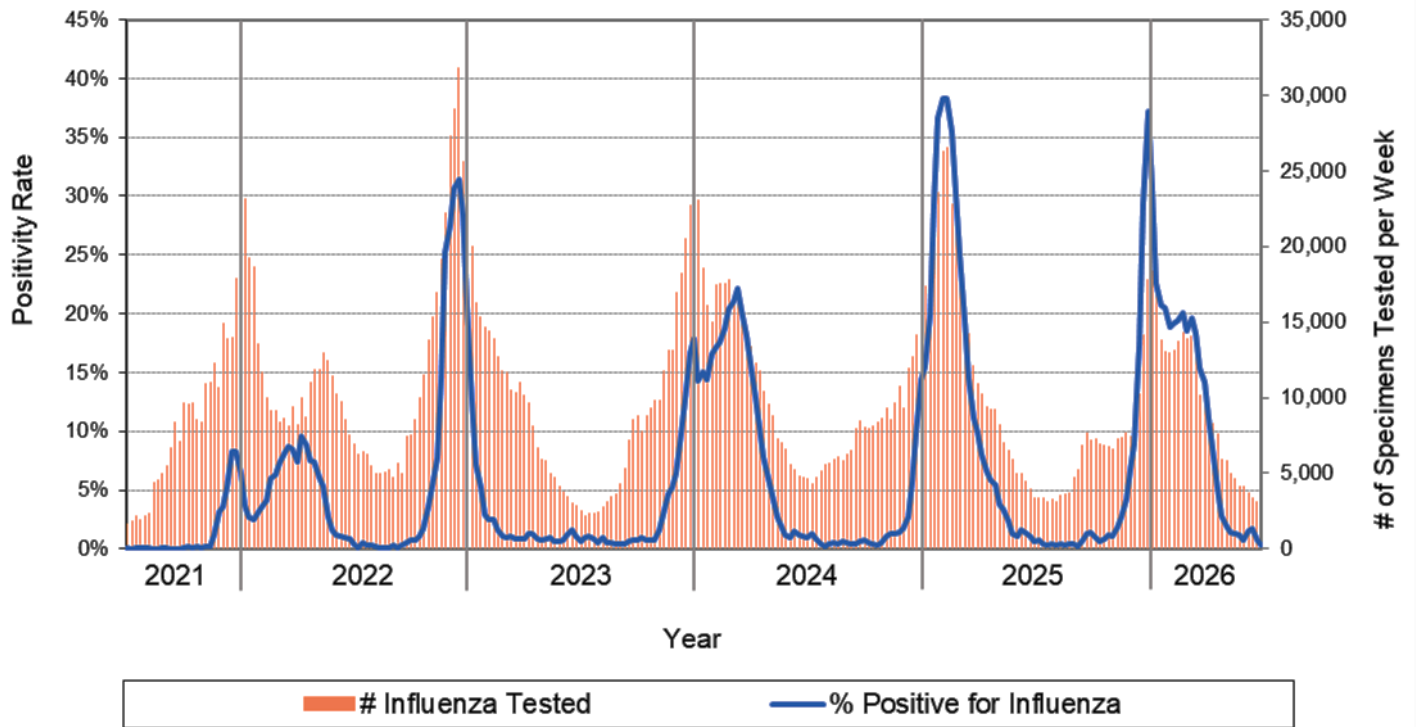
BioMerieux has announced an increased risk of false positive norovirus results with the BioFire FilmArray GI panel, which may increase the statewide norovirus percent positivity

Positivity Rate of **Bacterial Enteric Pathogens** by PCR at Wisconsin Laboratories

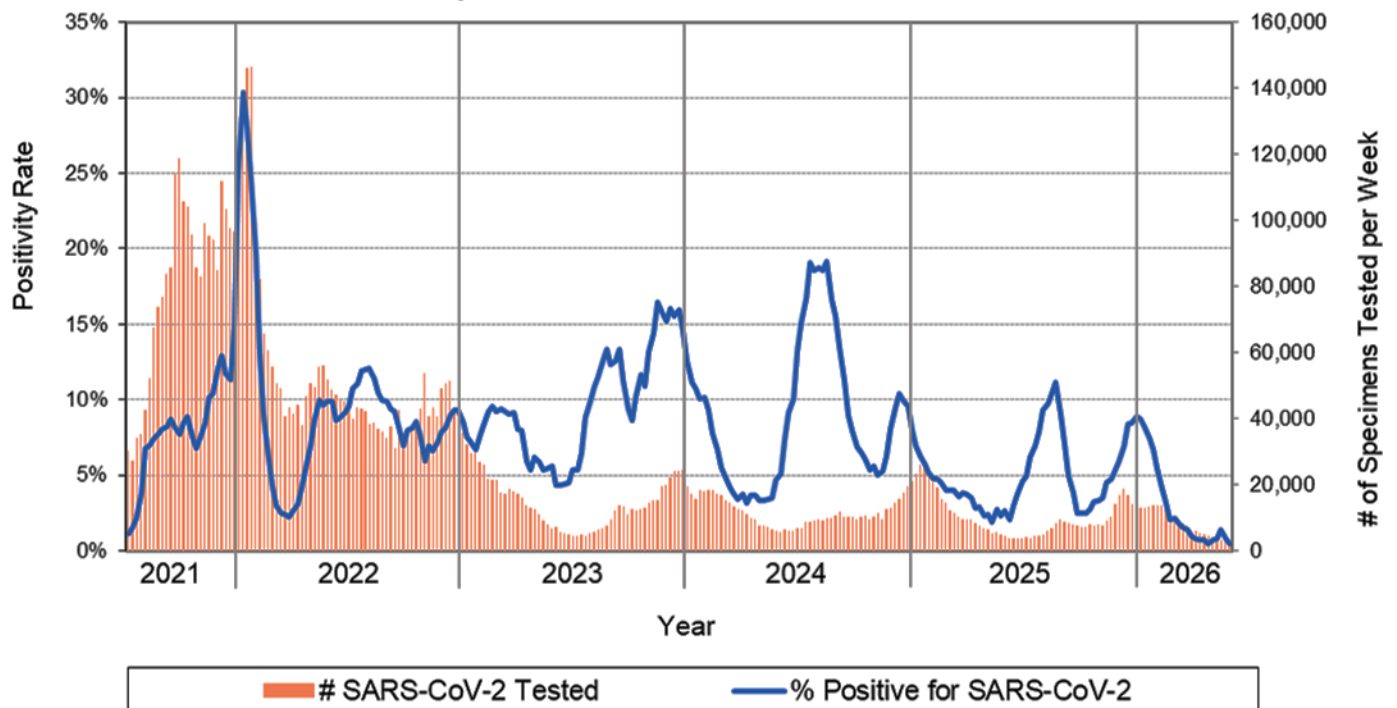


Surveillance Graphs - 5 Year Summary

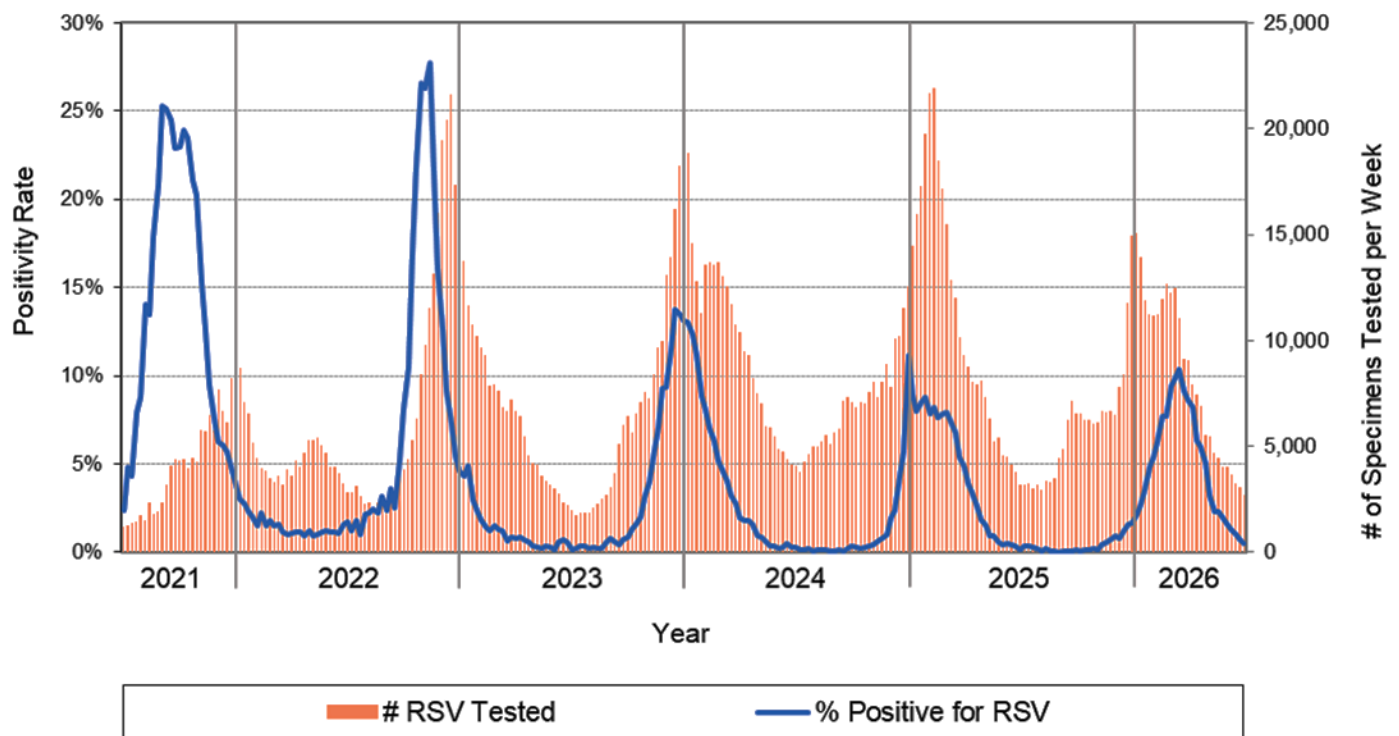
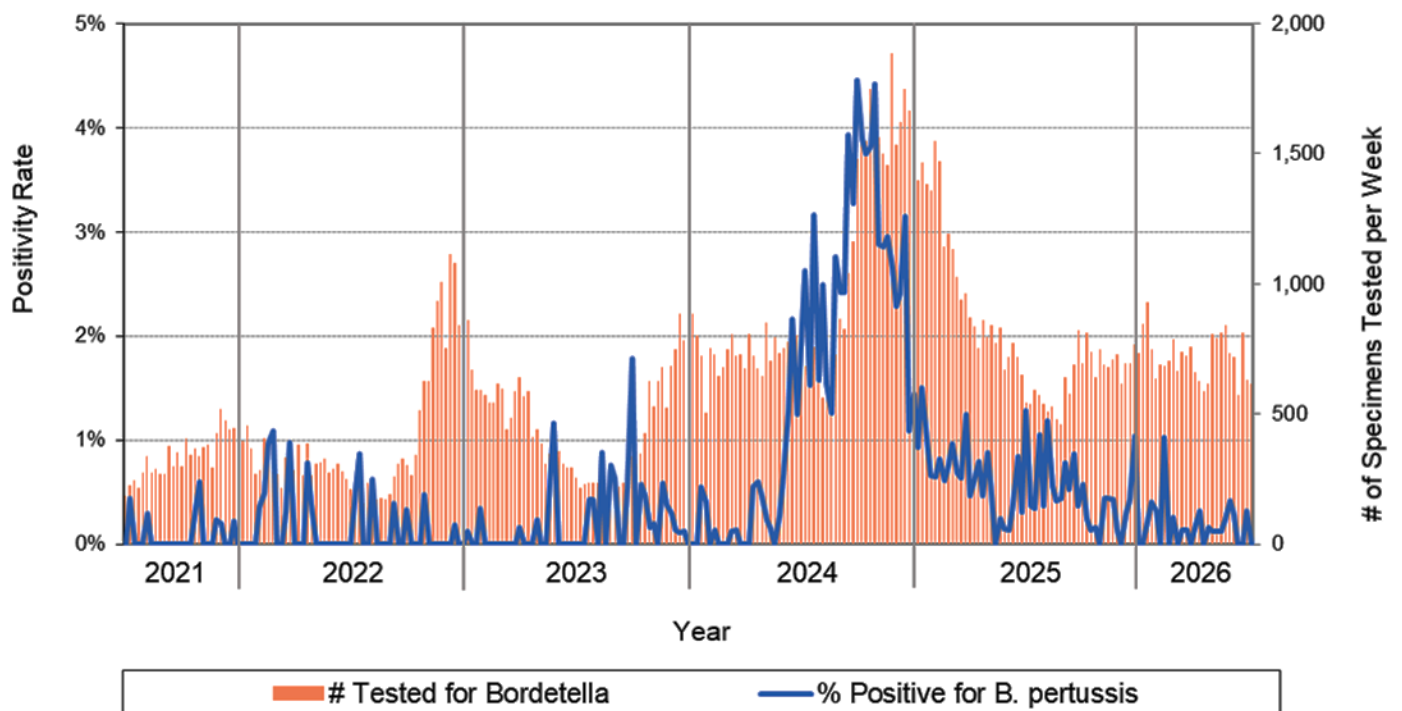
Positivity Rate and Number of Specimens Tested for **Influenza** by PCR at Wisconsin Laboratories from 2021-26



Positivity Rate and Number of Specimens Tested for **SARS-CoV-2** by PCR at Wisconsin Laboratories from 2021-26



Surveillance Graphs - 5 Year Summary

Positivity Rate and Number of Specimens Tested for **RSV** by PCR at Wisconsin Laboratories from 2021-26Positivity Rate and Number of Specimens Tested for ***B. pertussis*** by PCR at Wisconsin Laboratories from 2021-26

Norovirus Surveillance - 2025-26



1381 norovirus
specimens tested at
WSLH



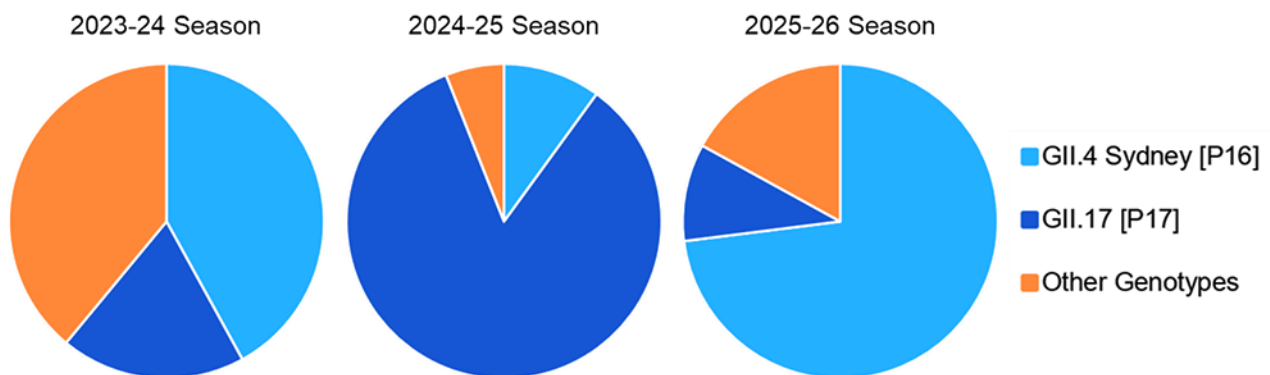
35% of specimens
confirmed as norovirus
positive



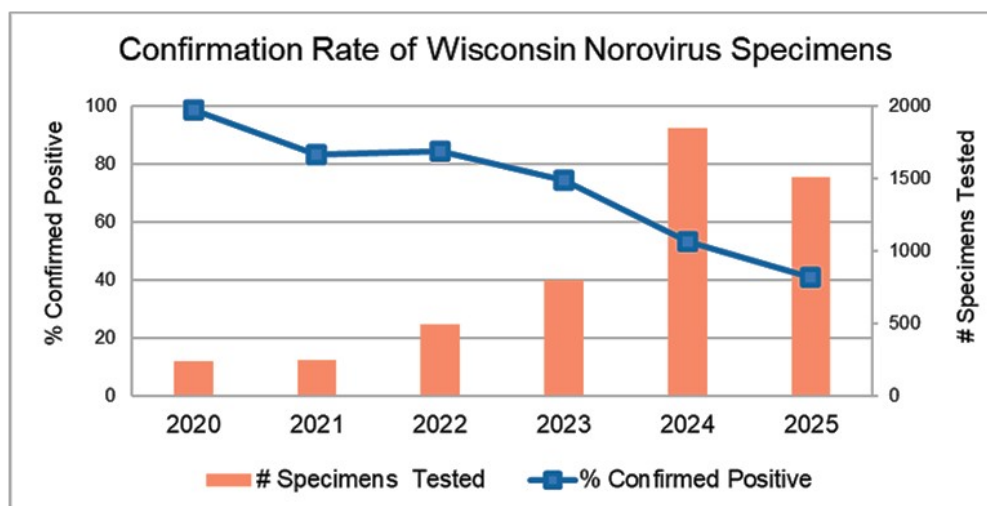
19 different norovirus
genotypes were
detected

WSLH receives norovirus positive specimens from 5 participating laboratories distributed across Wisconsin. Norovirus specimens are confirmed as positive using rRT-PCR and genotyped with a partial-genome sequencing assay. Testing of sporadic norovirus specimens allowed us to observe shifts in the dominant norovirus strain over the past 3 seasons. Norovirus sequencing showed GII.4 Sydney [P16] was replaced by GII.17 [P17] during the 2024-2025 season before GII.4 Sydney [P16] re-emerged as the predominant strain in the 2025-2026 season.

Norovirus GII Genotype Distribution From 2023-2026



Continued surveillance identified persistent false-positive norovirus detections associated with a commonly used gastrointestinal panel (BioFire FilmArray GI Panel*). Confirmatory testing of specimens submitted by participating laboratories helps monitor for assay performance issues that individual laboratories may not recognize.



*BioMerieux Field Safety Notice: Increased Risk of False Positive Norovirus Results with the BIOFIRE FILMARRAY GI Panel. Jan 2024.

AR Lab Network State-wide Surveillance

Carbapenem Resistant *Acinetobacter baumannii*

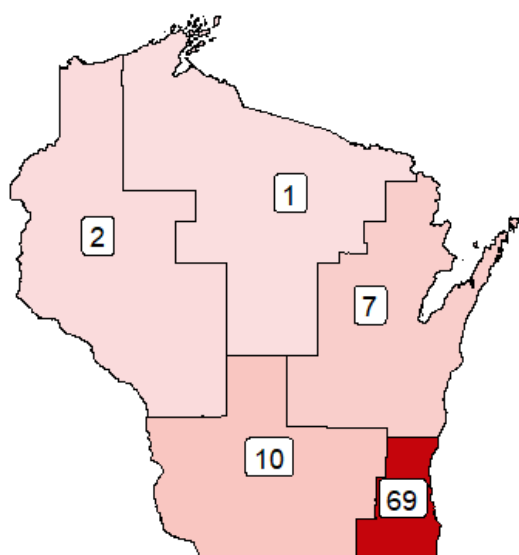
Nearly all carbapenem-resistant *Acinetobacter baumannii* (CRAB) infections occur in patients who recently received care in a healthcare facility. In 2017 CRAB infections attributed to \$281 million in healthcare costs (2019 AR Threats Report; <https://www.cdc.gov/antimicrobial-resistance/media/pdfs/2019-ar-threats-report-508.pdf>). CRAB can survive in the environment for a long time and some CRAB isolates are resistant to nearly all antibiotics available, with few new drugs in development. CRAB can carry carbapenemases, which are encoded on mobile genetic elements and are easily shared between bacteria. 98% of all CRAB isolates submitted from Wisconsin carried a carbapenemase.

WSLH requests isolates of Acinetobacter baumannii that are resistant to any carbapenems to be submitted for surveillance testing. Testing performed at the WSLH includes identification, antimicrobial susceptibility testing, AR-targeted PCR and molecular subtyping. AR-targeted RT-PCR includes testing for 8 unique carbapenemase genes.

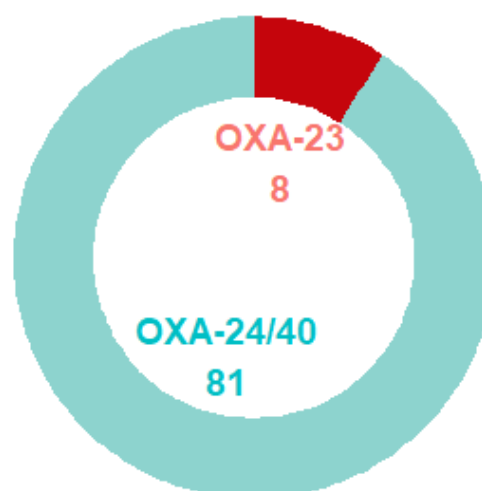
2025:

- WSLH received 106 CRAB isolates from Wisconsin laboratories in 2025.
 - 18 isolates (17.0%) were not tested due to the patient having been previously tested within the same year.
 - Carbapenemase genes were detected by AR-targeted RT-PCR in 85 isolates tested (96.6%).
 - 24 CRAB isolates were non-susceptible to all antibiotics tested (27.2%). A similar percentage as was seen in 2024.

Carbapenemases detected at WSLH in clinical CRAB isolates from Wisconsin laboratories in 2025



Carbapenemase detections in CRAB isolates, by region of the state.



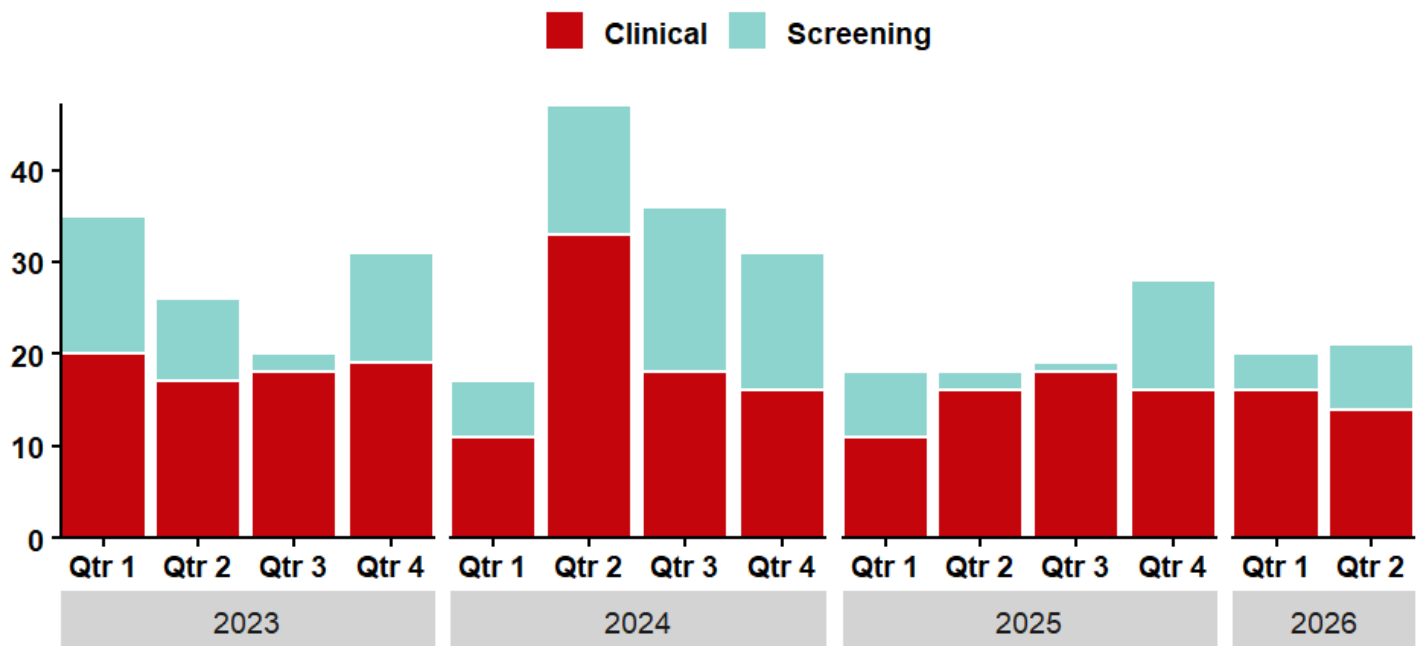
Carbapenemase genes detected in CRAB isolates by AR-targeted RT-PCR.

AR Lab Network State-wide Surveillance (Cont'd)

Colonization Testing for CRAB in Wisconsin

- WSLH performed screening on 875 specimens in 2025 from 18 Wisconsin facilities.
 - CRAB was detected in 33 screening specimens (3.8%).

CRAB Cases Detected in Wisconsin from Clinical Cases (Infections) and Colonization Screenings



Carbapenem-Resistant *Pseudomonas aeruginosa* (CRPA)

Pseudomonas aeruginosa causes many types of healthcare-associated infections. Some *P. aeruginosa* are resistant to nearly all antibiotics, including carbapenems, and are known as multi-drug-resistant (MDR) *P. aeruginosa*. In 2017, MDR *P. aeruginosa* caused an estimated 32,600 infections among hospitalized patients and 2,700 estimated deaths in the United States (2019 AR Threats Report).

WSLH requests *Pseudomonas aeruginosa* isolates that are resistant to carbapenems other than ertapenem AND non-susceptible to cefepime and/or ceftazadime. Testing performed at the WSLH includes identification, antimicrobial susceptibility testing, carbapenemase screening, AR-targeted PCR and molecular subtyping.

2025:

- WSLH received a total of 348 *P. aeruginosa* isolates from Wisconsin Laboratories in 2025.
 - 1 VIM carbapenemase was detected.
 - 14 CRPA isolates were non-susceptible to all antibiotics tested (5.3%), an increase of 4 percent from 2024.



AR Lab Network State-wide Surveillance (Cont'd)

Carbapenem-Resistant *Enterobacterales*

Carbapenem-resistant *Enterobacterales* (CRE) are a major concern for patients in healthcare facilities. In 2017, CRE caused an estimated 13,100 infections in hospitalized patients and about 1,100 deaths in the United States (2019 AR Threats Report). CRE can carry carbapenemases, an antibiotic resistance mechanism which makes carbapenem antibiotics ineffective. Carbapenemases are encoded on mobile genetic elements that are easily shared between bacteria. This increases the risk that antibiotic resistance will spread to other bacteria and/or other patients.

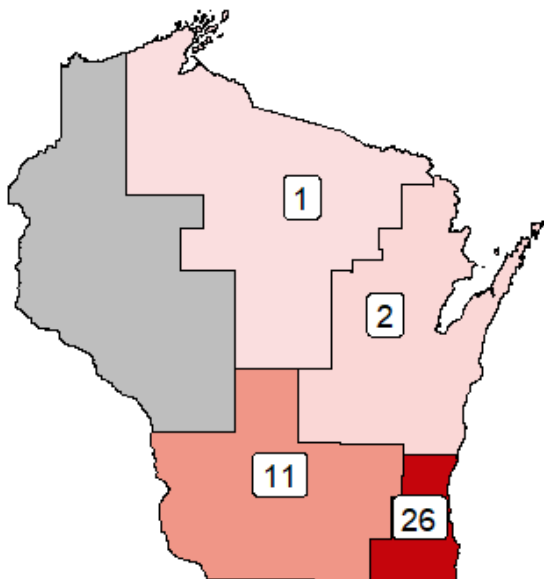


WSLH requests isolates of *Enterobacterales* that are resistant to any carbapenems to be submitted for surveillance testing. Testing performed at the WSLH includes identification, antimicrobial susceptibility testing, carbapenemase screening, AR-targeted PCR and molecular subtyping. AR-targeted RT-PCR includes testing for 5 unique carbapenemase genes.

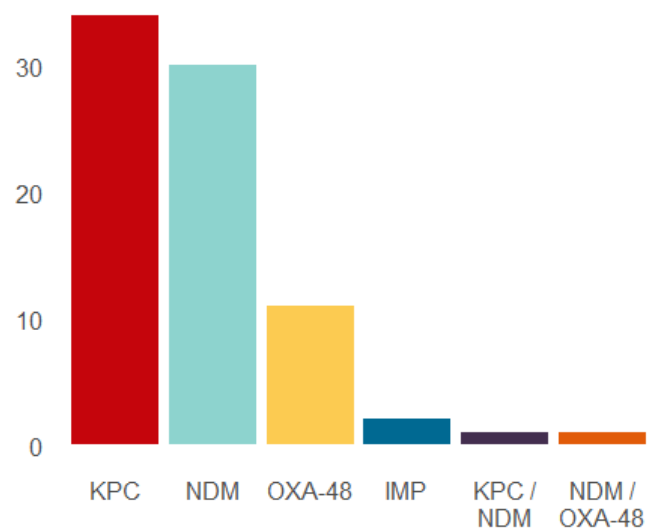
2025:

- WSLH received 461 CRE isolates from Wisconsin laboratories in 2025.
- Carbapenemase genes were detected by AR-targeted RT-PCR in 76 isolates of 422 isolates that were tested (18.0%).
- 3 CRE isolates, out of 420 isolates that were tested, were non-susceptible to all antibiotics tested (0.7%).

Carbapenemases detected at WSLH in CRE Isolates from Wisconsin laboratories in 2025



Carbapenemase detections in CRE isolates, by region of the state.



Carbapenemase genes detected in CRE isolates by AR-targeted RT-PCR.

AR Lab Network State-wide Surveillance (Cont'd)

Candida auris

Candida auris is an emerging multi-drug resistant yeast that can cause severe, life-threatening infections. *C. auris* affects ill or immunocompromised patients and is highly transmissible in healthcare settings. Patients can also be colonized with *C. auris* without having symptoms. Colonized patients can easily spread *C. auris* to other patients, and once a patient is colonized with *C. auris*, they are considered colonized for life! Early detection of clinical and colonized cases, followed by measures like colonization screening and infection control, can limit the spread of *C. auris*. The first Wisconsin resident with a *C. auris* infection was identified in 2021.

WSLH requests all *C. auris* isolates for identification, antimicrobial susceptibility testing and molecular subtyping. WSLH also performs *C. auris* colonization screening in response to positive cases or outbreaks at the discretion of the DPH.

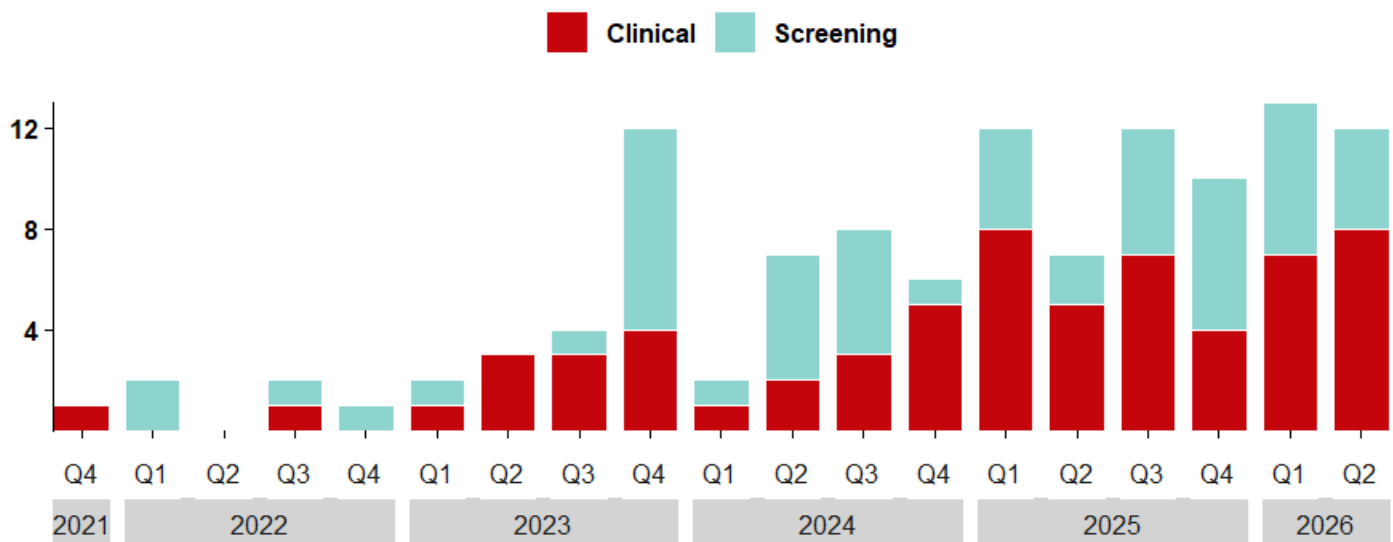
2025:

- WSLH received a total of 35 *C. auris* clinical isolates from Wisconsin laboratories in 2025.
 - All isolates were susceptible to echinocandins and Amphotericin B
 - 83.3% of *C. auris* isolates from Wisconsin were resistant to azole antifungals.

Colonization Testing for *C. auris* in Wisconsin

- WSLH performed screening on 885 specimens in 2025 from 20 Wisconsin facilities.
 - *C. auris* was detected in 27 screening specimens (3.1%).

***Candida auris* Cases Detected in Wisconsin from Clinical Cases (Infections) and Colonization Screenings**



Wisconsin Mycobacteriology Data —2025

There were 65 new Report-Verified Cases of Tuberculosis in Wisconsin in 2025. 50 Wisconsin patients had culture-confirmed tuberculosis with susceptibility testing performed‡.

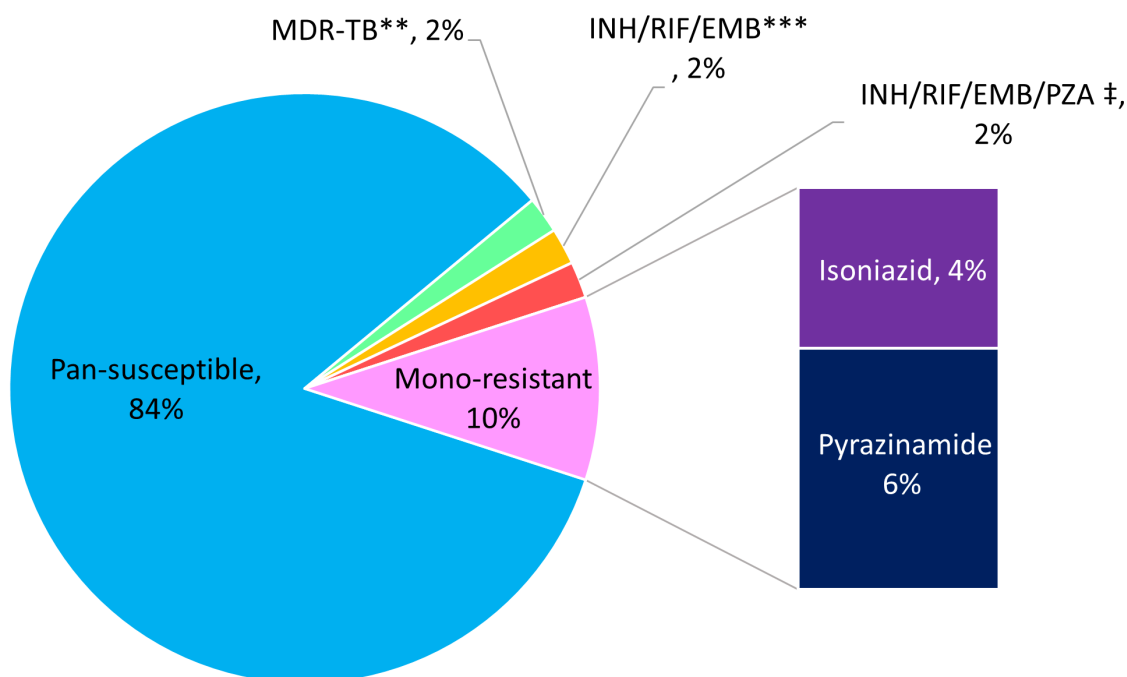
Wisconsin Patients with New Isolations of *Mycobacterium tuberculosis* complex

County of Residence	Brown	Calumet	Clark	Dane	Dodge	Eau Claire	Grant	Green	Iowa	Jefferson	Juneau	Kenosha	Manitowoc	Milwaukee	Outagamie	Racine	Sauk	Shawano	St. Croix	Trempeale	Waukesha	TOTALS
Pulmonary	2	1		6	1	1	1	1	1	1	1	1	1	16	1	1	2	1	1		1	41
Extra-pulmonary*			1											4	1					1	2	9
Totals	2	1	1	6	1	1	1	1	1	1	1	1	1	20	2	1	2	1	1	1	3	50

(‡) 10 cases were clinically diagnosed with no microbiological confirmation, 5 cases were TB PCR-positive only

(*)Extra-Pulmonary sources of isolation: 2 neck, 2 knee, 1 lymph node, 1 abscess, 1 pleural fluid, 1 spine, 1 lung tissue, 1 urine

2025 Wisconsin TB Isolate Drug Susceptibility §



(§) TB first-line drugs tested: isoniazid (INH) 0.2 and 1.0 µg/ml, rifampin (RIF) 1.0 µg/ml, ethambutol (EMB) 5.0 µg/ml, pyrazinamide (PZA) 100 µg/ml

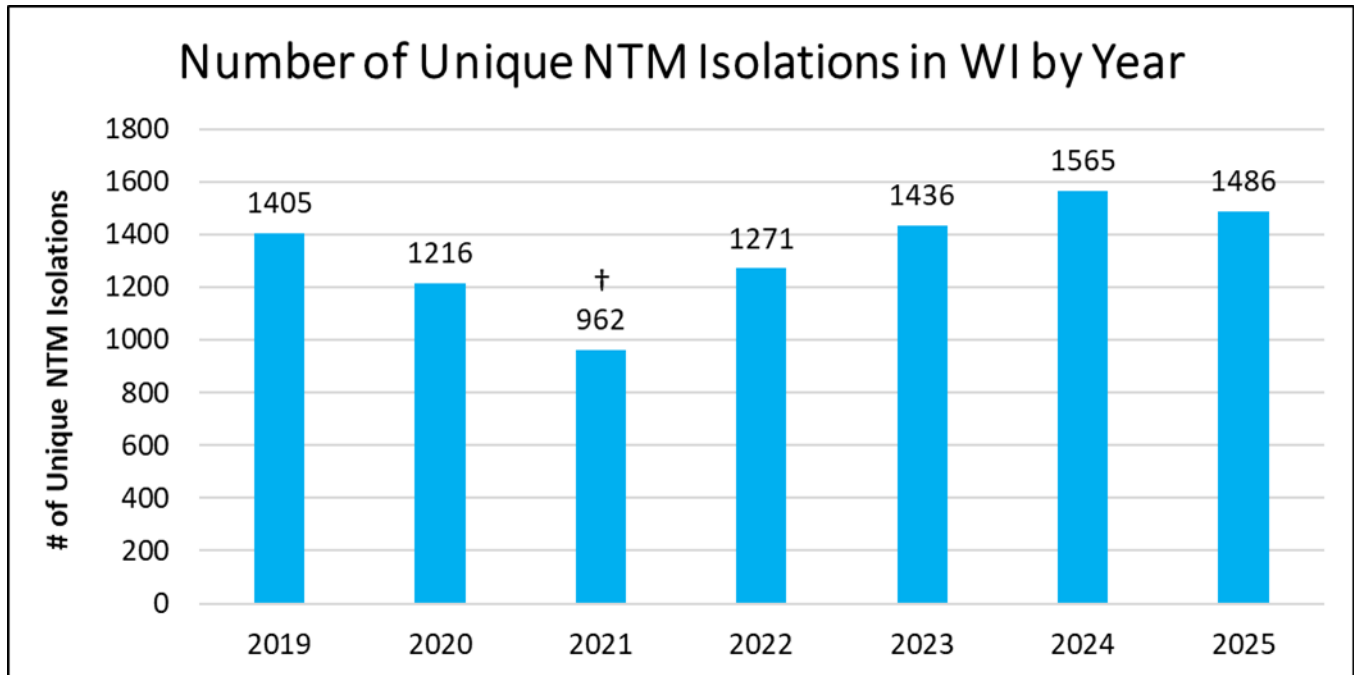
**MDR-TB specimens are resistant to both isoniazid and rifampin

***One isolate was resistant to isoniazid, rifampin and ethambutol

‡ One isolate was resistant to all first-line TB drugs

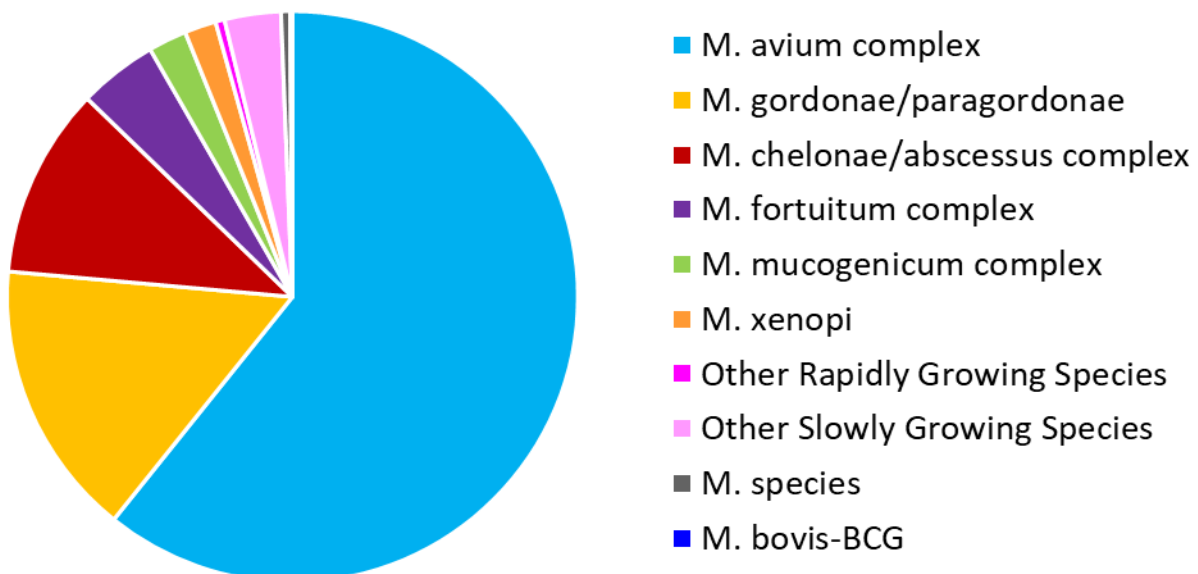
Wisconsin Mycobacteriology Data — 2025

Non-tuberculous mycobacteria (NTM) isolations are self-reported to the Wisconsin State Laboratory of Hygiene (WSLH) by mycobacteriology labs in the state of Wisconsin. These data represent one unique isolation per organism per patient. Subsequent cultures and isolations are not included in this summary. The figures on this page depict NTM isolation trends over the past six years as well as a breakdown of the most common NTM identifications for 2025.



†Isolate data for 2021 is incomplete, as one WMLN lab was unable to submit NTM isolation data that year.

WI 2025 NTM Isolation Summary (N=1486)



2026 *Salmonella* Investigation

2026 *Salmonella* Outbreak Linked to Moringa Leaf Powder

The Wisconsin Department of Health Services (DHS), together with state and federal partners, investigated an outbreak of *Salmonella* Typhimurium linked to health supplements containing moringa leaf powder in the early months of 2026.

Figure: Examples of Moringa Leaf Powder products which were recalled as a part of this outbreak investigation. <https://www.cdc.gov/salmonella/outbreaks/supergreenssupplementpowders-1-26/investigation.html>



Whole genome sequencing data from the Wisconsin State Laboratory of Hygiene (WSLH) identified a second strain of *Salmonella* from a co-infected case patient sample submitted from a clinical laboratory. As a result, federal partners were able to link several additional cases of *Salmonella* Newport to the multi-state outbreak investigation.

Outbreak Cases by Month of Illness Onset

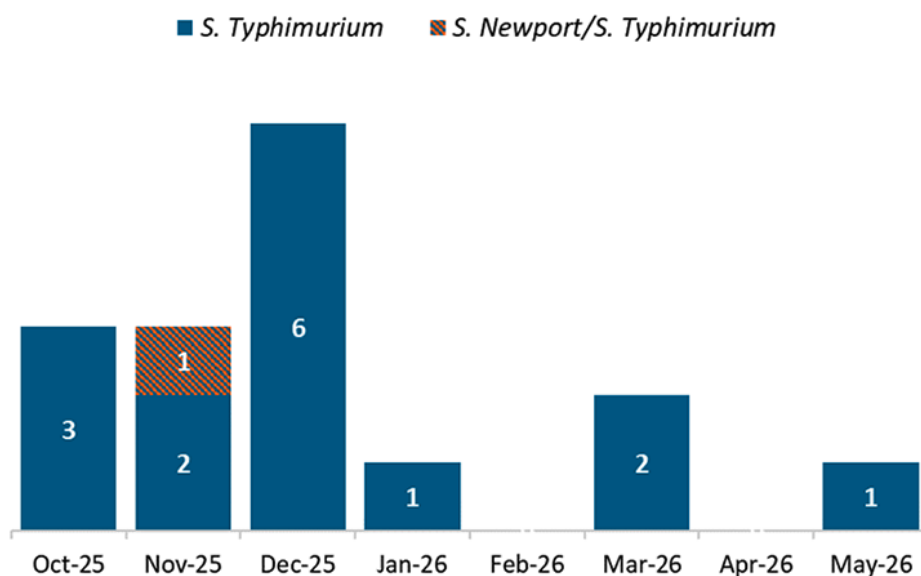


Figure: Cases of *Salmonella* Typhimurium and *Salmonella* Newport in Wisconsin residents by date of illness onset. WSLH identified co-infection from one sample submitted by a clinical laboratory in December.

2026 *Salmonella* Investigation (Cont'd)

As of July 17, 2026, 119 cases from 36 states including 16 from Wisconsin have been affected by one or both outbreak strains of *Salmonella*. Thirty-two people from the affected states have been hospitalized. The investigation resulted in the nationwide recall of five different dietary supplements containing contaminated moringa leaf powder. Without the contribution and collaboration of clinical laboratories and WSLH, the connection between these two outbreak strains would not have been identified as quickly as it was.

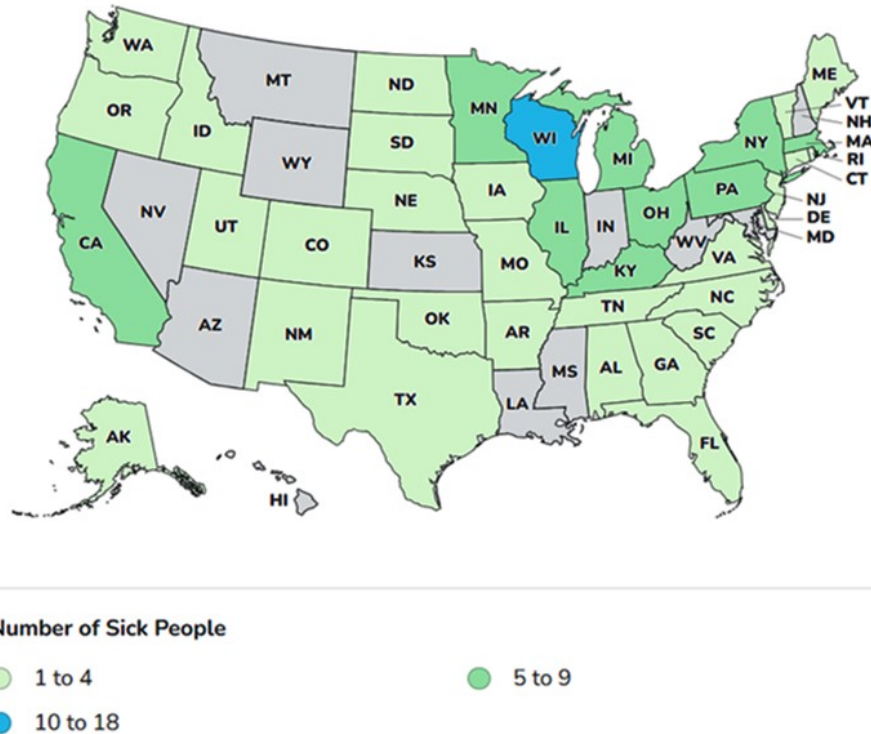


Figure: Total case counts of *Salmonella* associated with the 2026 Moringa Leaf Powder outbreak. <https://www.fda.gov/food/outbreaks-foodborne-illness/outbreak-investigation-salmonella-moringa-leaf-powder-january-2026>

For additional information, visit:

- <https://www.fda.gov/food/outbreaks-foodborne-illness/outbreak-investigation-salmonella-moringa-leaf-powder-january-2026>
- <https://www.cdc.gov/salmonella/outbreaks/supergreenssupplementpowders-1-26/investigation.html>



**Wisconsin State
Laboratory of Hygiene**
UNIVERSITY OF WISCONSIN-MADISON

Communicable Disease Division

2601 Agriculture Drive

Madison, WI 53718

Customer Service: 800-862-1013

www.slh.wisc.edu

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PARTICIPATION IN
LABORATORY-BASED SURVEILLANCE!!**

