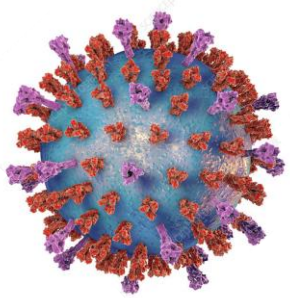
Respiratory Virus Update - 2026



Allen Bateman and Erika Hanson

Wisconsin State Laboratory of Hygiene

October 14, 2026

Objectives

1. Describe SARS-CoV-2 and influenza activity and vaccine effectiveness during the 2025-2026 season

2. Summarize the 2026-2027 SARS-CoV-2 and influenza vaccines and what is anticipated for the upcoming season

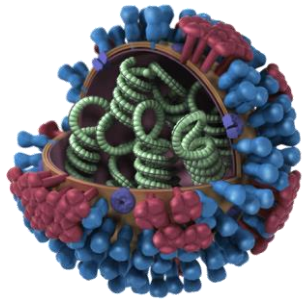
3. Discuss the strategies for laboratory-based surveillance for influenza, SARS-CoV-2 and other respiratory viruses in Wisconsin

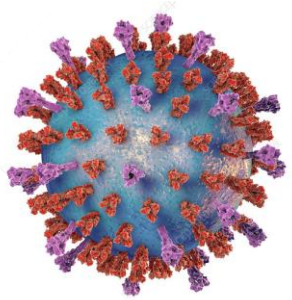
Respiratory Viruses

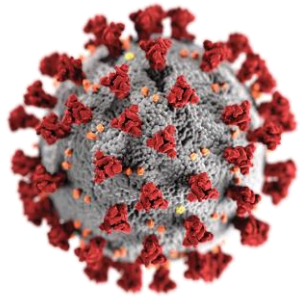
Why conduct surveillance

- **Respiratory pathogens overall**
  - Situational awareness of what is circulating, to inform clinical decision-making and public health response

- **Influenza, RSV, SARS-CoV-2**
  - Genomic surveillance (at WSLH)
    - Track virus lineages/variants of concern/novel and reassortant viruses (H5N1)
    - Inform vaccine strain inclusion for all three viruses
  - Phenotypic characterization (at CDC)
    - Monitor resistance to antivirals and monoclonal antibody treatments



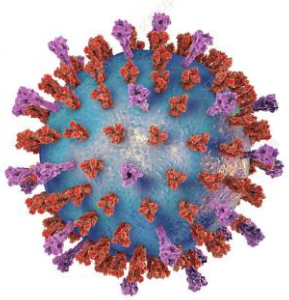






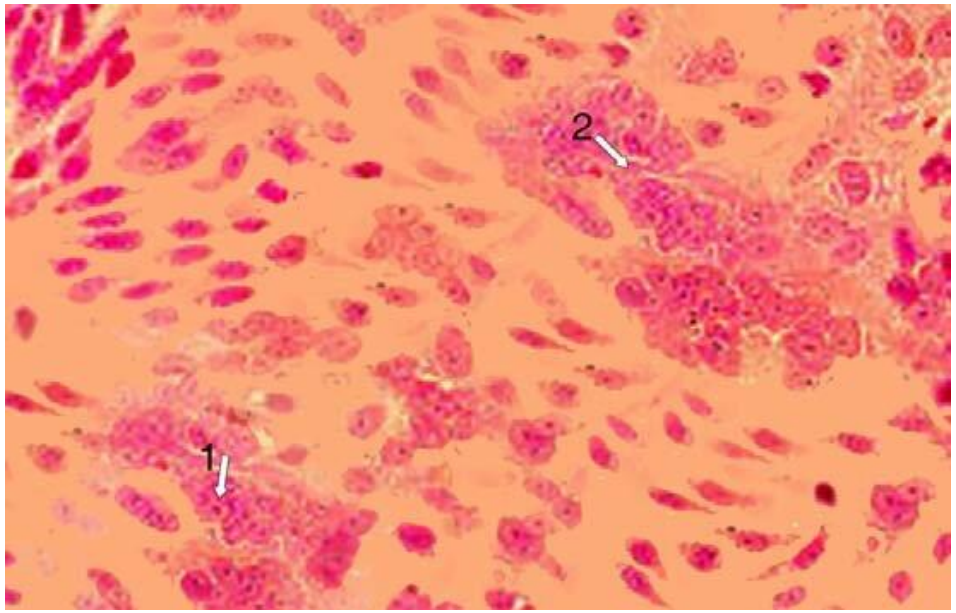
Outline

- RSV
- Influenza
- SARS-CoV-2
- Other respiratory viruses



Respiratory Syncytial Virus (RSV)

- Disease burden:
  - Virtually all children are infected by age 2
  - RSV is the leading cause of infant hospitalization in the U.S.
    - 20,000-60,000 hospitalizations per year
  - Second leading cause of death in children under 1 globally (malaria is 1st)



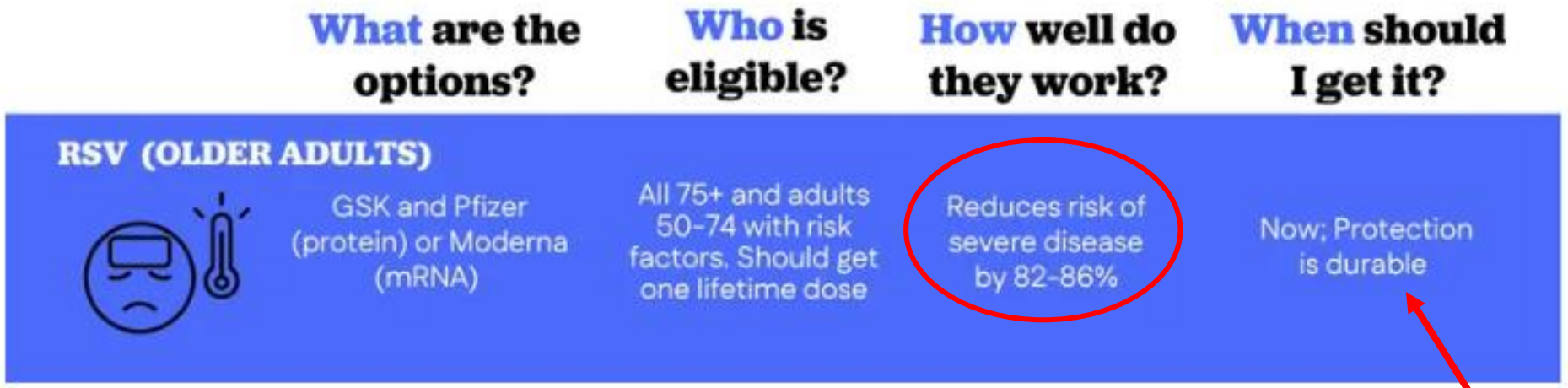
https://www.cdc.gov/rsv/php/surveillance/rsv-net.html

https://www.researchgate.net/publication/319130970_Comparison_of_Reverse_Transcription-PCR_and_Viral_Culture_for_detection_of_Respiratory_Syncytial_Virus_in_Young_Children_Relation_to_Epidemiological_and_Clinical_Findings/figures?lo=1

RSV Developments since 2023: Vaccines and MoAbs

Your Local Epidemiologist

RSV vaccine for older adults



Not a seasonal vaccine like COVID and flu

https://yourlocalepidemiologist.substack.com/p/a-guide-to-fall-2026-vaccines

Your Local Epidemiologist

RSV vaccine for pregnancy

	What are the options?	Who is eligible?	How well do they work?	When should I get it?
RSV (PREGNANCY) 	Vaccine called ABRYSVO	Pregnancy (passes to baby for protection in first 6 months of life)	82% efficacy in preventing hospitalization in first 3 months of life. 69% efficacy after 6 months	32 to 36 weeks of pregnancy and only during September-January

https://yourlocalepidemiologist.substack.com/p/a-guide-to-fall-2026-vaccines

Your Local Epidemiologist

RSV monoclonal antibody for infants

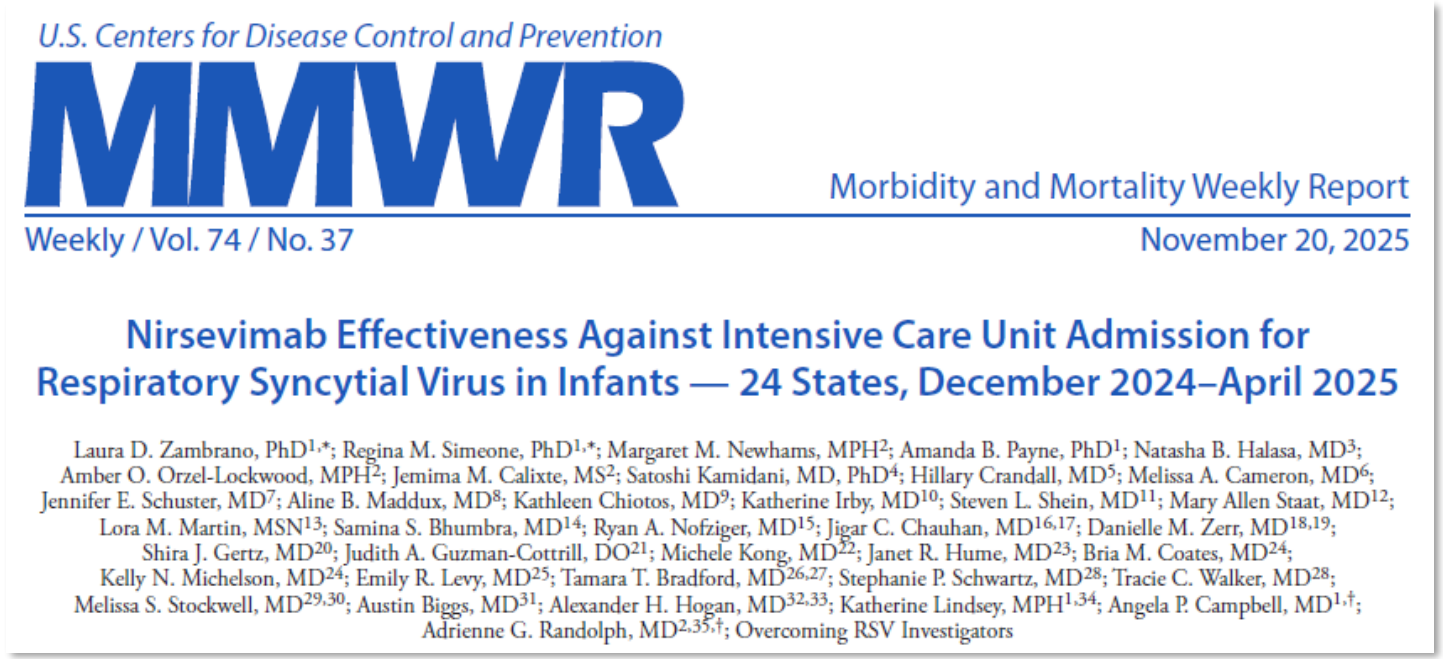
	What are the options?	Who is eligible?	How well do they work?	When should I get it?
RSV (INFANTS) 	Monoclonal antibody called Nirsevimab or clesrovimab. This is not a vaccine (doesn't teach the body to make antibodies) but rather a medication (provides antibodies)	All infants <8 months old and children 8-19 months with risk factors (if mother didn't recieve vaccine during pregnancy)	Reduces risk of hospitalization by 80-96%	Typically from October-March, if maternal RSV vaccine not received Protection lasts 4-6 months

https://yourlocalepidemiologist.substack.com/p/a-guide-to-fall-2026-vaccines

Early Estimate of Nirsevimab Effectiveness for Prevention of Respiratory Syncytial Virus–Associated Hospitalization Among Infants Entering Their First Respiratory Syncytial Virus Season — New Vaccine Surveillance Network, October 2023–February 2024

Heidi L. Moline, MD[1]; Ayzsa Tannis, MPH[1]; Ariana P. Toepfer, MPH[1]; John V. Williams, MD[2,3]; Julie A. Boom, MD[4,5]; Janet A. Englund, MD[6]; Natasha B. Halasa, MD[7]; Mary Allen Staat, MD[8,9]; Geoffrey A. Weinberg, MD[10]; Rangaraj Selvarangan, PhD[11]; Marian G. Michaels, MD[2,3]; Leila C. Sahni, PhD[4,5]; Eileen J. Klein, MD[6]; Laura S. Stewart, PhD[7]; Elizabeth P. Schlaudecker, MD[8,9]; Peter G. Szilagyi, MD[10]; Jennifer E. Schuster, MD[12]; Leah Goldstein, MPH[1]; Samar Musa, MPH[2,3]; Pedro A. Piedra, MD[4,5]; Danielle M. Zerr, MD[6]; Kristina A. Betters, MD[7]; Chelsea Rohlfs, MBA[9]; Christina Albertin, MPH[10]; Dithi Banerjee, PhD[12]; Erin R. McKeever, MPH[1]; Casey Kalman, MPH[1]; Benjamin R. Clopper, MPH[1]; New Vaccine Surveillance Network Product Effectiveness Collaborators; Meredith L. McMorrow, MD[1,*]; Fatimah S. Dawood, MD[1,*]

- Respiratory syncytial virus (RSV) is the leading cause of hospitalization among infants in the United States
- In August 2023, CDC's Advisory Committee on Immunization Practices recommended nirsevimab, a long-acting monoclonal antibody, for infants aged <8 months
- Phase 3 clinical trials, nirsevimab efficacy against RSV-associated hospitalization was 81% (95% CI: 62%-90%)
- Real-world study after roll-out: nirsevimab effectiveness was 90% (95% CI: 75%-96%) against RSV-associated hospitalization



U.S. Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 74 / No. 37
November 20, 2025

Nirsevimab Effectiveness Against Intensive Care Unit Admission for Respiratory Syncytial Virus in Infants — 24 States, December 2024–April 2025

Laura D. Zambrano, PhD[1,*]; Regina M. Simeone, PhD[1,*]; Margaret M. Newhams, MPH[2]; Amanda B. Payne, PhD[1]; Natasha B. Halasa, MD[3]; Amber O. Orzel-Lockwood, MPH[2]; Jemima M. Calixte, MS[2]; Satoshi Kamidani, MD, PhD[4]; Hillary Crandall, MD[5]; Melissa A. Cameron, MD[6]; Jennifer E. Schuster, MD[7]; Aline B. Maddux, MD[8]; Kathleen Chiotos, MD[9]; Katherine Irby, MD[10]; Steven L. Shein, MD[11]; Mary Allen Staat, MD[12]; Lora M. Martin, MSN[13]; Samina S. Bhumbra, MD[14]; Ryan A. Nofziger, MD[15]; Jigar C. Chauhan, MD[16,17]; Danielle M. Zerr, MD[18,19]; Shira J. Gertz, MD[20]; Judith A. Guzman-Cottrill, DO[21]; Michele Kong, MD[22]; Janet R. Hume, MD[23]; Bria M. Coates, MD[24]; Kelly N. Michelson, MD[24]; Emily R. Levy, MD[25]; Tamara T. Bradford, MD[26,27]; Stephanie P. Schwartz, MD[28]; Tracie C. Walker, MD[28]; Melissa S. Stockwell, MD[29,30]; Austin Biggs, MD[31]; Alexander H. Hogan, MD[32,33]; Katherine Lindsey, MPH[1,34]; Angela P. Campbell, MD[1,†]; Adrienne G. Randolph, MD[2,35,†]; Overcoming RSV Investigators

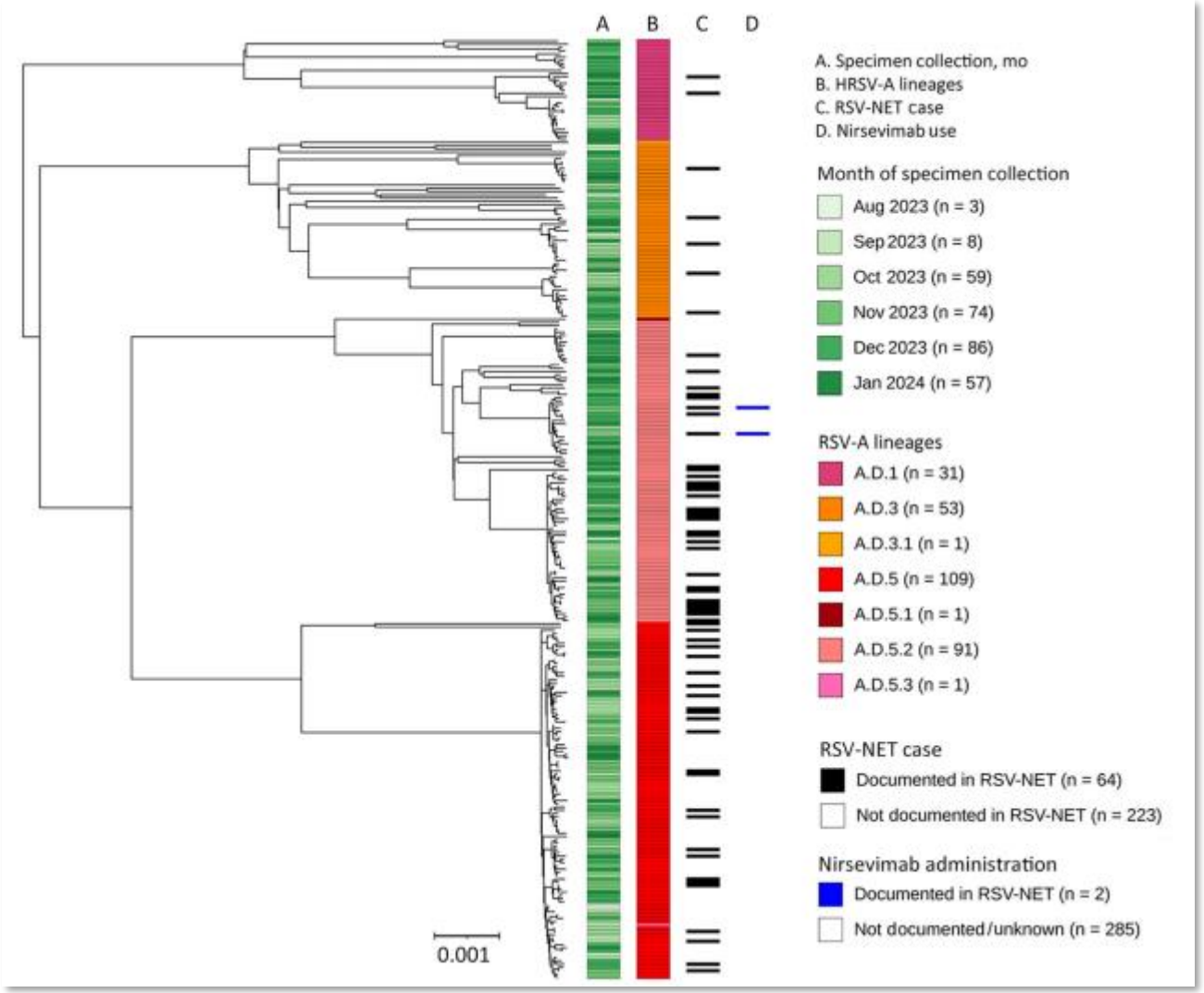
- Respiratory syncytial virus (RSV) is a leading cause of ICU admission and respiratory failure in the United States
- Real-world study after roll-out, focusing on critical illness
- Nirsevimab effectiveness was 80% (95% CI: 70%-86%) against RSV-associated ICU admission
- Nirsevimab effectiveness was 83% (95% CI: 74%-90%) against RSV-associated acute respiratory failure
  - Illness requiring continuous positive airway pressure, bilevel positive airway pressure, or invasive mechanical ventilation

DISPATCHES

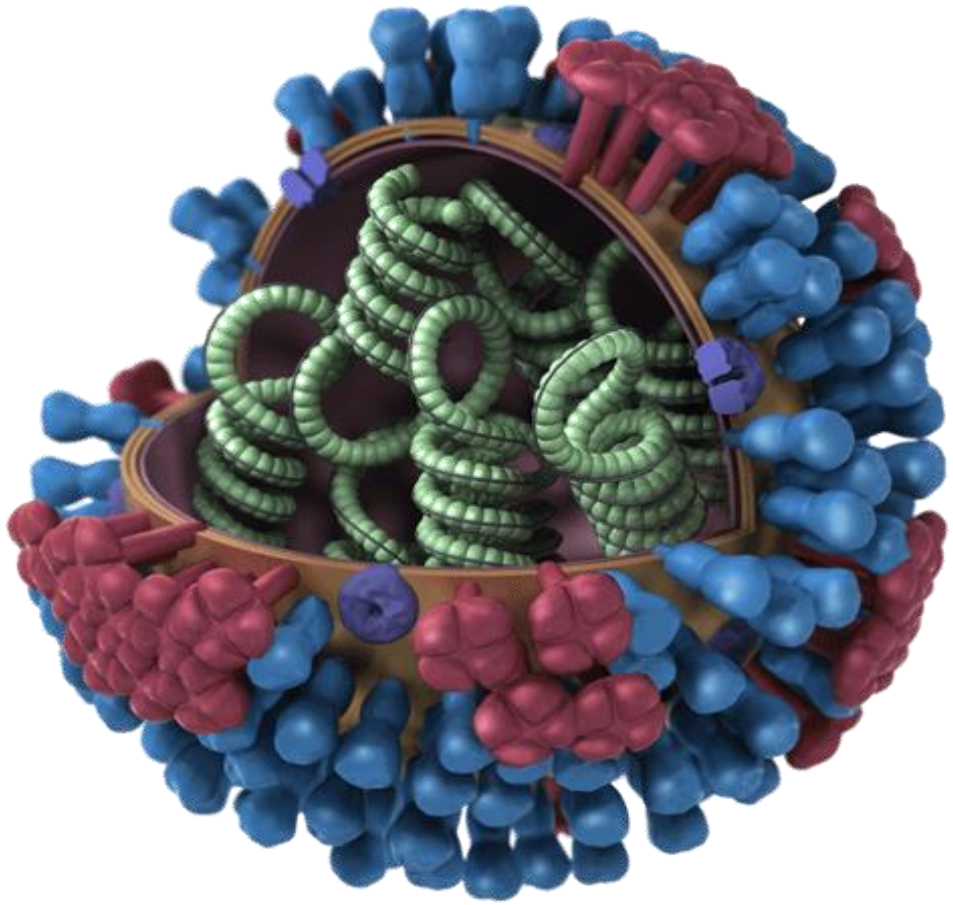
Genomic Epidemiology of Human Respiratory Syncytial Virus, Minnesota, USA, July 2023–February 2024

Daniel Evans, Henry Kunerth, Erica Mumm, Sarah Namugenyi, Matthew Plumb, Sarah Bistodeau, Scott A. Cunningham, Bryan Schmitt, Karen Martin, Katherine Como-Sabetti, Ruth Lynfield, Xiong Wang

- Performed whole genome sequencing on 575 RSV-positive specimens
- Goal: to identify emergence of mutations and clades that may lead to decreased effectiveness of vaccines or monoclonal antibodies

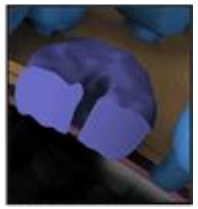


Influenza virus: Changeability is its hallmark







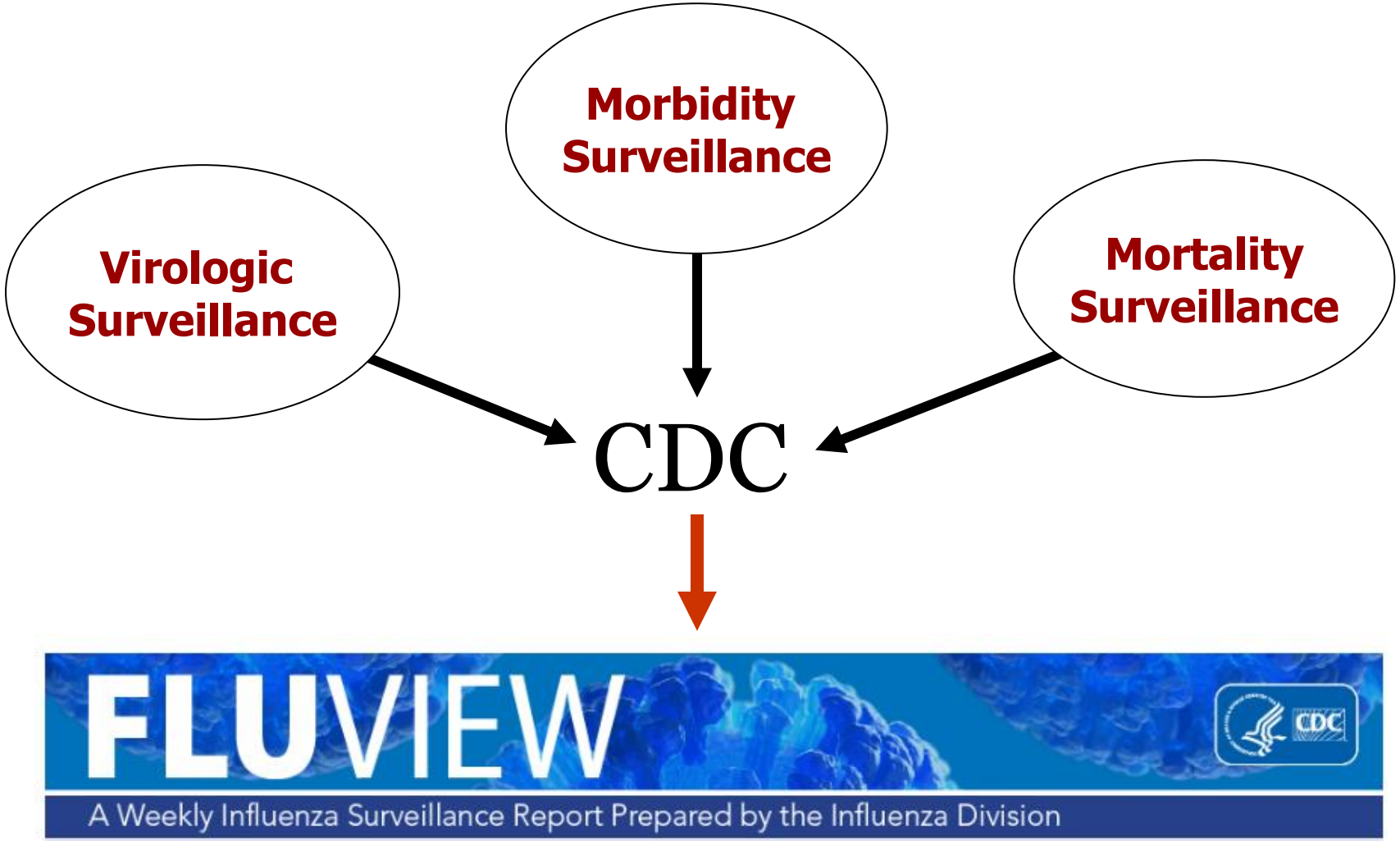




- Influenza types A, B, C and D
  - A and B are major human pathogens
- Negative-sense segmented RNA genome
  - 8 separate RNA segments
- Two major surface proteins of A and B viruses: Hemagglutinin (HA) and Neuraminidase (NA)
  - Role in pathogenesis
  - Defines subtypes
- Annual epidemics
  - Antigenic drift – small changes in HA and NA
- Periodic pandemic
  - Antigenic shift – HA that is new to the human population

U.S. Influenza Surveillance

Track annual epidemics and identify possible pandemic viruses

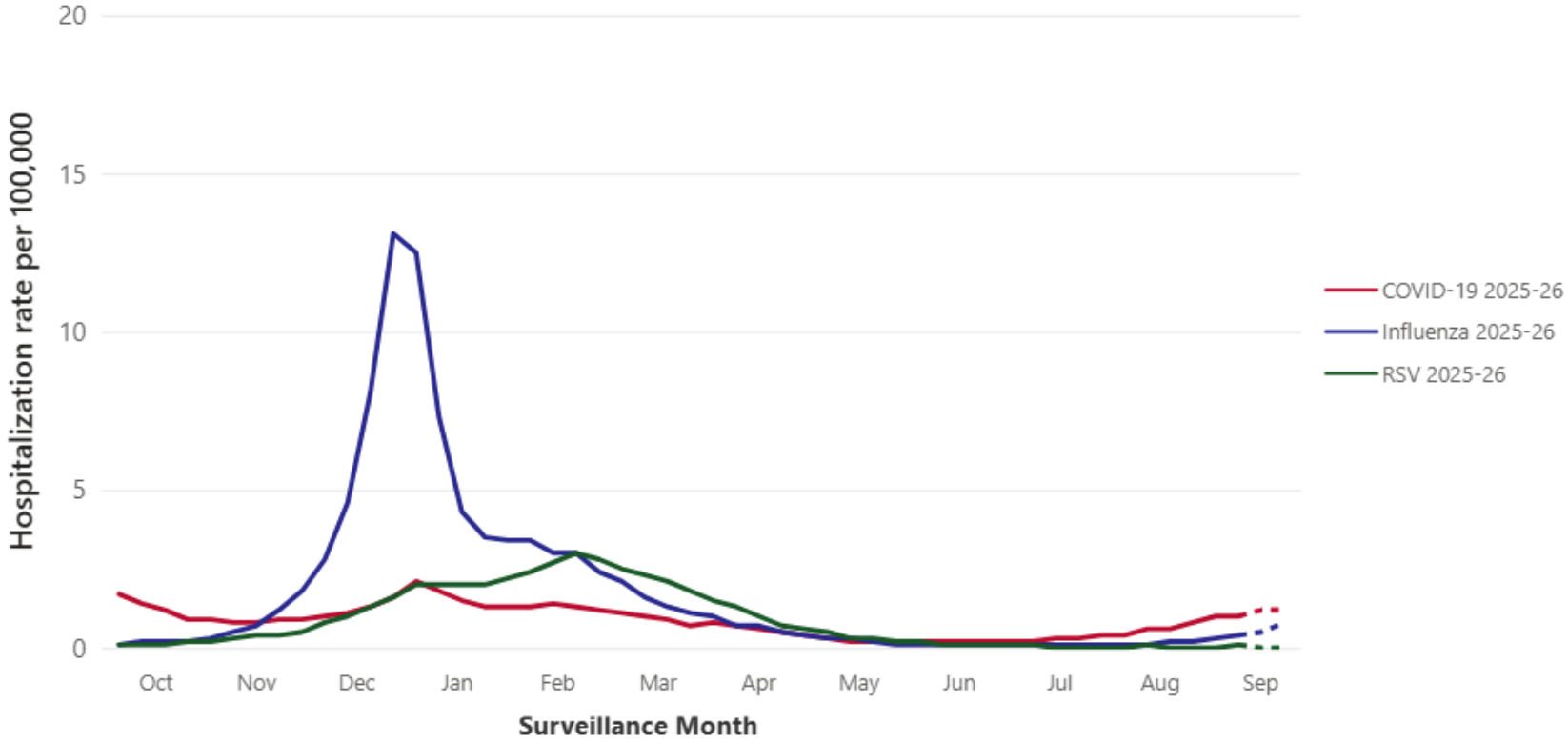


2025-26 Respiratory Season: influenza dominant overall



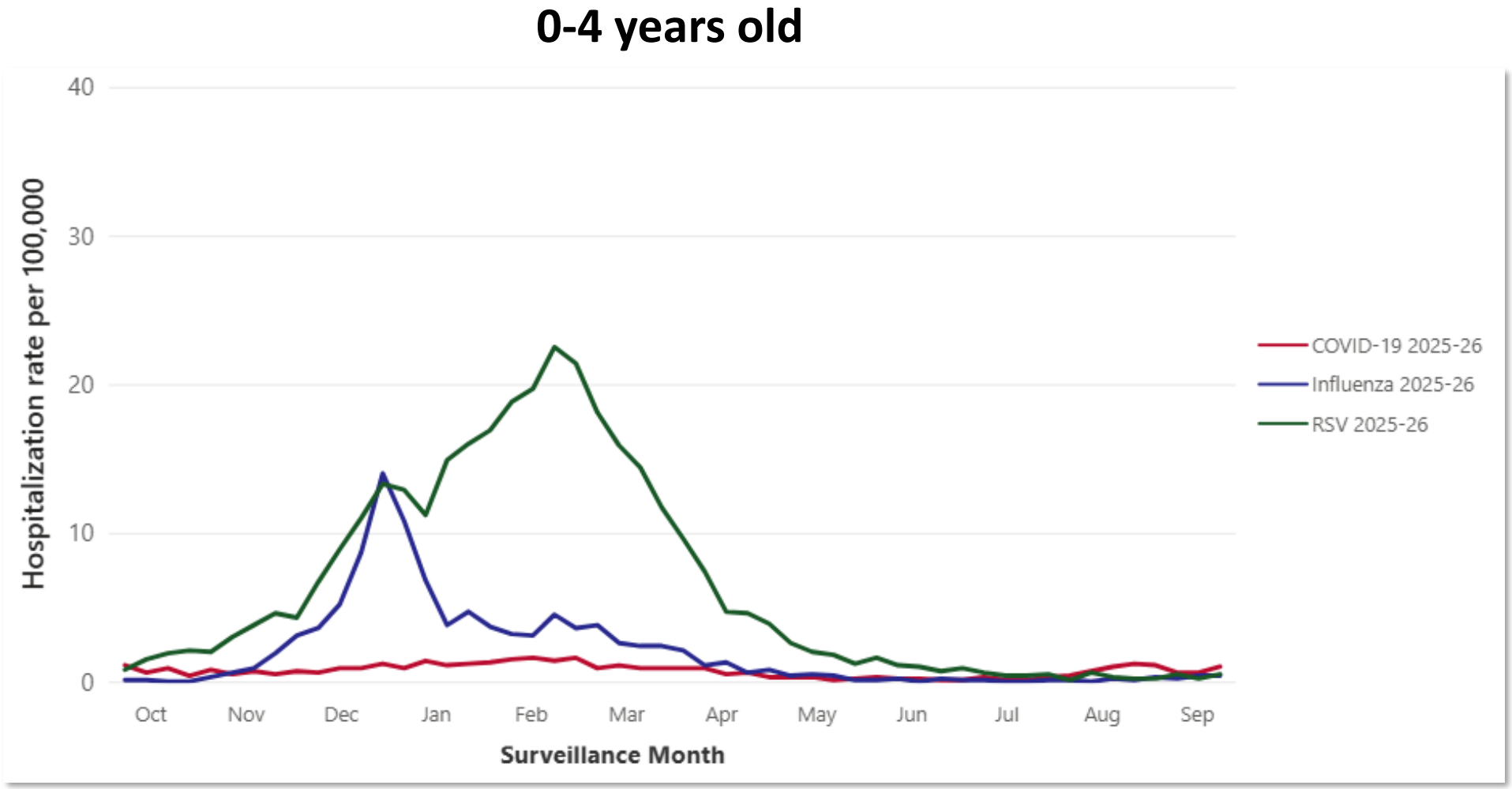
Weekly Rates of Respiratory Virus-Associated Hospitalizations by Season

Hospitalization rates for the past three weeks are estimates. Because reporting is delayed, models estimate what rates would be if all data were complete.
Median estimated rates are shown for each virus, with the option to view the estimated range reflecting uncertainty.



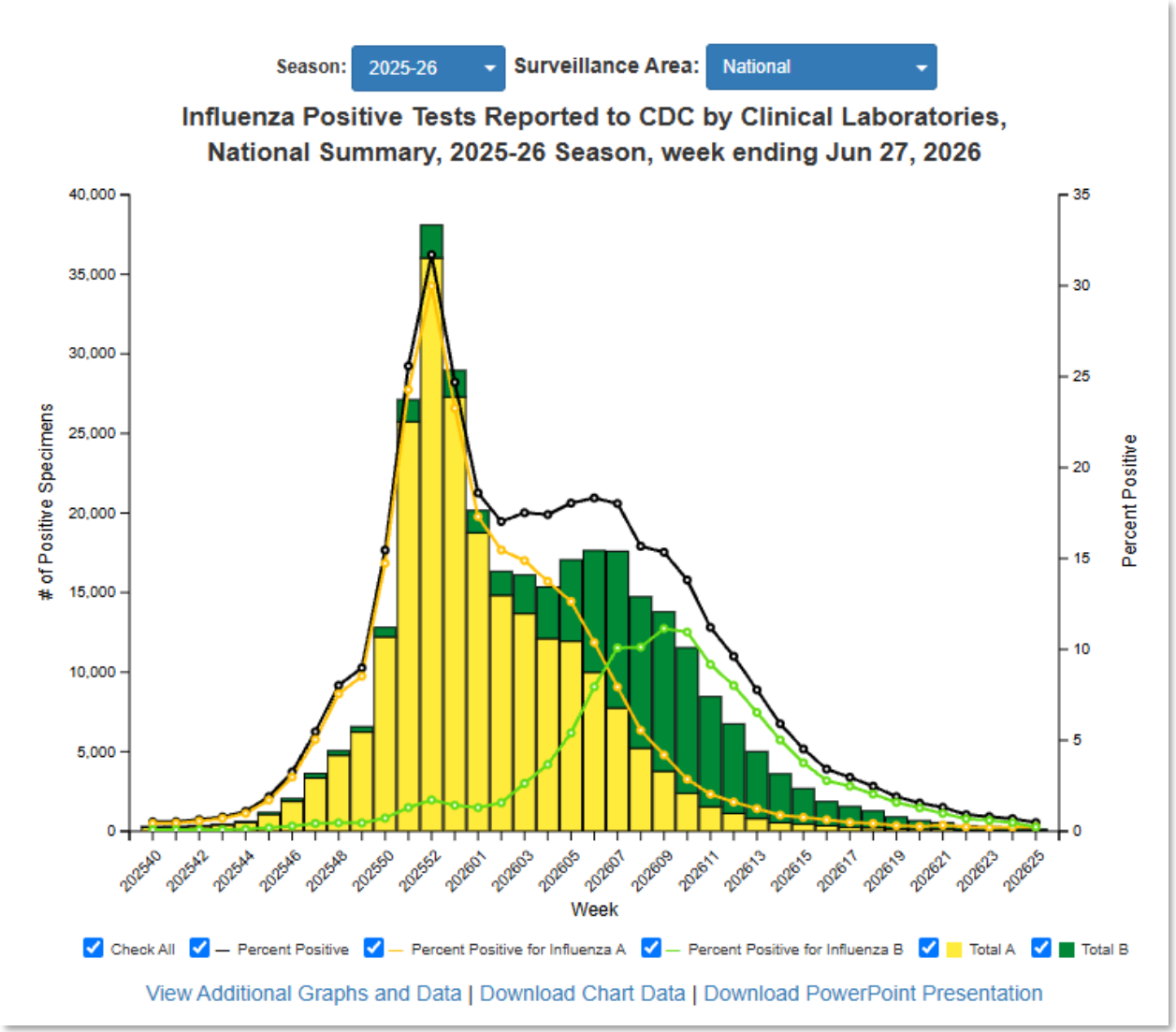
https://www.cdc.gov/resp-net/dashboard/index.html

But RSV very significant in children



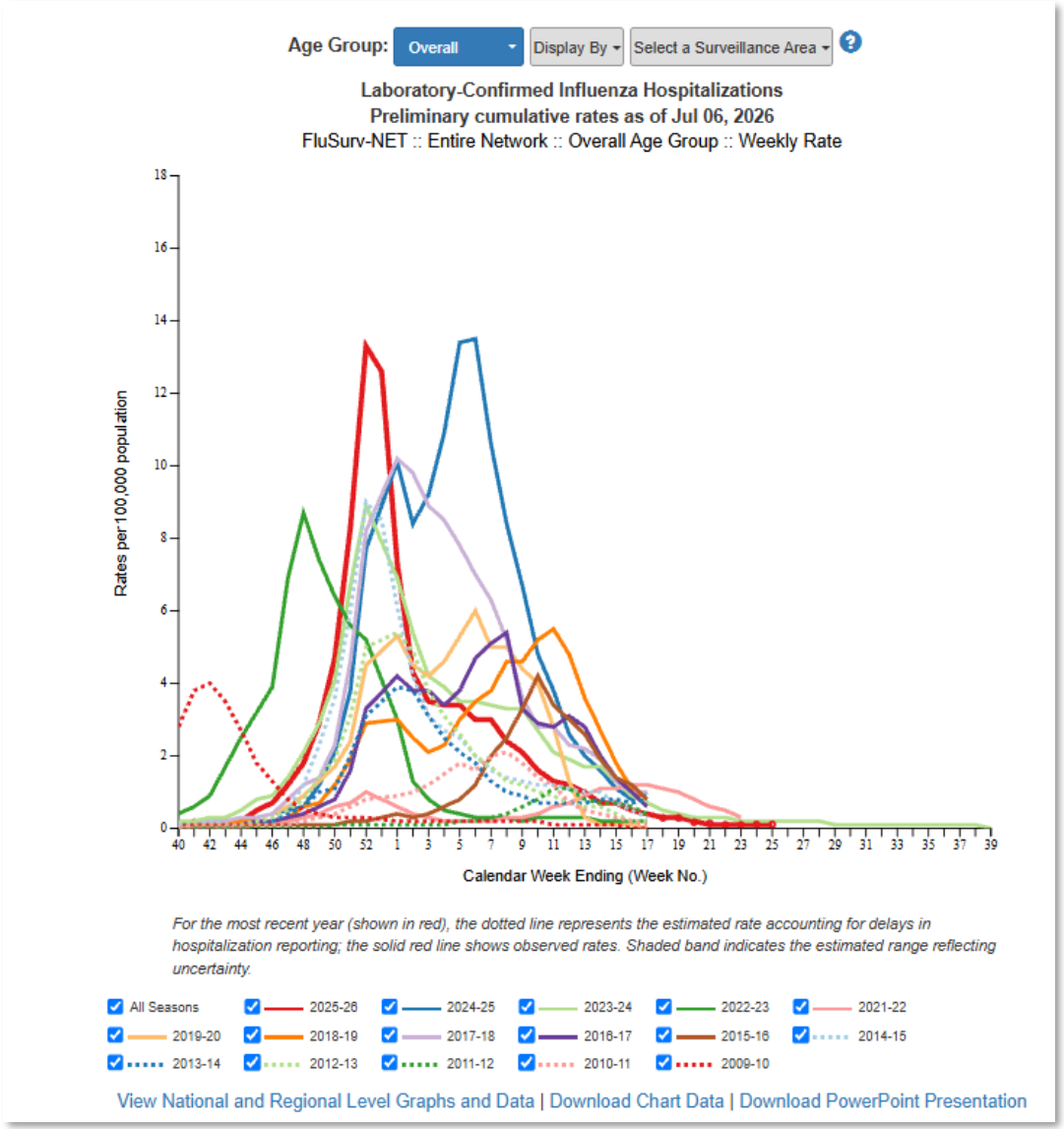
https://www.cdc.gov/resp-net/dashboard/index.html

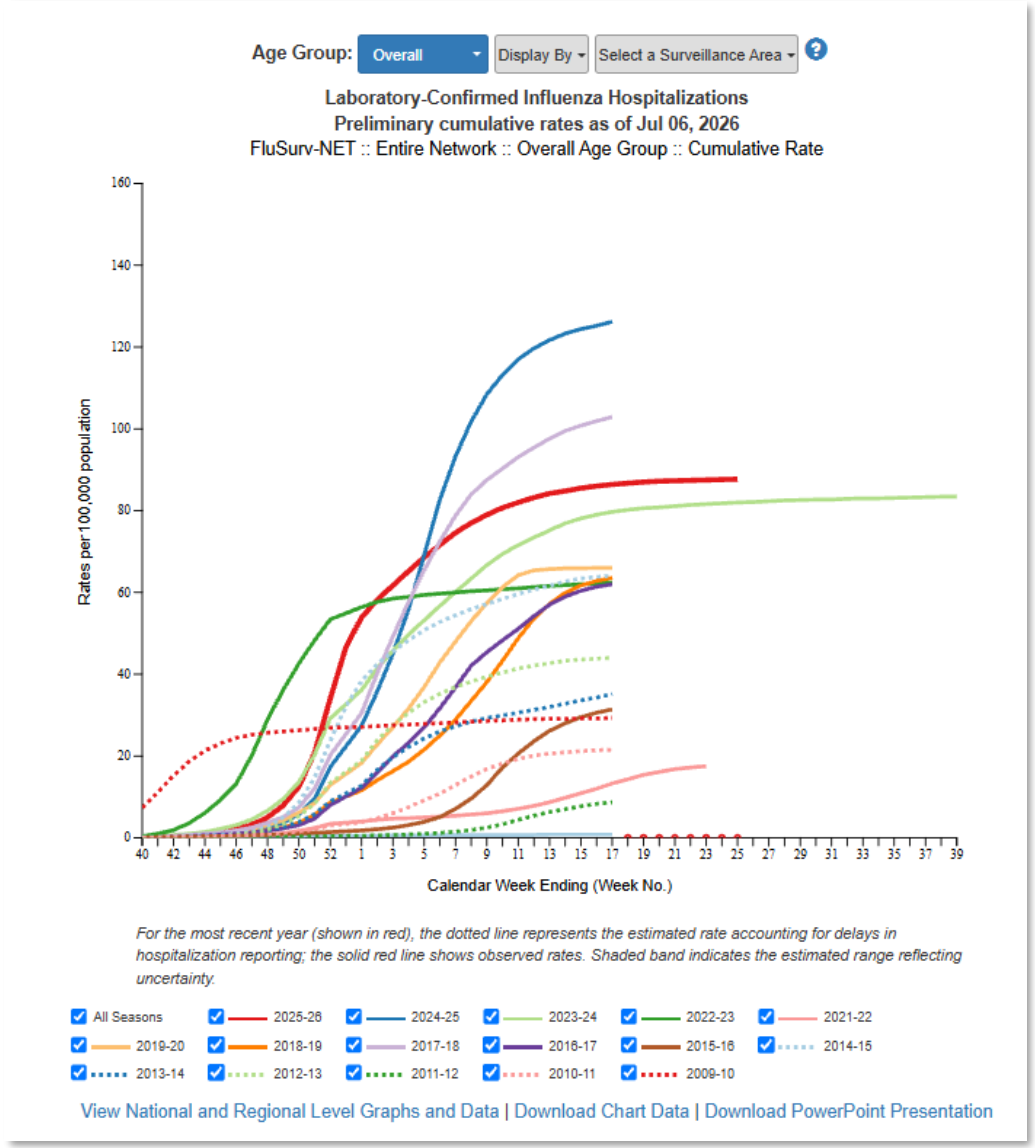
The 2025-26 Influenza Season: Normal-Bad



https://www.cdc.gov/flu/weekly/index.htm

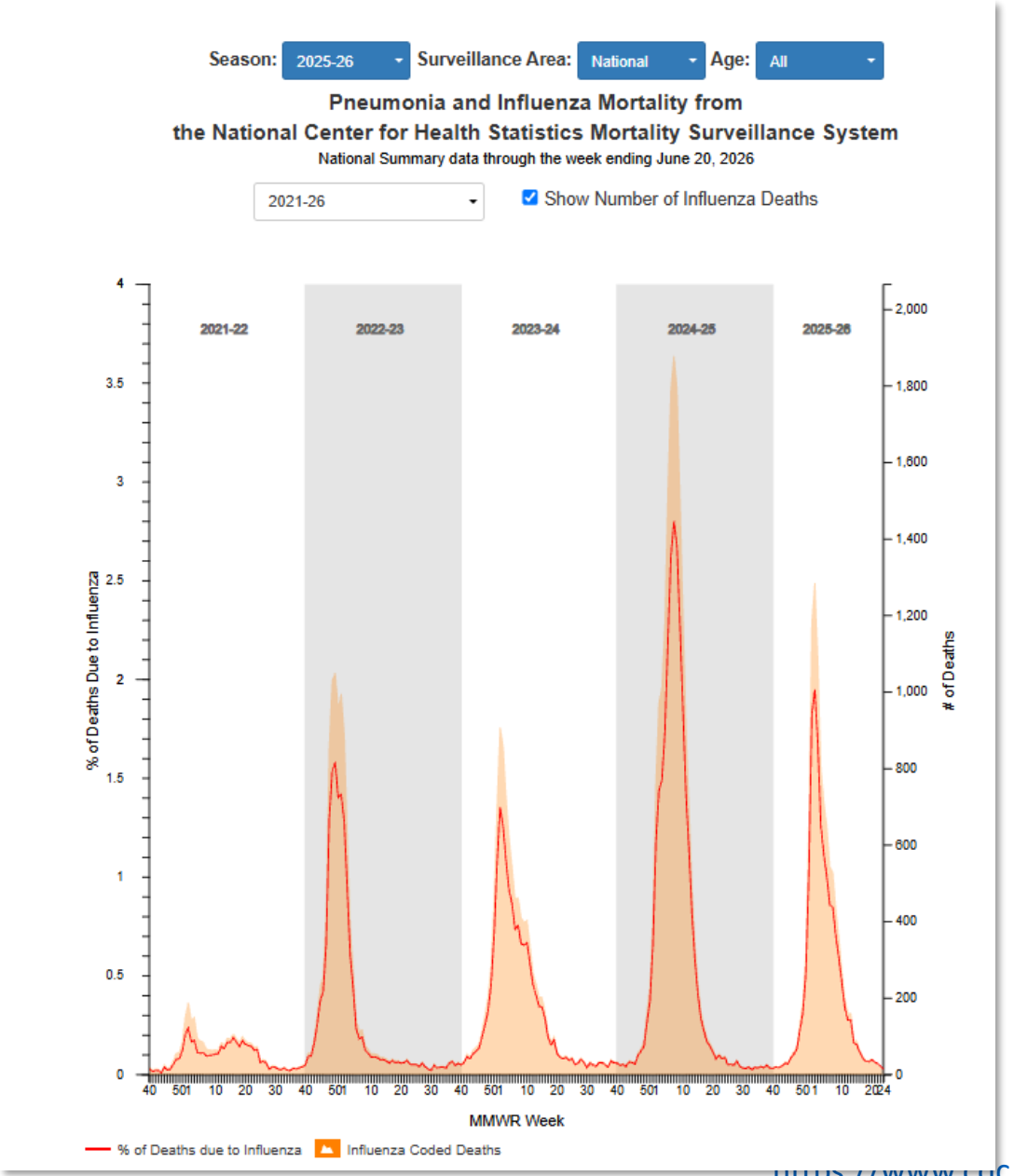
The 2025-26 Influenza Season: Normal-Bad





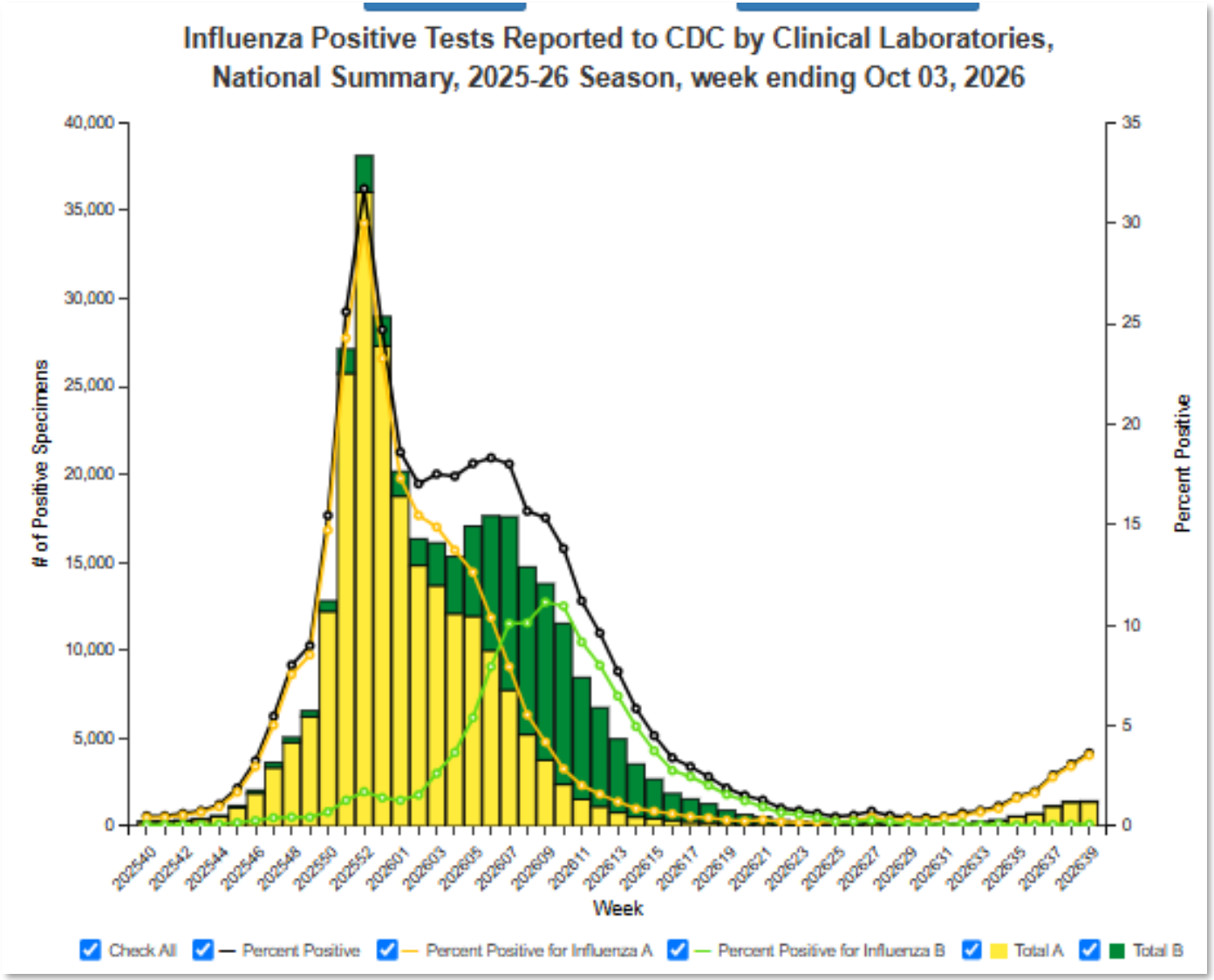
https://www.cdc.gov/flu/weekly/index.htm

The 2025-26 Influenza Season: Normal-Bad



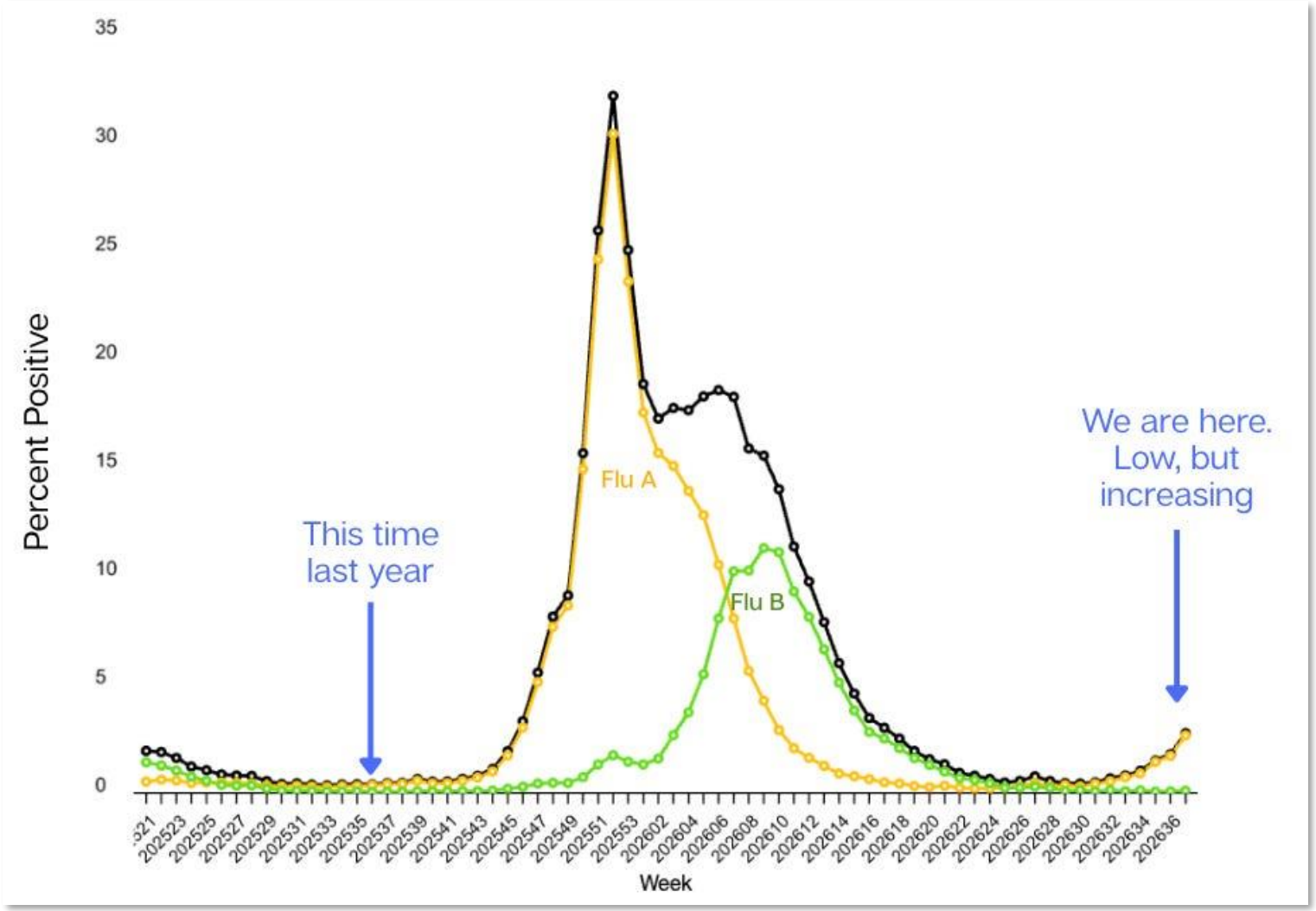
https://www.cdc.gov/fluview/surveillance/2026-week-39.html

The 2026-27 Influenza Season: Starting early!



https://www.cdc.gov/fluview/surveillance/2026-week-39.html

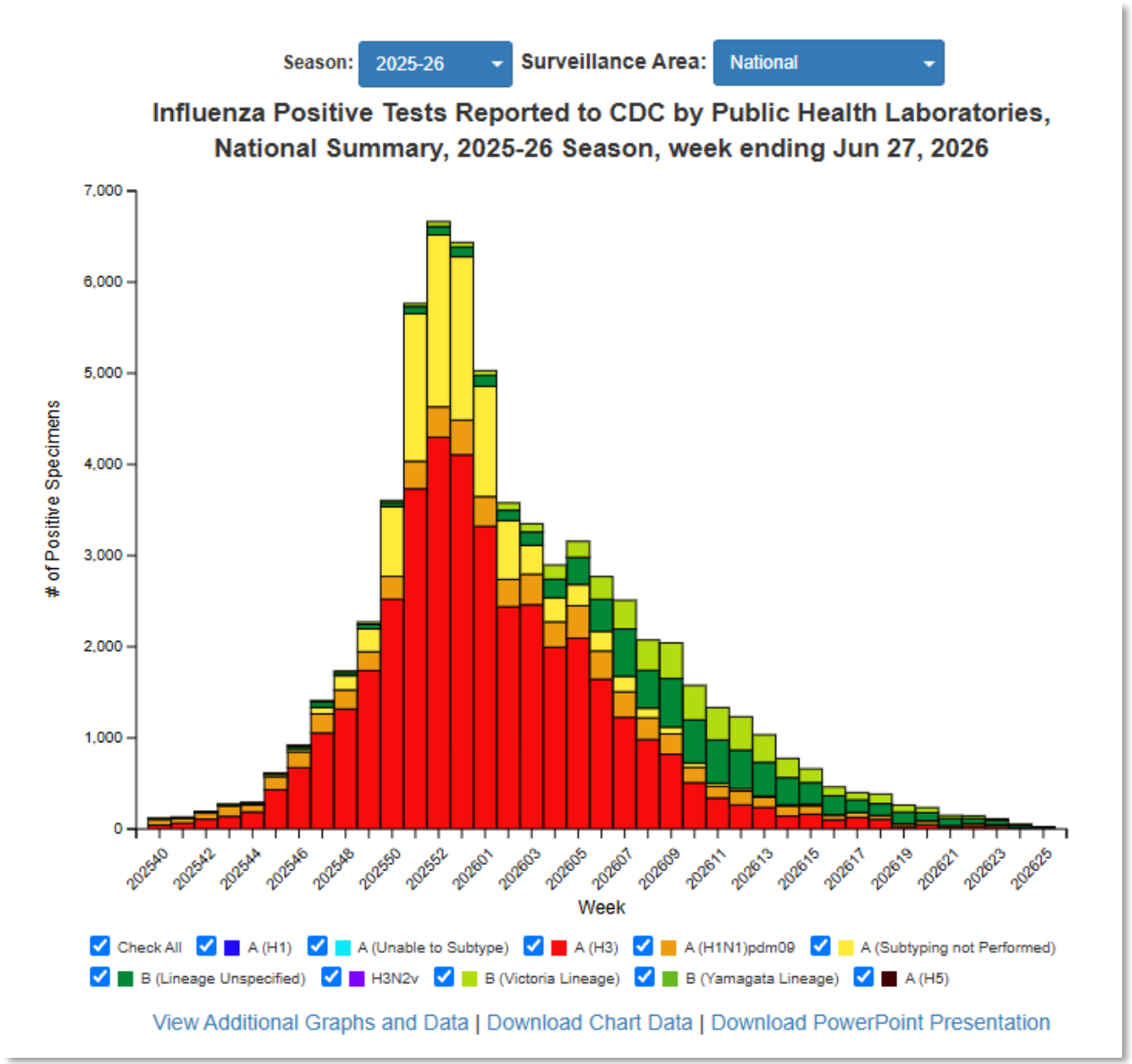
The 2026-27 Influenza Season: Starting early!



- Also increasing in U.K., Japan, other Northern Hemisphere countries
- Get your flu vaccine now!

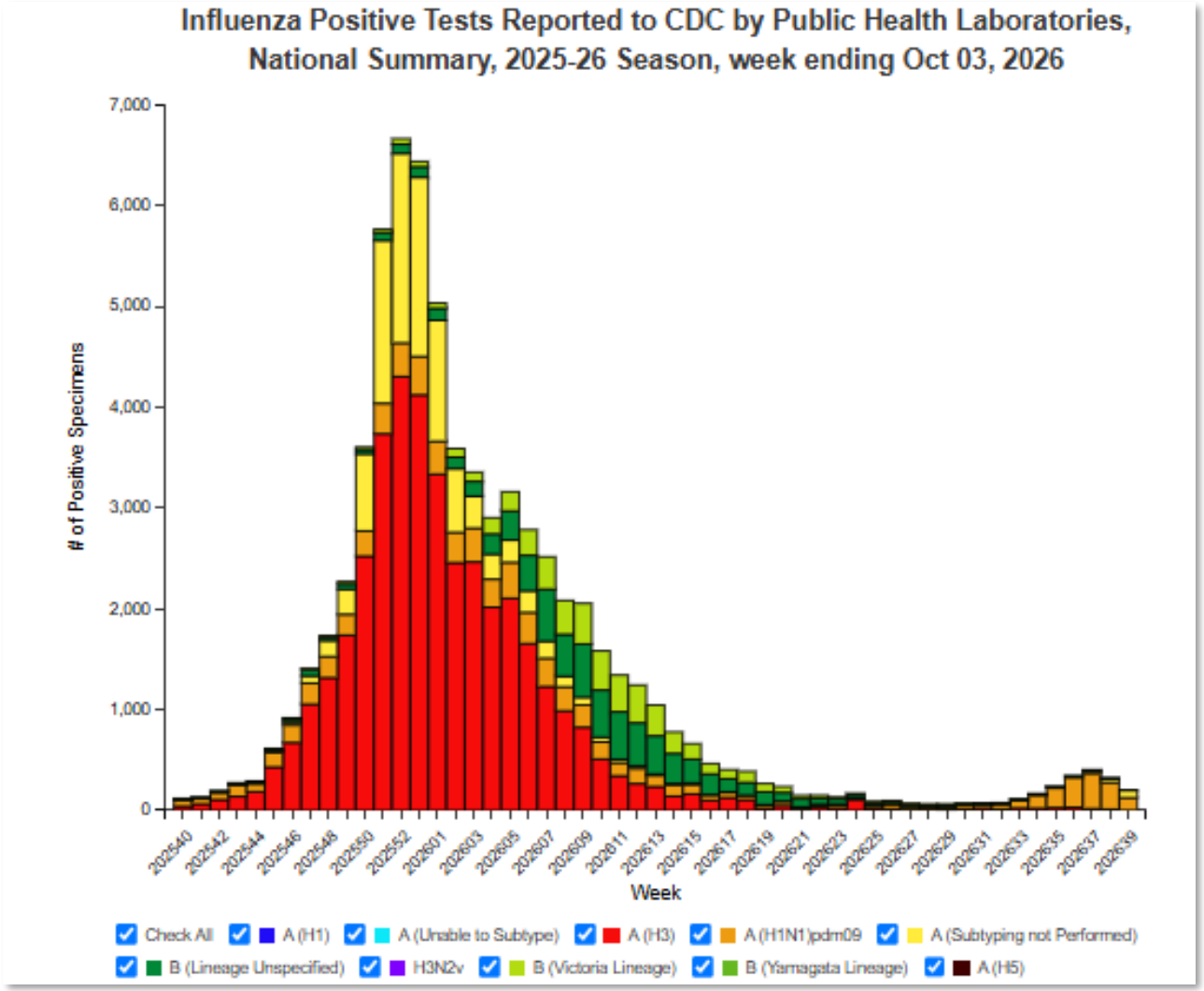
Your Local Epidemiologist, 9/29/26

H3N2 dominant in 2025-26 Influenza Season…



https://www.cdc.gov/fluview/surveillance/2026-week-39.html

But H1N1 is currently most common



https://www.cdc.gov/fluview/surveillance/2026-week-39.html

Influenza Vaccines

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications

- All types are trivalent:
  - Influenza A/H1N1 (pdm09)
  - Influenza A/H3N2
  - Influenza B

- People over 65 years old recommended to have an enhanced influenza vaccine (EIV) for higher protection
  - high-dose, adjuvanted, or recombinant

TABLE 1. Seasonal Influenza Vaccines in the United States.*

Vaccine type and trade name (manufacturer)	Presentation	Age indication	µg HA (IIV3s and RIV3) or virus count (LAIV3) for each vaccine virus (per dose)	Route
IIV3s (standard-dose, egg-based vaccines†)				
FLUARIX (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 µg/0.5 mL	IM§
FLULAVAL (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 µg/0.5 mL	IM§
Fluzone (Sanofi)	0.5-mL PFS¶	≥6 mos¶	15 µg/0.5 mL	IM§
	5.0-mL MDV	≥6 mos¶	7.5 µg/0.25 mL 15 µg/0.5 mL	IM§
ccIIV3 (standard-dose, cell culture–based vaccine)				
FLUCELVAX (Seqirus)	0.5-mL PFS	≥6 mos	15 µg/0.5 mL	IM§
HD-IIV3 (high-dose, egg-based vaccine†)				
Fluzone High-Dose (Sanofi)	0.5-mL PFS	≥65 yrs	60 µg/0.5 mL	IM§
aIIV3 (standard-dose, egg-based vaccine† with MF59 adjuvant)				
FLUAD (Seqirus)	0.5-mL PFS	≥65 yrs	15 µg/0.5 mL	IM§
RIV3 (recombinant HA vaccine)				
Flublok (Sanofi)	0.5-mL PFS	≥9 yrs	45 µg/0.5 mL	IM§
LAIV3 (egg-based vaccine†)				
FluMist (AstraZeneca)**	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	$10^{6.5–7.5}$ FFU/0.2 mL	Intranasal

https://www.cdc.gov/flu/hcp/vax-summary/seasonal-influenza-vaccines.html

mRNA Influenza Vaccine

- FDA approval on August 5, 2026
- mRNA vaccine was 27 percent more effective against seasonal influenza infection than a standard influenza vaccine
- Showed protection against all 3 influenza strains
- Approved for individuals 50-64
- Unknown availability; just being rolled out
- mRNA-based: can make last-minute changes in its composition should unanticipated strains begin circulating
- Unknown how well it'll work in the real world; 2026-27 will be the first chance to study!



The Washington Post
Democracy Dies in Darkness

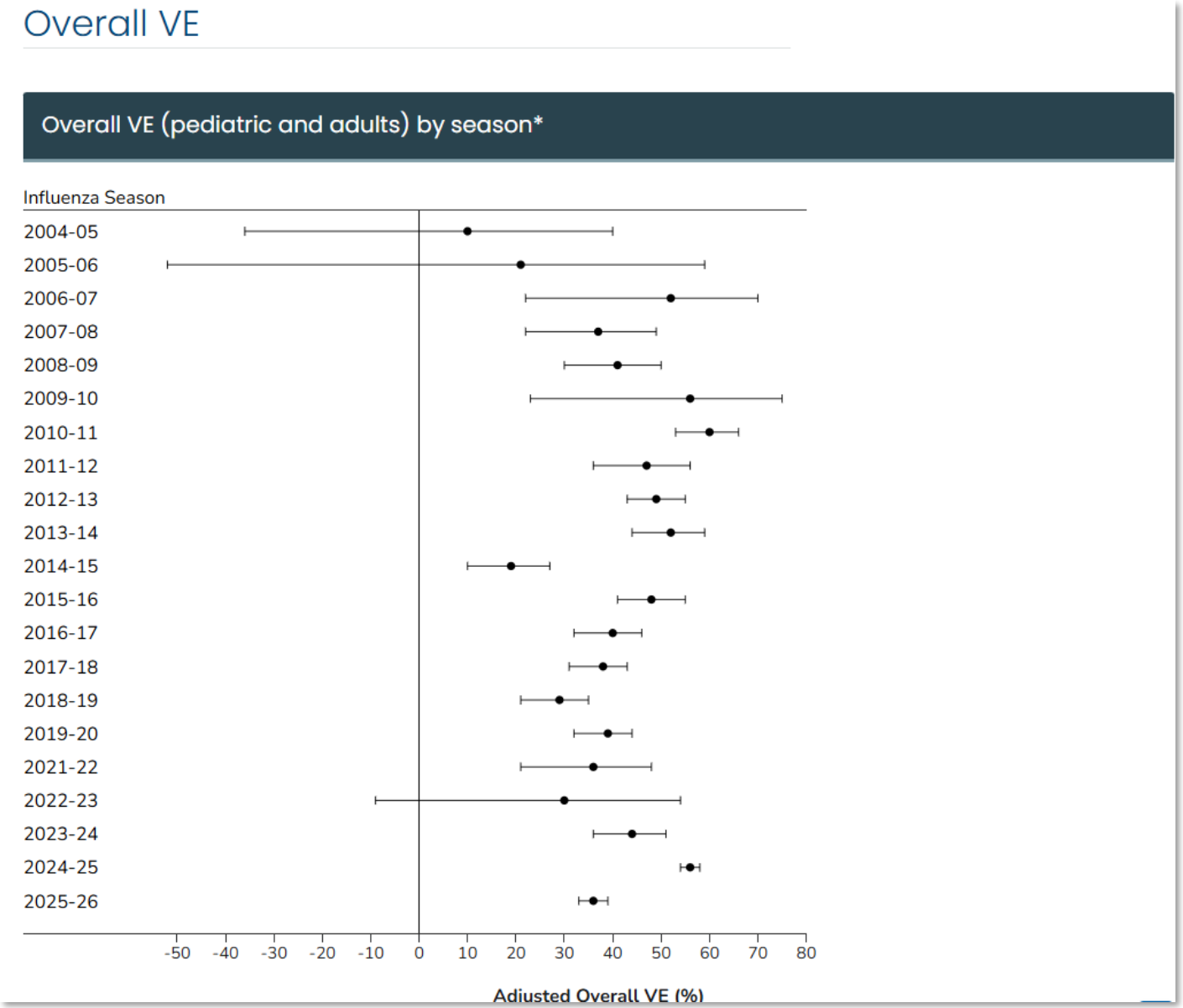
What to know about the first mRNA-based flu shot approved by the FDA

Moderna said the new shot, which was approved after controversy and despite RFK Jr.'s skepticism of mRNA technology, will probably be available at some retailers in the coming weeks.

August 5, 2026

7 min Summary 618 Add to Preferred Sources

Influenza Vaccine Effectiveness (VE)

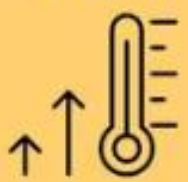


In 2025-26, VE was:

- 38%–41% against influenza-associated outpatient visits
- 41% against influenza-associated hospitalization

Your Local Epidemiologist

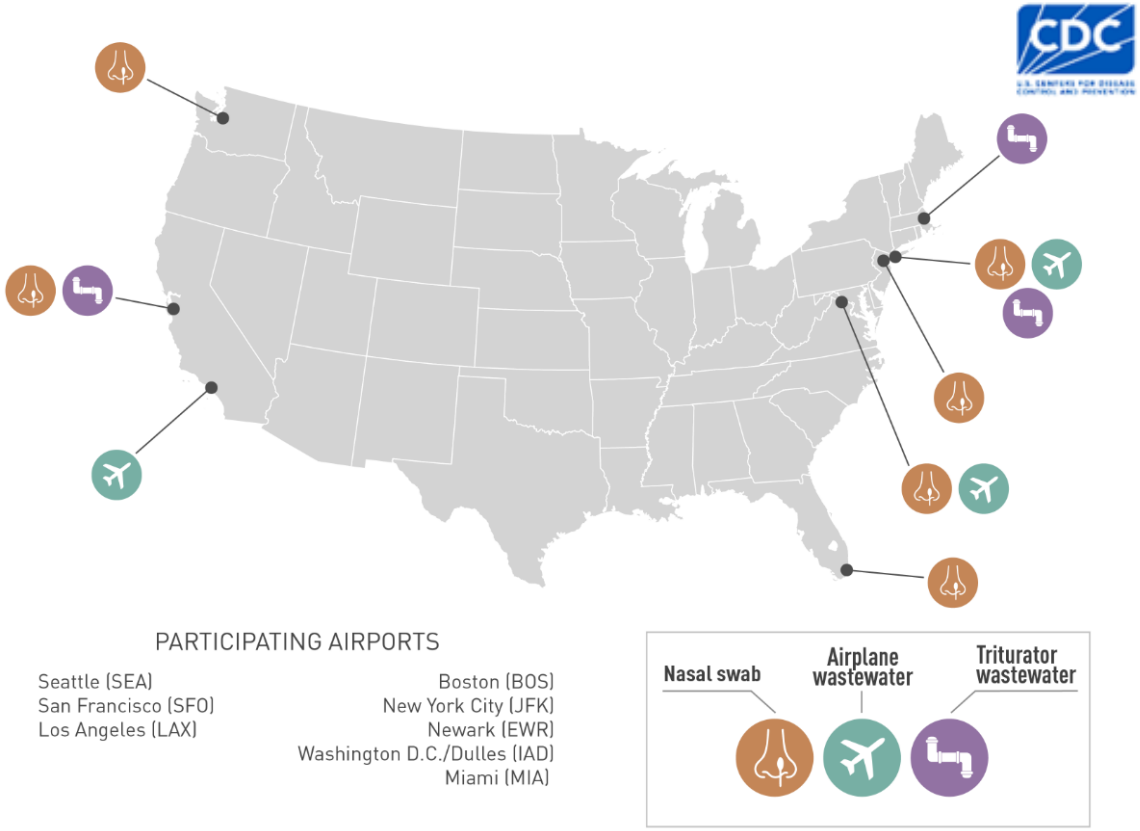
Seasonal influenza (flu)

	What are the options?	Who is eligible?	How well do they work?	When should I get it?
INFLUENZA 	A shot that targets 3 strains of seasonal flu	6 months+ (traditional vaccine) 50+ years (mRNA)	Reduces the risk of going to the doctor by 30-60%	October is ideal, as vaccine protection wanes over a season

https://yourlocalepidemiologist.substack.com/p/your-guide-to-fall-2026-vaccines

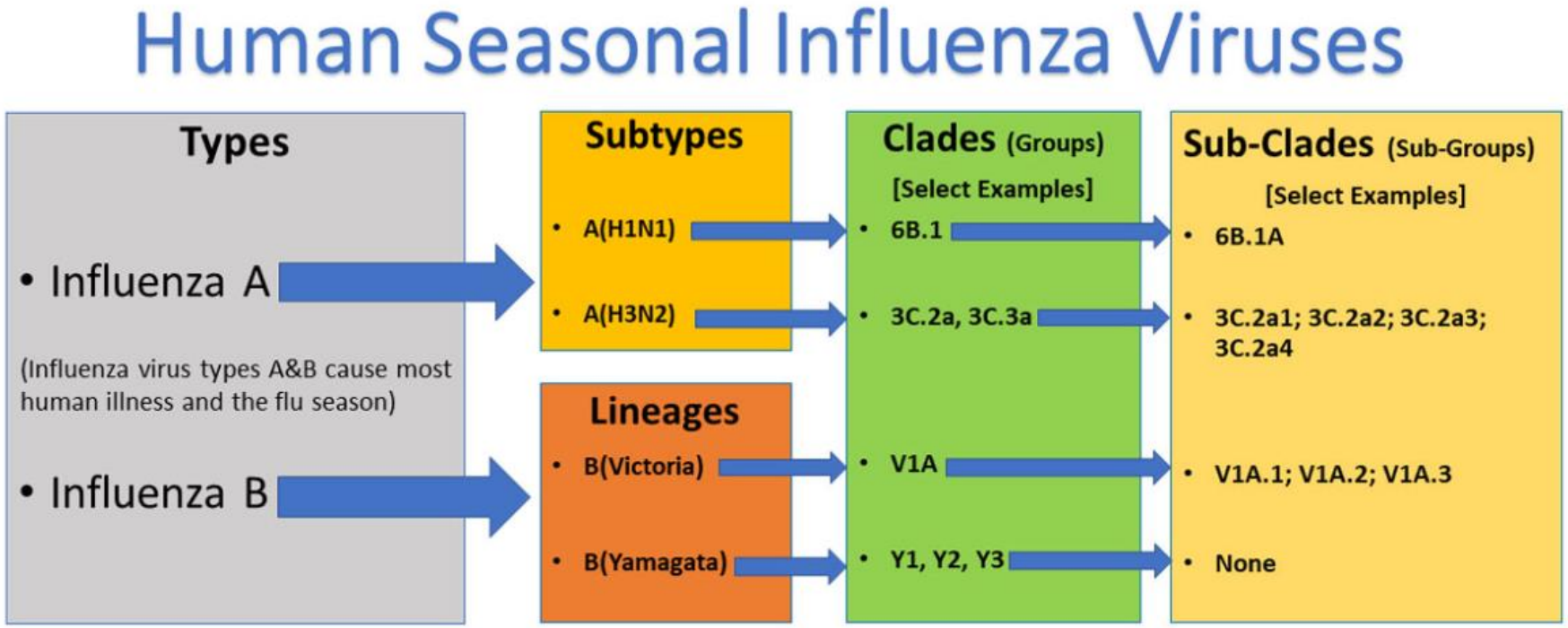
Influenza A(H3N2) - Subclade K

- Emerged in the US in the Summer of 2025
- First identified in CDC Travel-based genomic surveillance Program
  - Nasal swabs from international travelers
  - Wastewater from airplanes



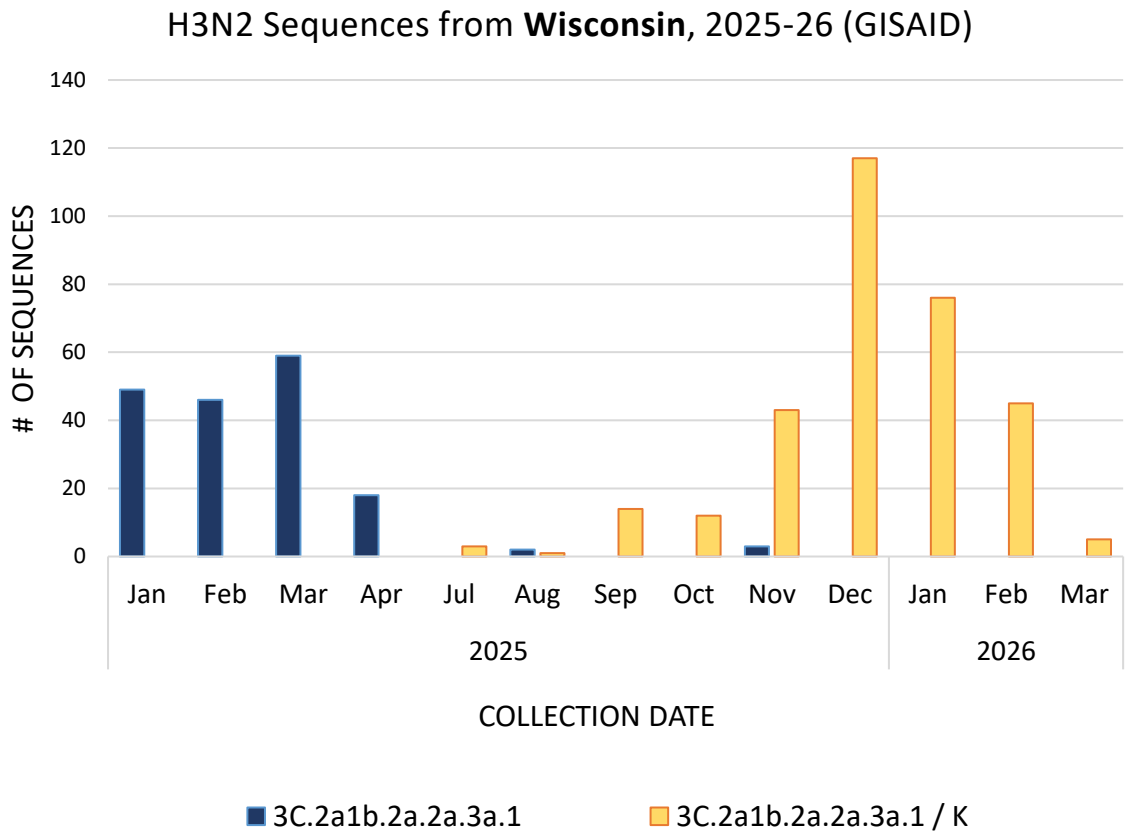
Influenza A(H3N2) - Subclade K

- 7-11 amino acid changes (drifted compared with vaccine strain)



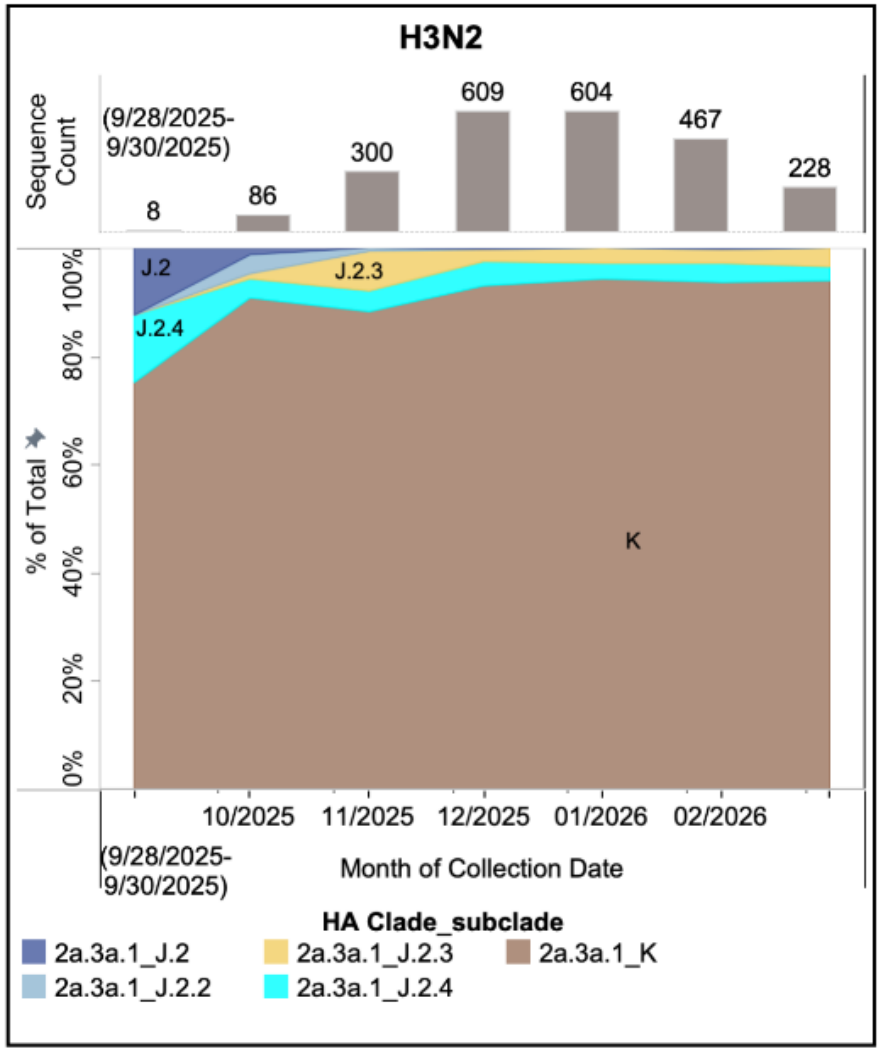
Influenza A(H3N2) - Subclade K

- First ‘circulating’ specimens received at CDC were from Wisconsin and Michigan
  - Positive influenza specimens are particularly important early in the season!
- Poor match for the 2025-26 vaccine strain (J.2)



Influenza A(H3N2) – Strain Characterization

- 98% of H3N2 viruses in WI in 2025-26 season were subclade K
- Only 1.5% of circulating H3N2 viruses were a good antigenic match with the 2025-26 vaccine strain (J.2)
- H3N2 circulating subclades antigenically distinct
  - K
  - J.2
  - J.2.3
  - J.2.4



2026-27 Vaccine Strain Formula

- **All three vaccine components were updated for both formulas**
- Egg based vaccines
  - A/Missouri/11/2025 (H1N1)pdm09-like
  - A/Darwin/1454/2025 (H3N2)-like
  - B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like
- Cell- or recombinant vaccines
  - A/Missouri/11/2025 (H1N1)pdm09-like
  - A/Darwin/1415/2025 (H3N2)-like
  - B/Pennsylvania/14/2025 (B/Victoria lineage)-like

Long-term outcomes following hospital admission for COVID-19 versus seasonal influenza: a cohort study

Yan Xie, Taeyoung Choi, Ziyad Al-Aly

- US VA database
  - 81,280 patients hospitalized with COVID (2020-2022)
  - 10,985 patients hospitalized with influenza (2015-2019)
- Participants were followed up for up to 18 months to evaluate:
  - risks and burdens of death
  - a prespecified set of 94 individual health outcomes
  - ten organ systems
  - overall burden across all organ systems
  - readmission
  - admission to intensive care
- Long-COVID was worse than long-flu
- Long flu still led to larger overall burden than acute flu

The Washington Post
Democracy Dies in Darkness

Brain Matters

‘Long flu’ can linger for months. Here’s how to reduce your risk.

Persistent symptoms can harm the lungs and other organs, including the brain.

September 29, 2026

Long-term outcomes following hospital admission for COVID-19 versus seasonal influenza: a cohort study

Yan Xie, Taeyoung Choi, Ziyad Al-Aly

"Both COVID-19 and seasonal influenza had a higher burden of health loss in the post-acute phase of infection compared to their respective acute phases, suggesting that hospital admission for either COVID-19 or seasonal influenza has a greater long-term impact on health than the immediately manifested health effects during the acute phase"

Pandemic Influenza Generation:

Viruses at the Human-Animal Interface

Influenza A

- **H1 - H16***
- **N1 – N9***

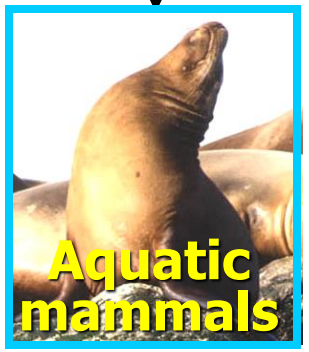
















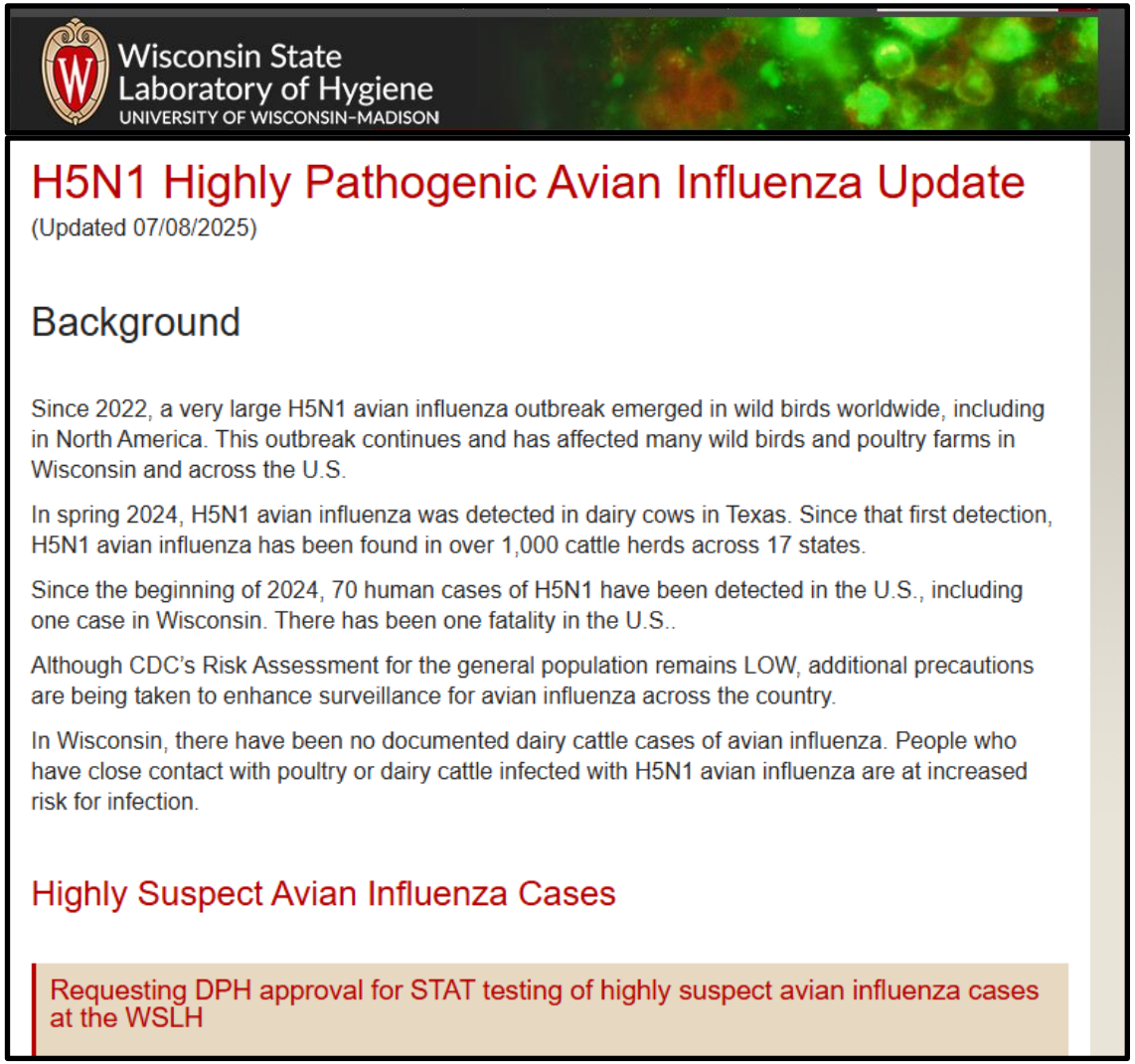
*Bats – H17/18, N10/11



H5N1 Avian Influenza

Background

- First recognized in 1997
- 2022-current, worldwide strain
- Announced in dairy herds, March 2024
- Lots of spread Spring 2024
- Slowed down Summer 2024
- Increased spread Fall 2024
- Not much since January 2025



Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN–MADISON

H5N1 Highly Pathogenic Avian Influenza Update

(Updated 07/08/2025)

Background

Since 2022, a very large H5N1 avian influenza outbreak emerged in wild birds worldwide, including in North America. This outbreak continues and has affected many wild birds and poultry farms in Wisconsin and across the U.S.

In spring 2024, H5N1 avian influenza was detected in dairy cows in Texas. Since that first detection, H5N1 avian influenza has been found in over 1,000 cattle herds across 17 states.

Since the beginning of 2024, 70 human cases of H5N1 have been detected in the U.S., including one case in Wisconsin. There has been one fatality in the U.S..

Although CDC's Risk Assessment for the general population remains LOW, additional precautions are being taken to enhance surveillance for avian influenza across the country.

In Wisconsin, there have been no documented dairy cattle cases of avian influenza. People who have close contact with poultry or dairy cattle infected with H5N1 avian influenza are at increased risk for infection.

Highly Suspect Avian Influenza Cases

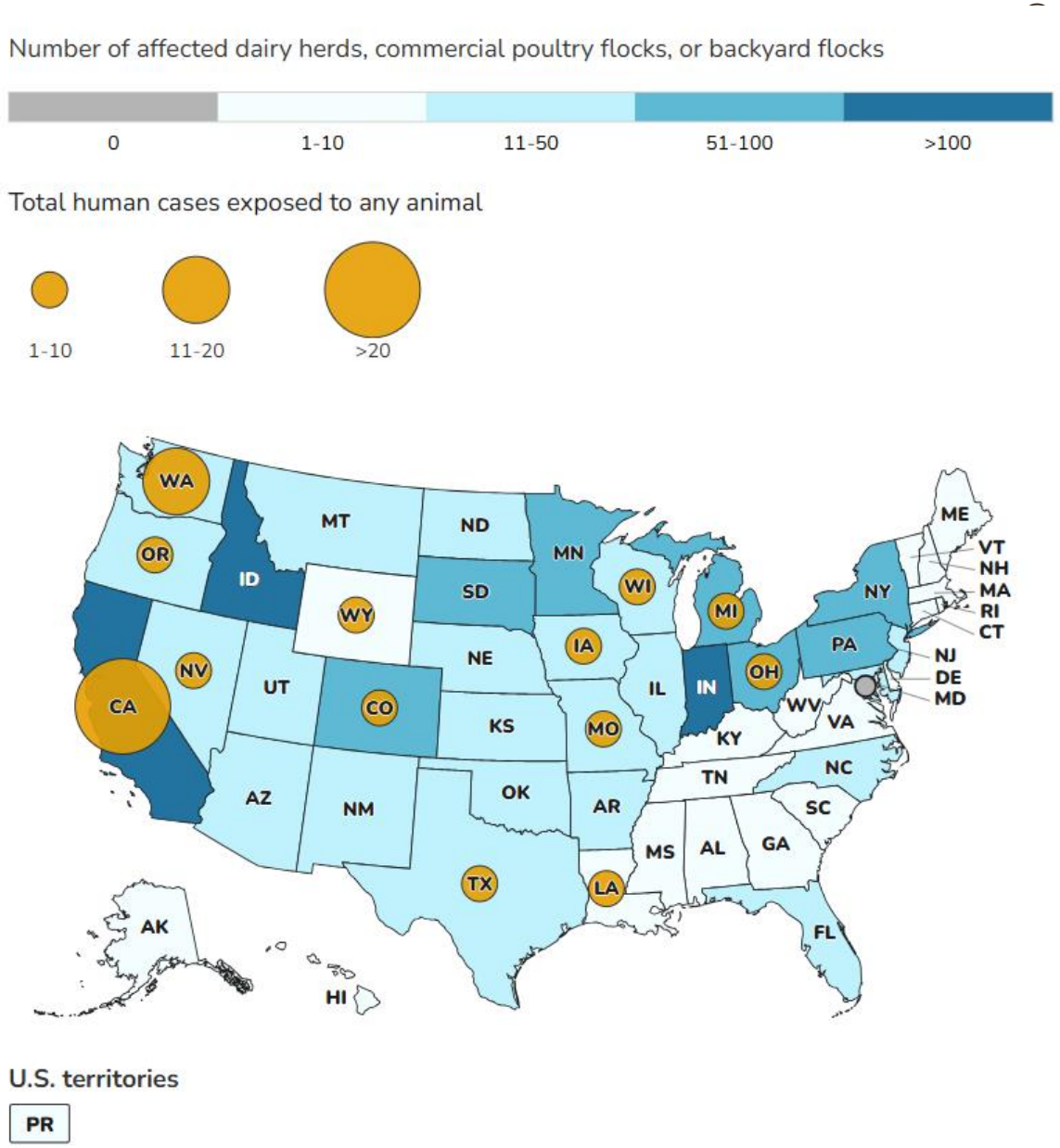
Requesting DPH approval for STAT testing of highly suspect avian influenza cases at the WSLH

Avian Influenza

- **Nationally**
  - 71 Human Cases
  - 2 Human Deaths
  - No Human to Human transmission

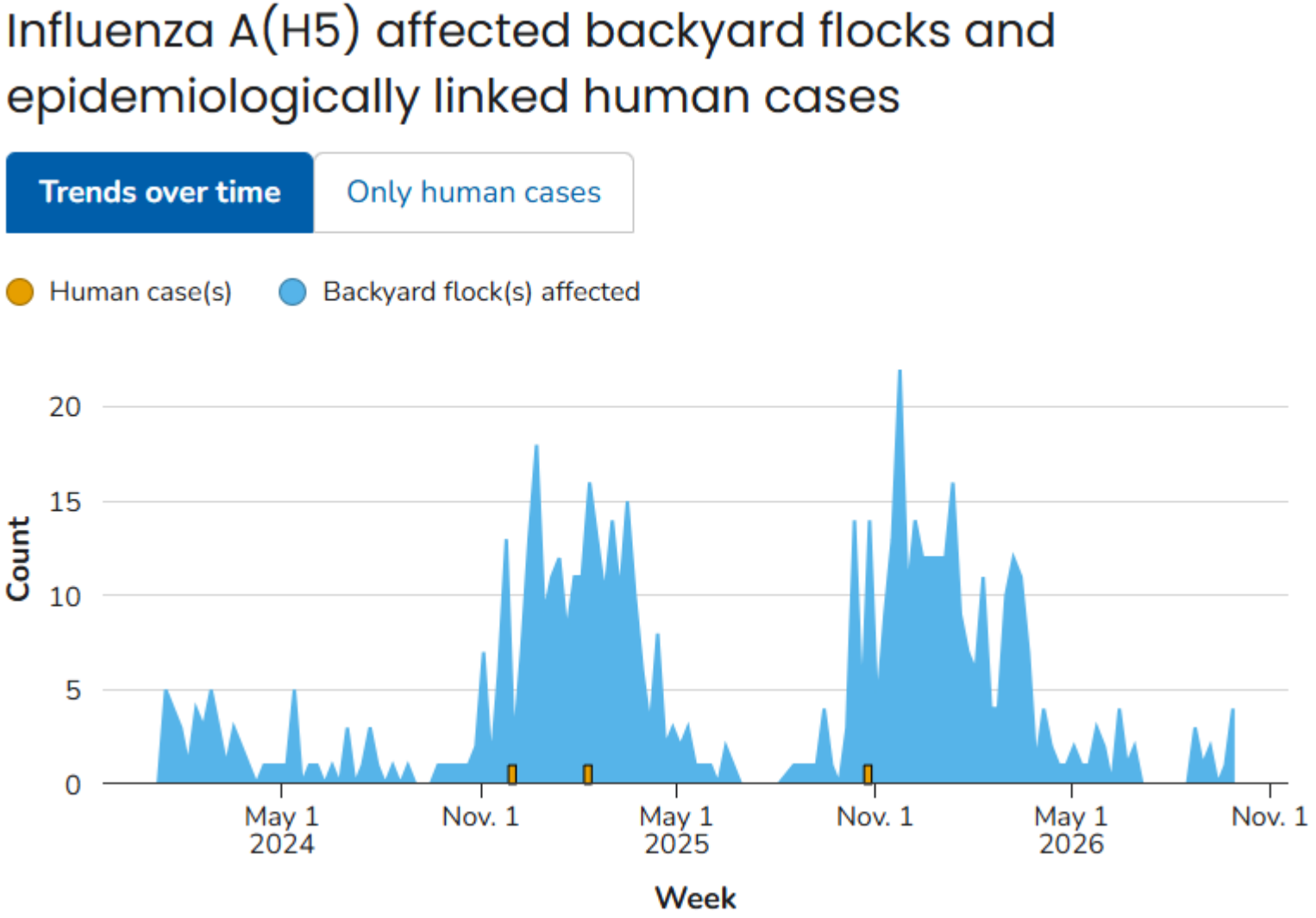
Wisconsin

- 1 Human case
- 48 infected commercial/backyard flocks
- 1 infected dairy herd



https://www.cdc.gov/bird-flu/h5-monitoring/index.html?cove-tab=0

Avian Influenza



https://www.cdc.gov/bird-flu/h5-monitoring/index.html?cove-tab=0

The Washington Post
Democracy Dies in Darkness

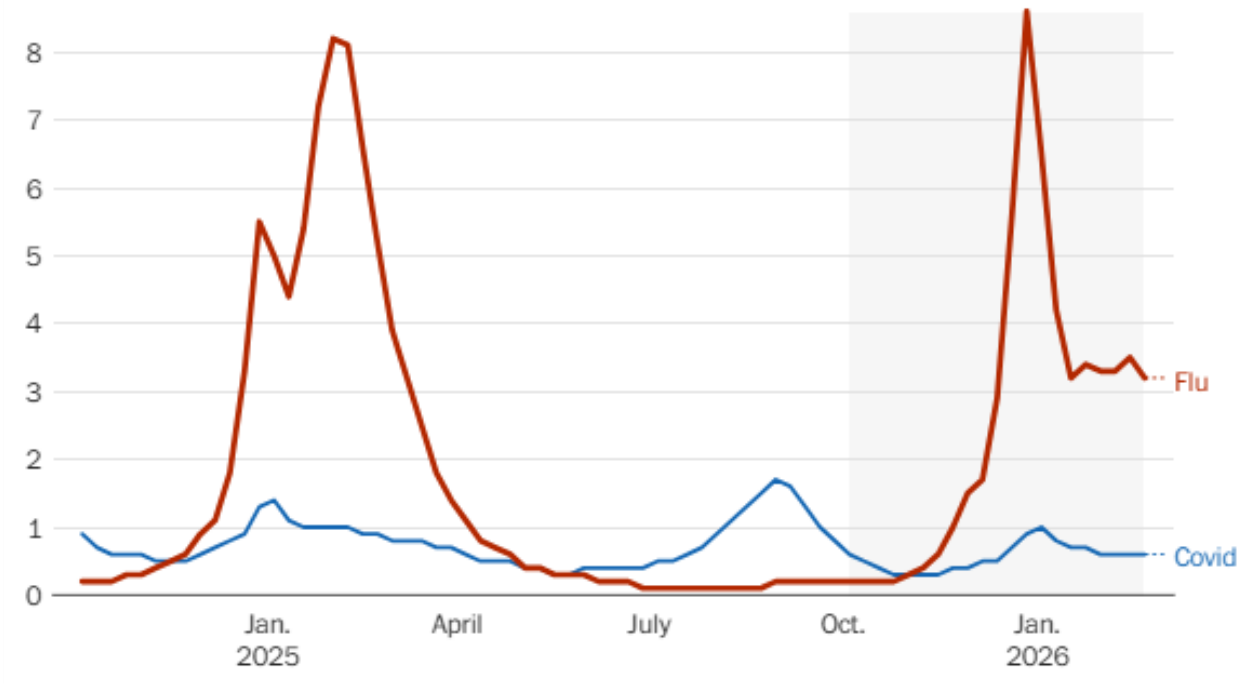
Flu was again worse than covid this winter. Is that pattern here to stay?

Flu has overtaken covid in infections and hospitalizations during the winter respiratory virus season, and their virulence is becoming similar.

March 4, 2026

Flu has overtaken covid in emergency rooms during the past two winters

Weekly percentage of U.S. emergency room visits for flu and covid, Oct. 2024 to Feb. 2026.



Your Local Epidemiologist

Covid-19 vaccine

	What are the options?	Who is eligible?	How well do they work?	When should I get it?
COVID-19 	Updated vaccine formula targeting XFG, an Omicron subvariant Options: Moderna and Pfizer (mRNA) or Novavax (protein)	• 6-23 months: All • 2-17 years: risk factors or parents desire vaccination • Pregnancy: All • Adults: All	30-60% additional protection against illness & severe disease	If protection against **severe disease is needed**: Get now To protect against **infection**: Best before a wave, which can be challenging to time **Recently infected?** Wait 4-6 months

https://yourlocalepidemiologist.substack.com/p/a-guide-to-fall-2026-vaccines

FOR IMMEDIATE RELEASE
September 30, 2026

Contact
DHS Media, 608-266-1683

DHS Issues Immunization Recommendations Ahead of Respiratory Virus Season

Encourages flu, COVID-19, and RSV vaccines, if eligible

STATE OF WISCONSIN
Department of Health Services
Division of Public Health

201 E. Washington Ave.
PO Box 2659
Madison, WI 53701-2659

Telephone: 608-267-9003
Fax: 608-261-4976
TTY: 888-701-1253

Date: September 10, 2026 BCD 2026-10

To: Wisconsin Vaccinators

From: Ryan Westergaard, MD, Ph.D. Chief Medical Officer and State Epidemiologist for Communicable Diseases

Statewide Influenza Vaccination Standing Order

For the 2026–27 Respiratory Virus Season

STATE OF WISCONSIN
Department of Health Services
Division of Public Health

201 E. Washington Ave.
PO Box 2659
Madison, WI 53701-2659

Telephone: 608-267-9003
Fax: 608-261-4976
TTY: 888-701-1253

Date: September 10, 2026 BCD 2026-09
Replaces BCD 2025-03

To: Wisconsin Vaccinators

From: Ryan Westergaard, MD, Ph.D. Chief Medical Officer and State Epidemiologist for Communicable Diseases

Statewide COVID-19 Vaccination Standing Order

For the 2026–27 Respiratory Virus Season

Respiratory Viruses – Vaccine Recommendations



AMA Join

PUBLIC HEALTH > PREVENTION & WELLNESS

Doctors united on respiratory virus vaccine recommendations

Following extensive evidence review, leading physician organizations offer their advice to help stop influenza, RSV and COVID-19 this respiratory virus season.

By **Kevin B. O'Reilly,** Senior News Editor

Sep 2, 2026 | 10 Min Read

- Four major societies released aligned fall guidance, all posted together on a new AMA site, SpreadTheFacts.org
  - American Academy of Family Physicians (AAFP)
  - American Academy of Pediatrics (AAP)
  - American College of Obstetricians and Gynecologists (ACOG)
  - Infectious Diseases Society of America (IDSA)

FDA U.S. FOOD & DRUG ADMINISTRATION

COVID-19 Vaccines (2026-2027 Formula) for Use in the United States Beginning in Fall 2026

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met on May 28, 2026, to discuss and make recommendations on the selection of the 2026-2027 Formula for COVID-19 vaccines for use in the United States beginning in the fall of 2026.

The committee recommended that the composition of the COVID-19 vaccines (2026-2027 Formula) include the JN.1-lineage XFG as the preferred SARS CoV-2 virus variant for an updated monovalent vaccine.

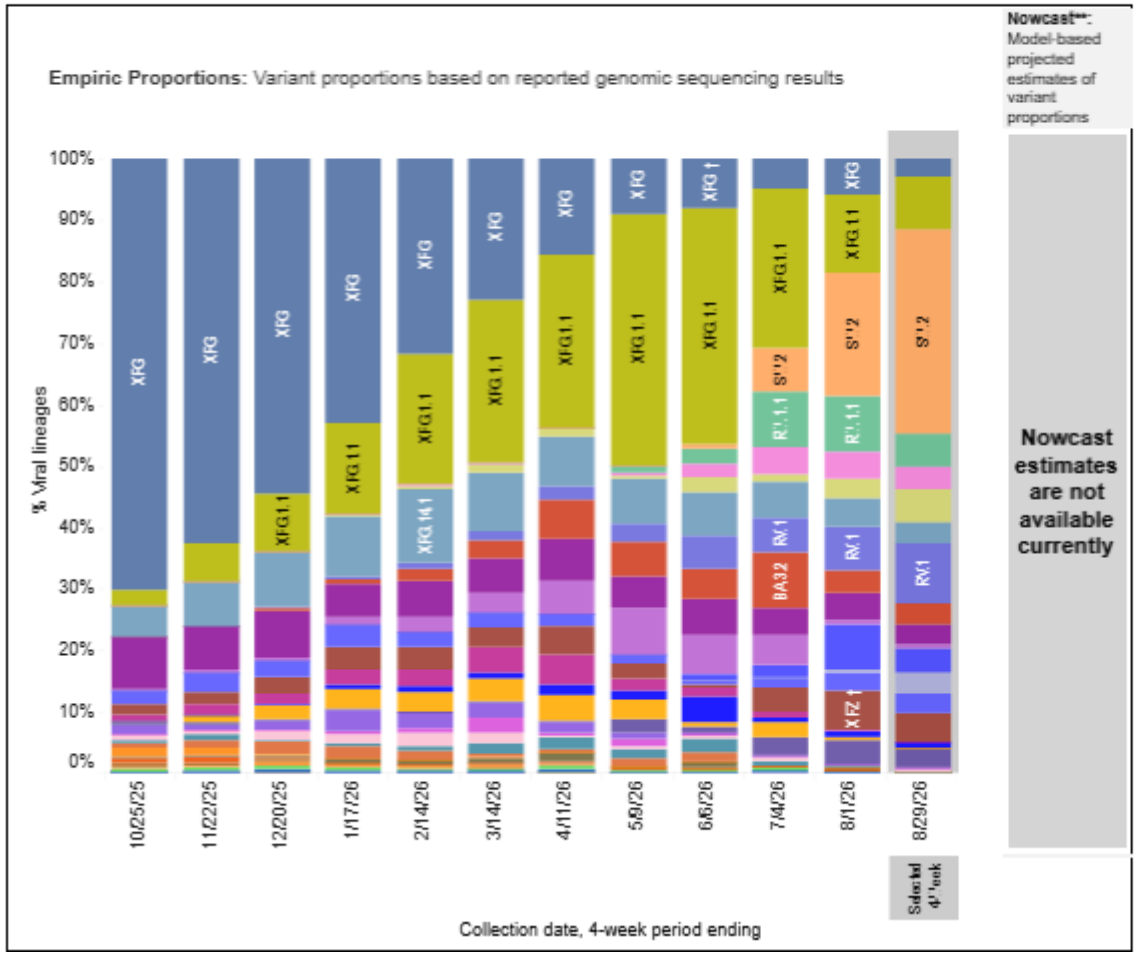
Content current as of:
05/29/2026

https://www.fda.gov/vaccines-blood-biologics/industry-biologics/covid-19-vaccines-2026-2027-formula-use-united-states-beginning-fall-2026

SARS-CoV-2 Genomic Surveillance

Empiric Proportions in United States for 4-Week Periods in 9/28/2025 – 8/29/2026

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



Empiric Proportions in United States for 8/2/2026 – 8/29/2026

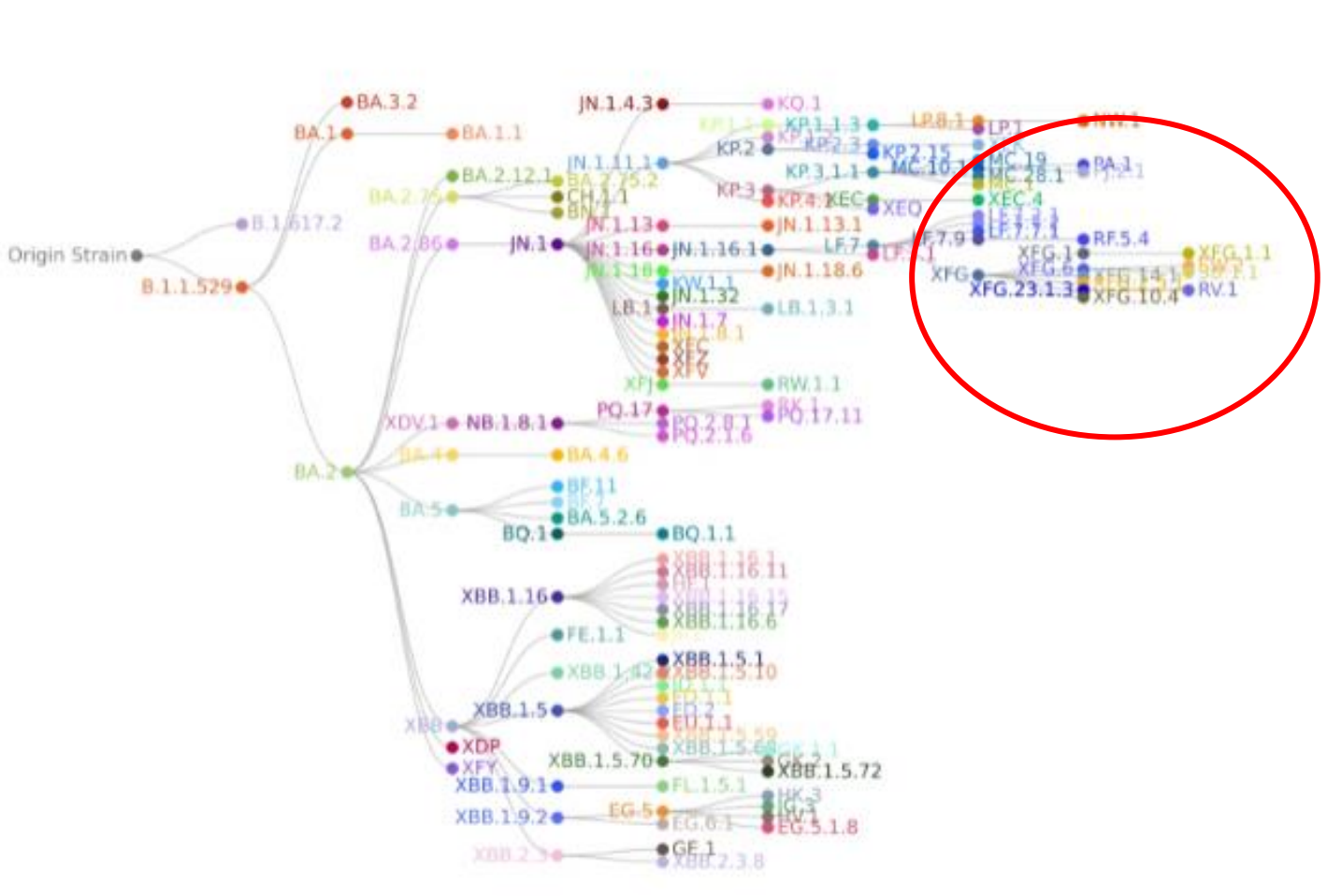
USA

Lineage #		Share	95%PI/CI
SW.2		33%	30–37%
RV.1		10%	8–12%
XFG.1.1		8%	7–11%
RW.1.1		5%	4–7%
SB.1.1	†	5%	4–7%
XFZ	†	5%	3–7%
RF.5.4		4%	3–6%
RK.1	†	4%	2–5%
PJ.2.1	†	4%	2–5%
BA.3.2	†	3%	2–5%
XFG.14.1	†	3%	2–5%
LF.7.9	†	3%	2–5%
NB.1.8.1	†	3%	2–5%
XFG.6	†	3%	2–5%
XFG	†	3%	2–4%
XFG.23.1.3	†	1%	0–2%
Other	†	1%	0–2%
PQ.2.8.1	†	1%	0–2%



https://www.cdc.gov/covid/php/variants/variants-and-genomic-surveillance.html

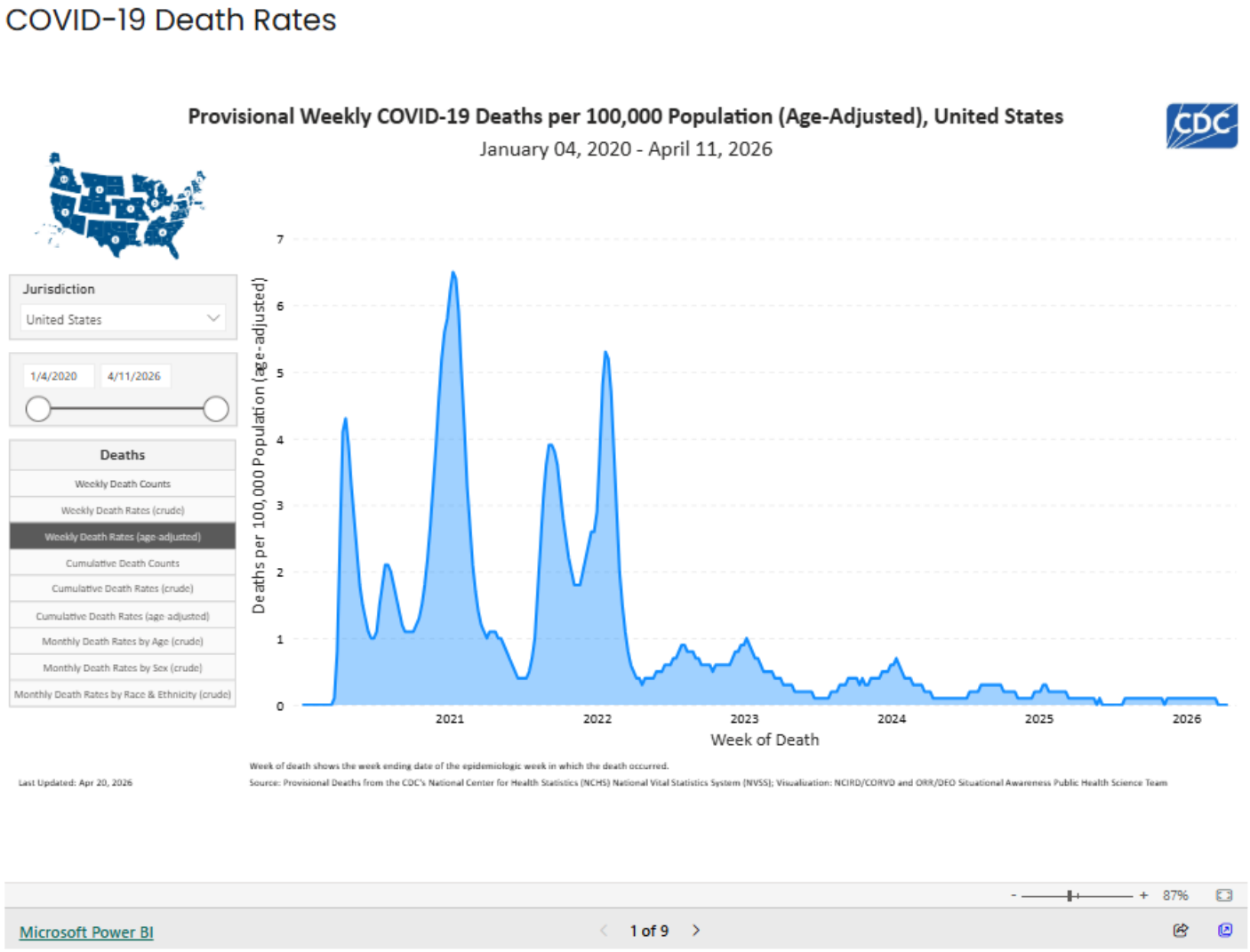
SARS-CoV-2 Genomic Surveillance



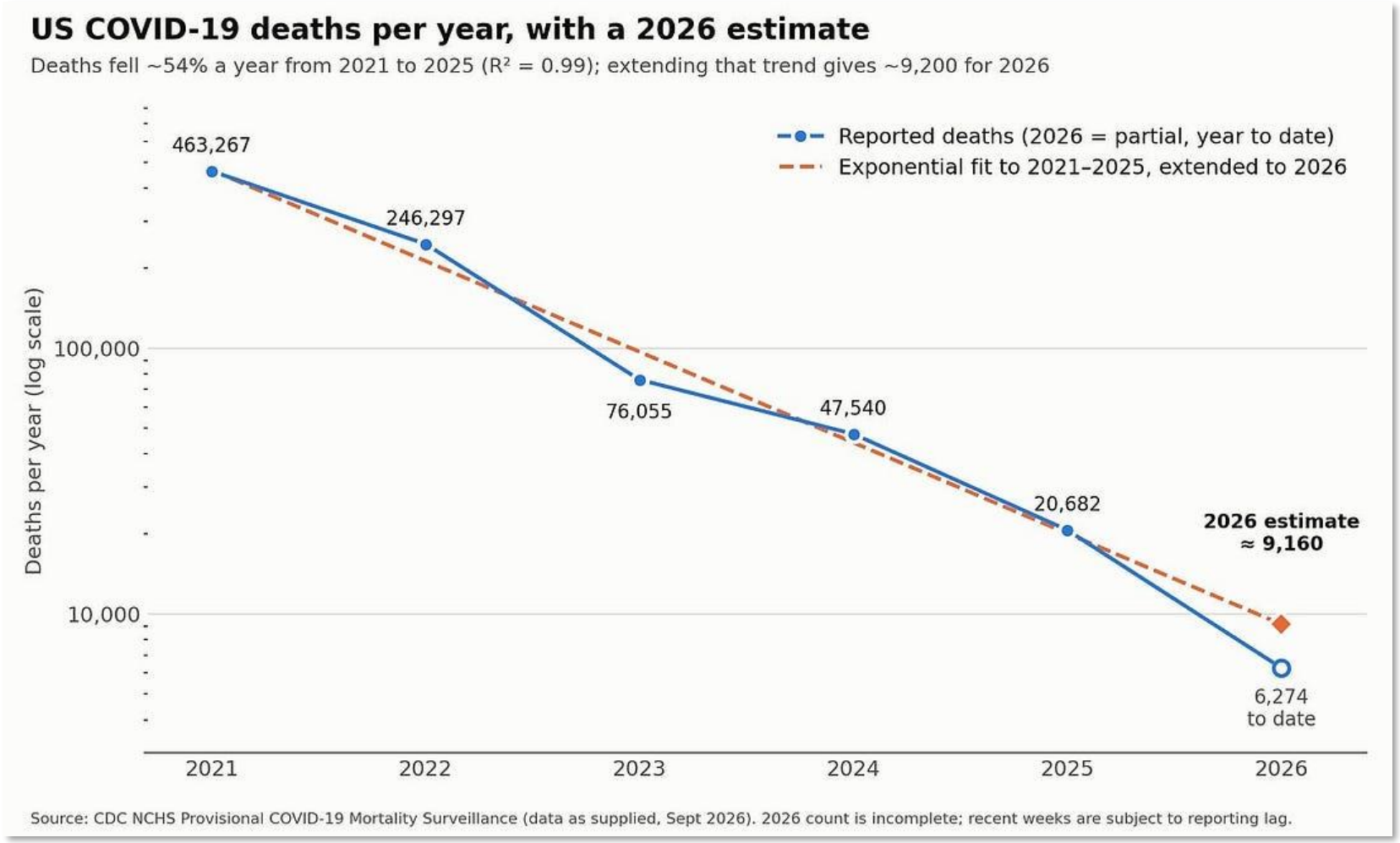


https://www.cdc.gov/covid/php/variants/variants-and-genomic-surveillance.html

SARS-CoV-2 Deaths



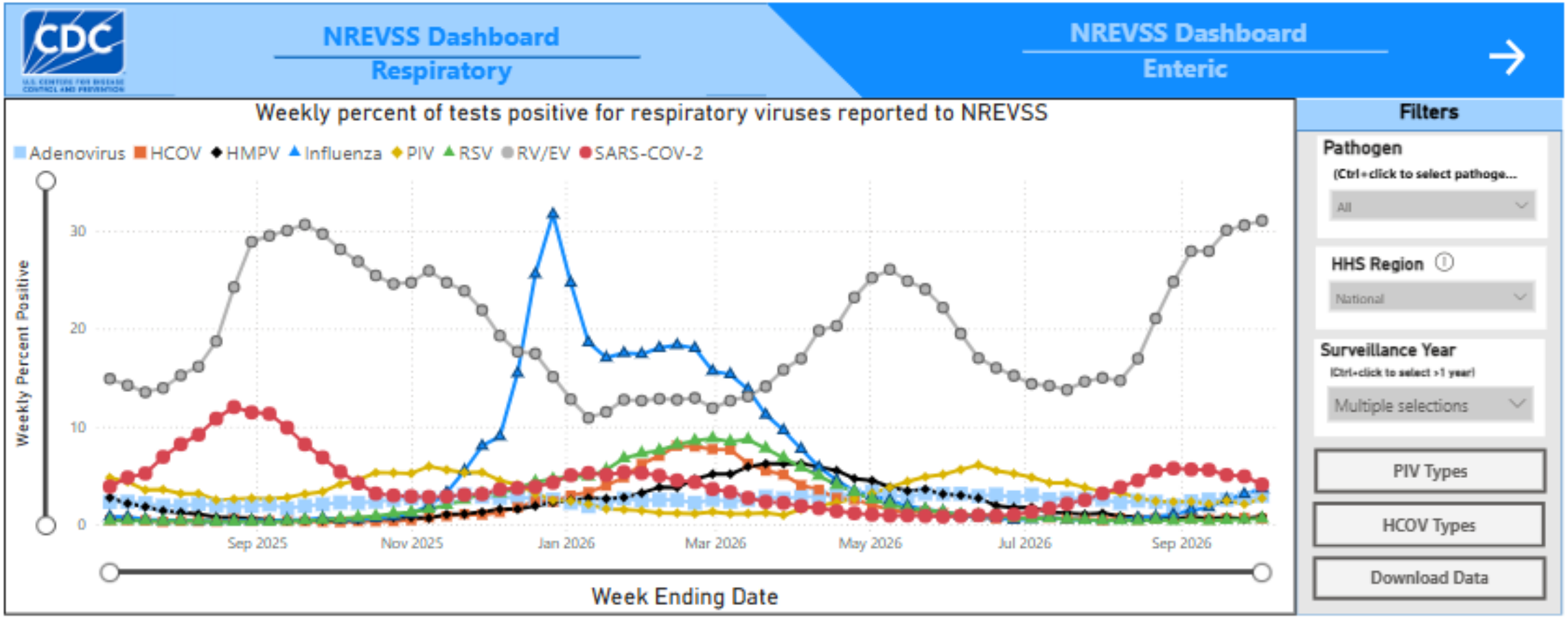
https://www.cdc.gov/covid/php/surveillance/index.html



*** ~9,100 deaths is less than half of the deaths caused by the flu each year ***

Your Local Epidemiologist, 9/29/26

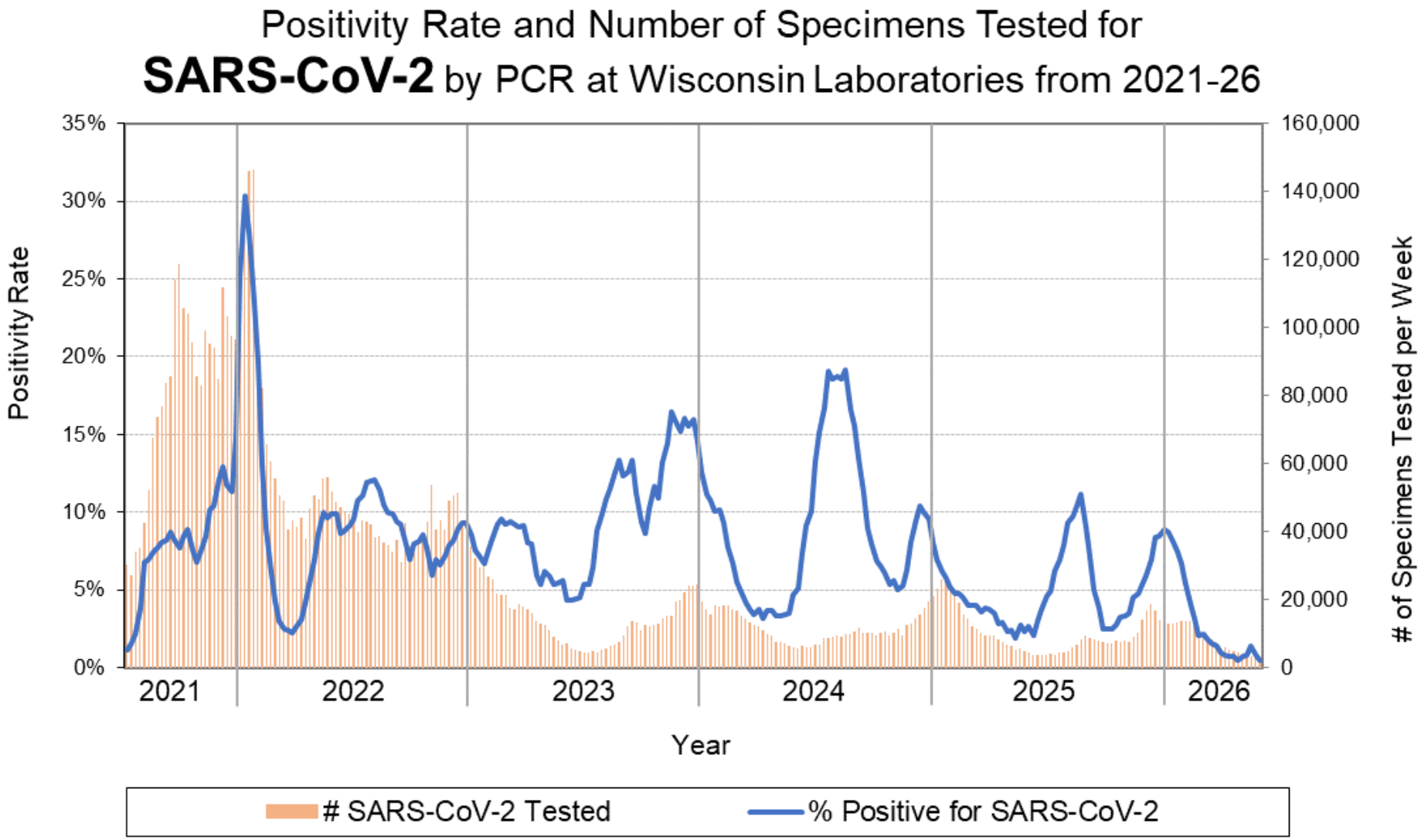
Other Respiratory Viruses



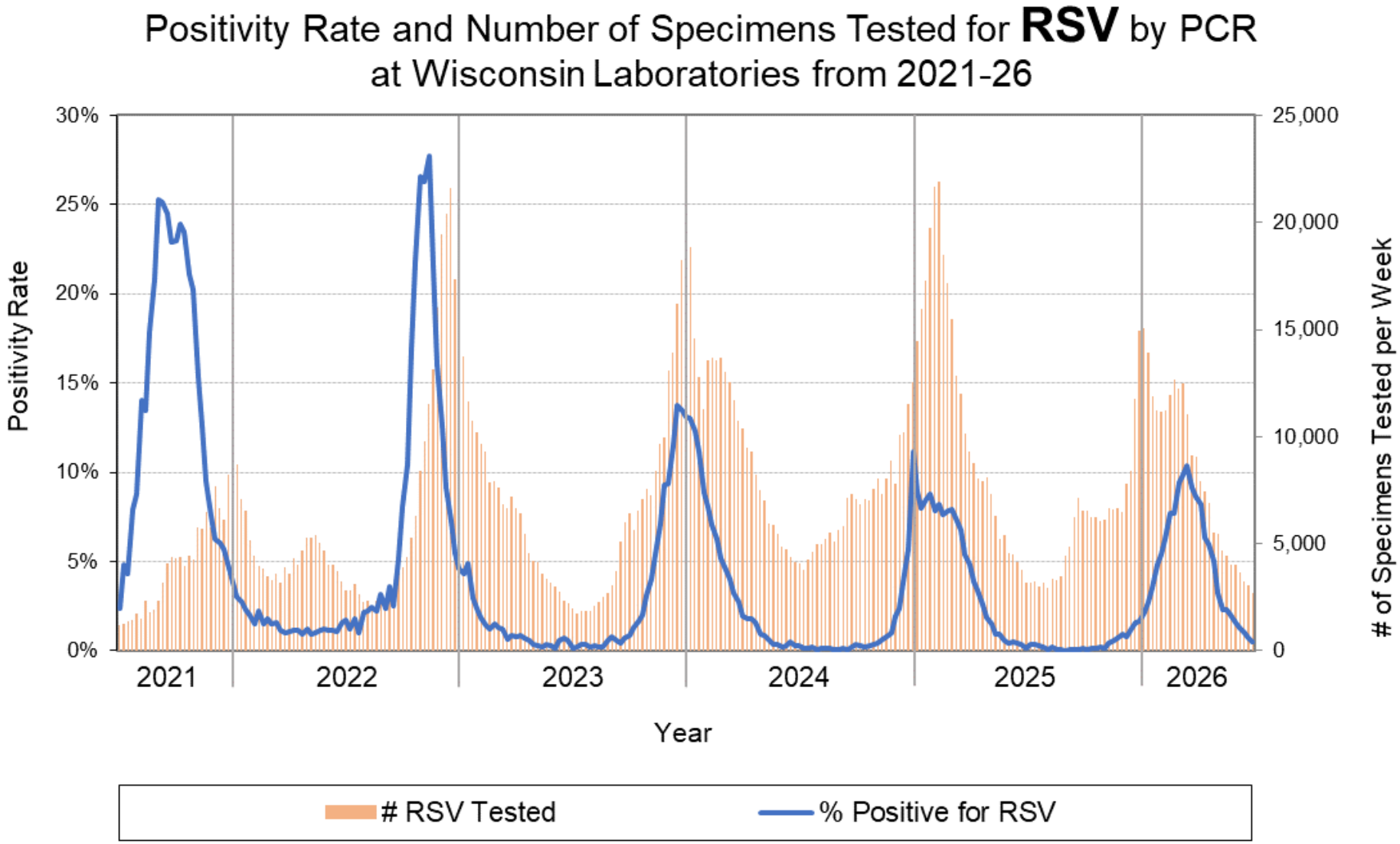
https://www.cdc.gov/nrevss/php/dashboard/index.html

Wisconsin Respiratory Surveillance

SARS-CoV-2 – 5 Years



RSV – 5 Years


Positivity Rate and Number of Specimens Tested for RSV by PCR
at Wisconsin Laboratories from 2021-26
Positivity Rate
30%
25%
20%
15%
10%
5%
0%
25,000
20,000
15,000
10,000
5,000
0
# of Specimens Tested per Week
2021
2022
2023
2024
2025
2026
Year
RSV Tested
% Positive for RSV

RSV - 5 Years

- Mild Season and really late!

FDA NEWS RELEASE

FDA Approves First Respiratory Syncytial Virus (RSV) Vaccine

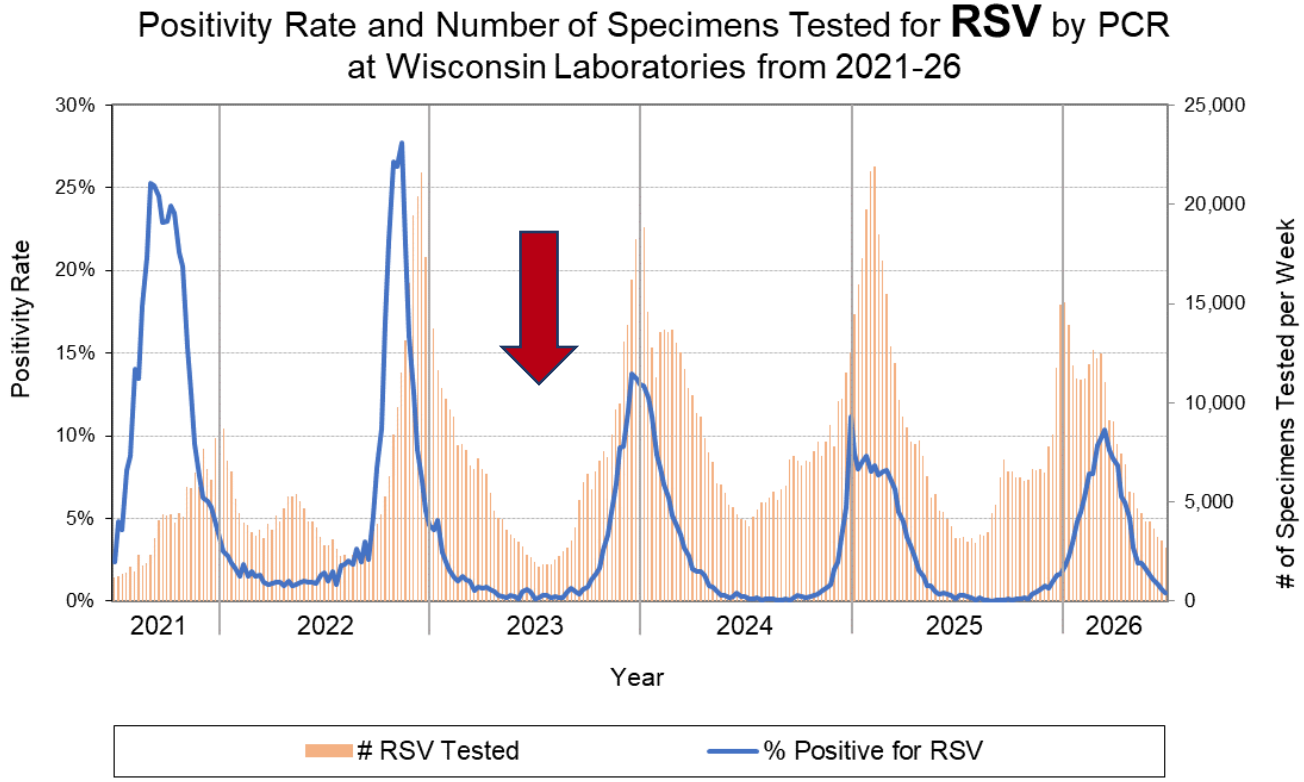
Arexvy Approved for Individuals 60 Years of Age and Older

For Immediate Release: May 03, 2023

FDA NEWS RELEASE

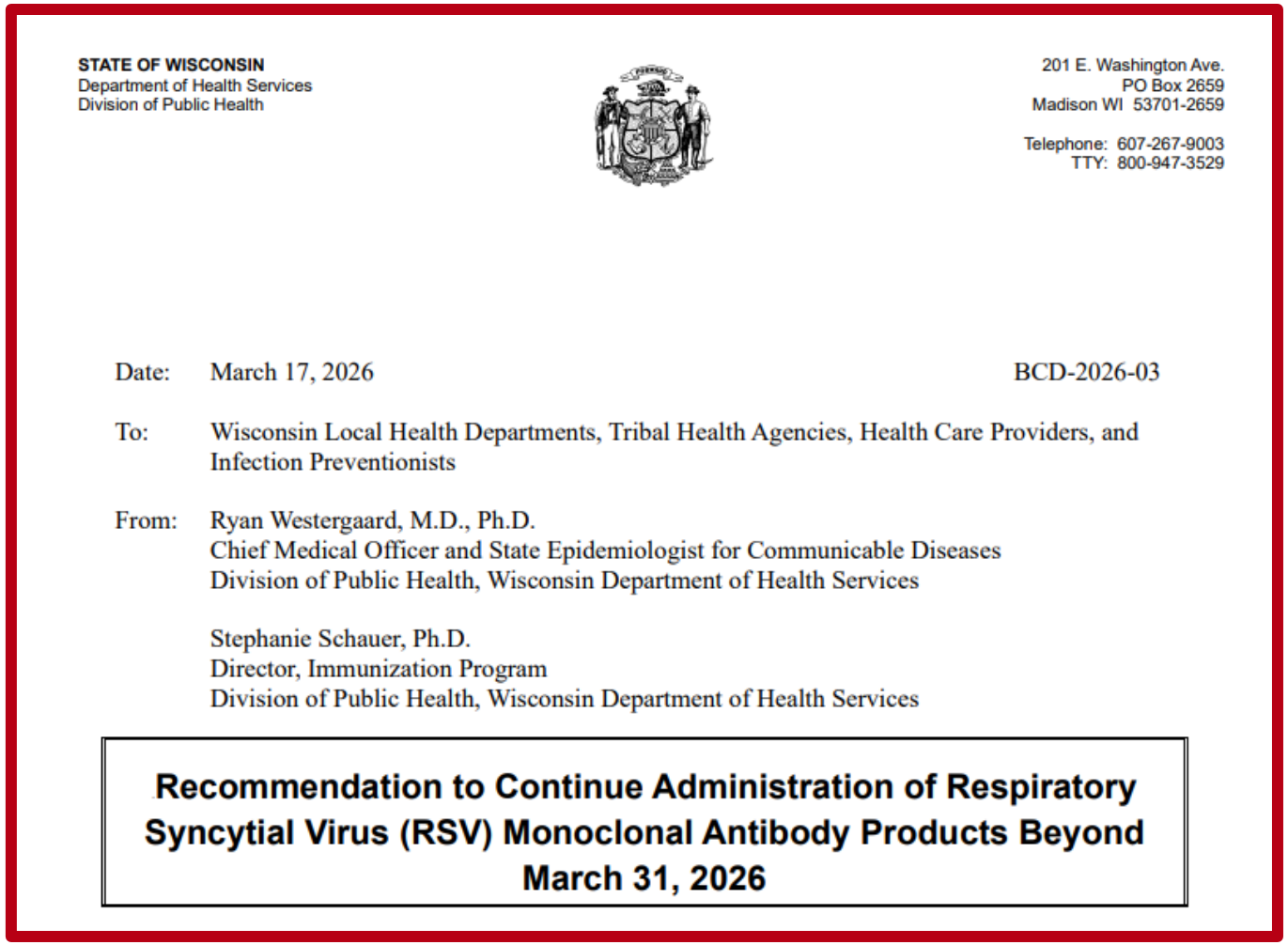
FDA Approves New Drug to Prevent RSV in Babies and Toddlers

For Immediate Release: July 17, 2023



RSV – Surveillance Data in Action!

- Approved for use in infants from **October to March**
- Wisconsin DHS recommended extending the use of mAbs through April



STATE OF WISCONSIN
Department of Health Services
Division of Public Health

201 E. Washington Ave.
PO Box 2659
Madison WI 53701-2659

Telephone: 607-267-9003
TTY: 800-947-3529

Date: March 17, 2026 BCD-2026-03

To: Wisconsin Local Health Departments, Tribal Health Agencies, Health Care Providers, and Infection Preventionists

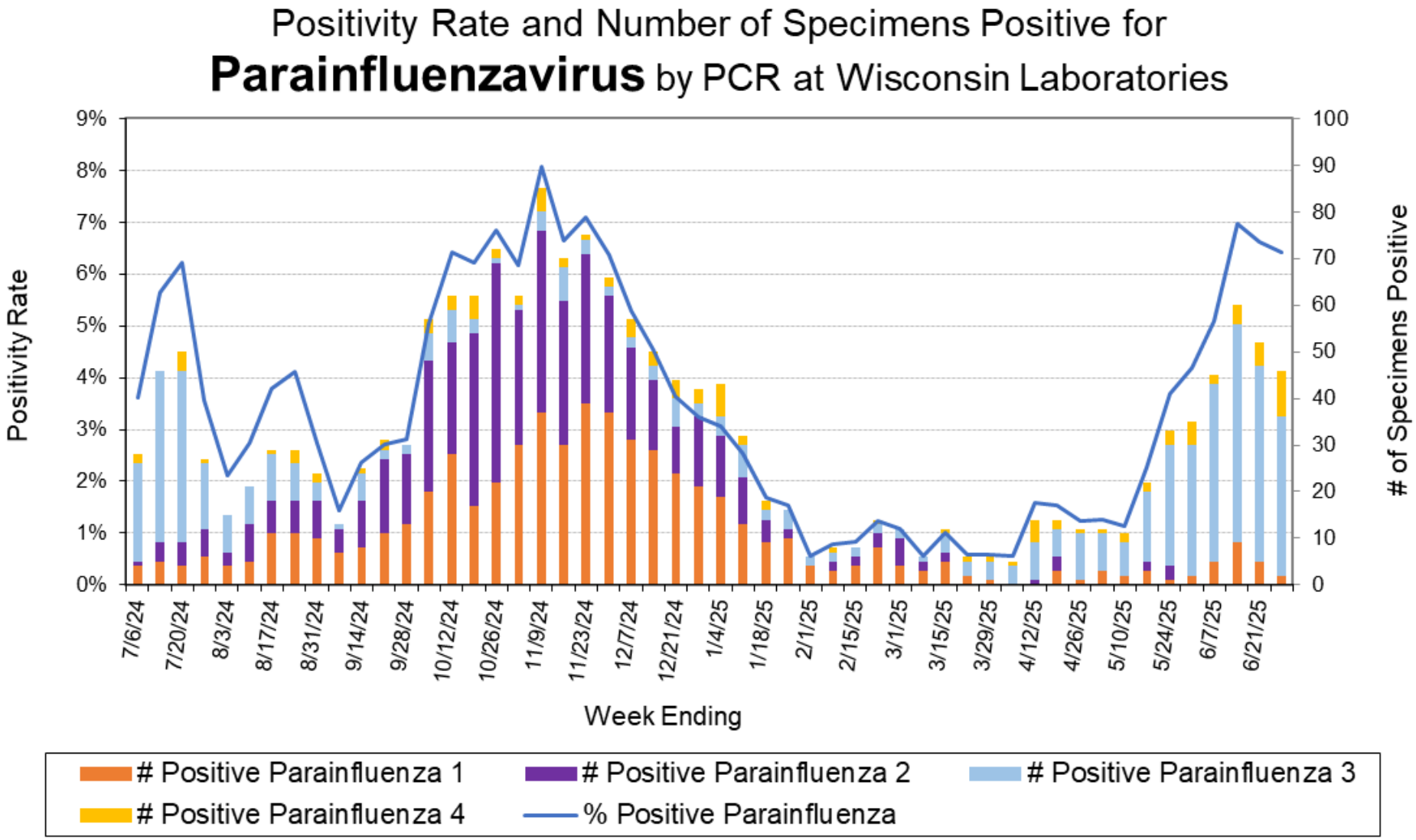
From: Ryan Westergaard, M.D., Ph.D.
Chief Medical Officer and State Epidemiologist for Communicable Diseases
Division of Public Health, Wisconsin Department of Health Services

Stephanie Schauer, Ph.D.
Director, Immunization Program
Division of Public Health, Wisconsin Department of Health Services

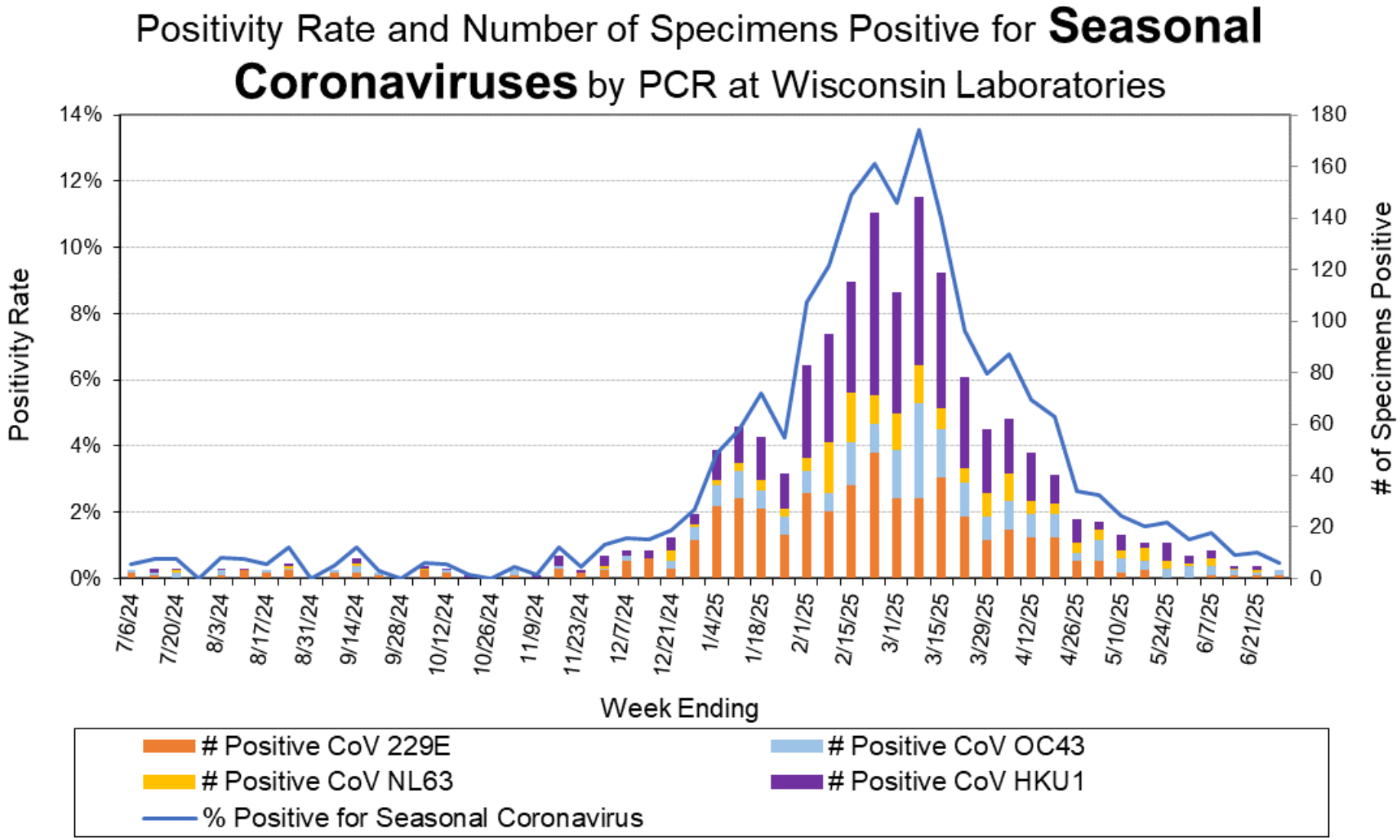
Recommendation to Continue Administration of Respiratory Syncytial Virus (RSV) Monoclonal Antibody Products Beyond March 31, 2026

https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html

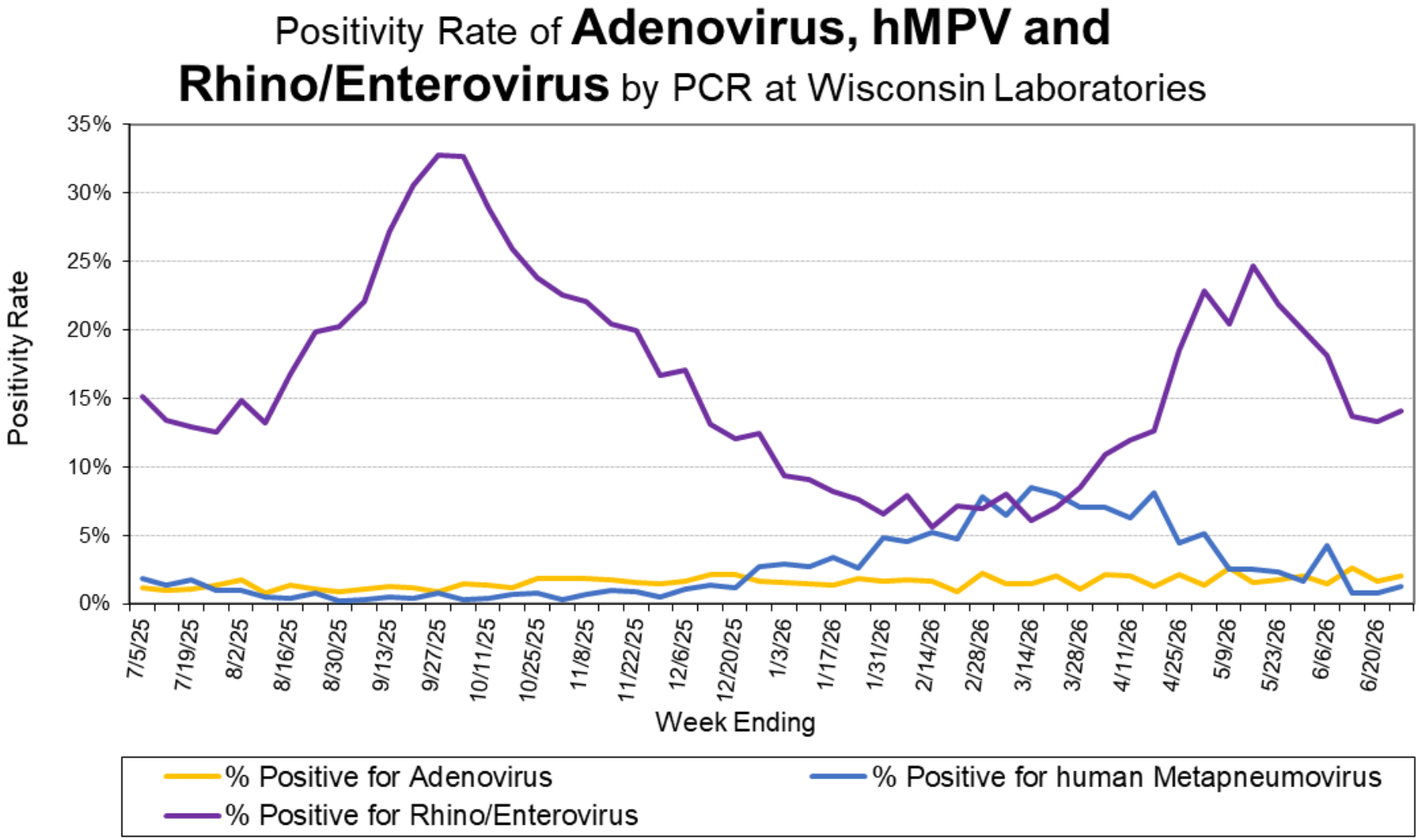
Parainfluenza virus – 2025-26



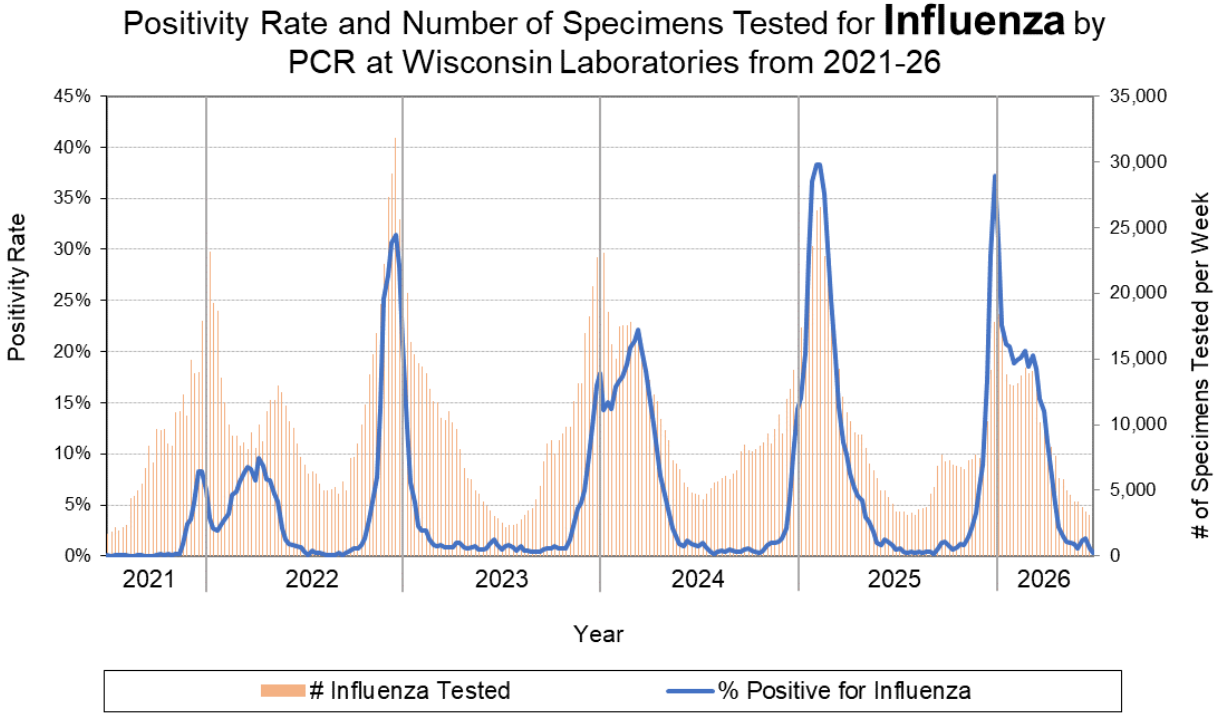
Seasonal Coronaviruses – 2025-26

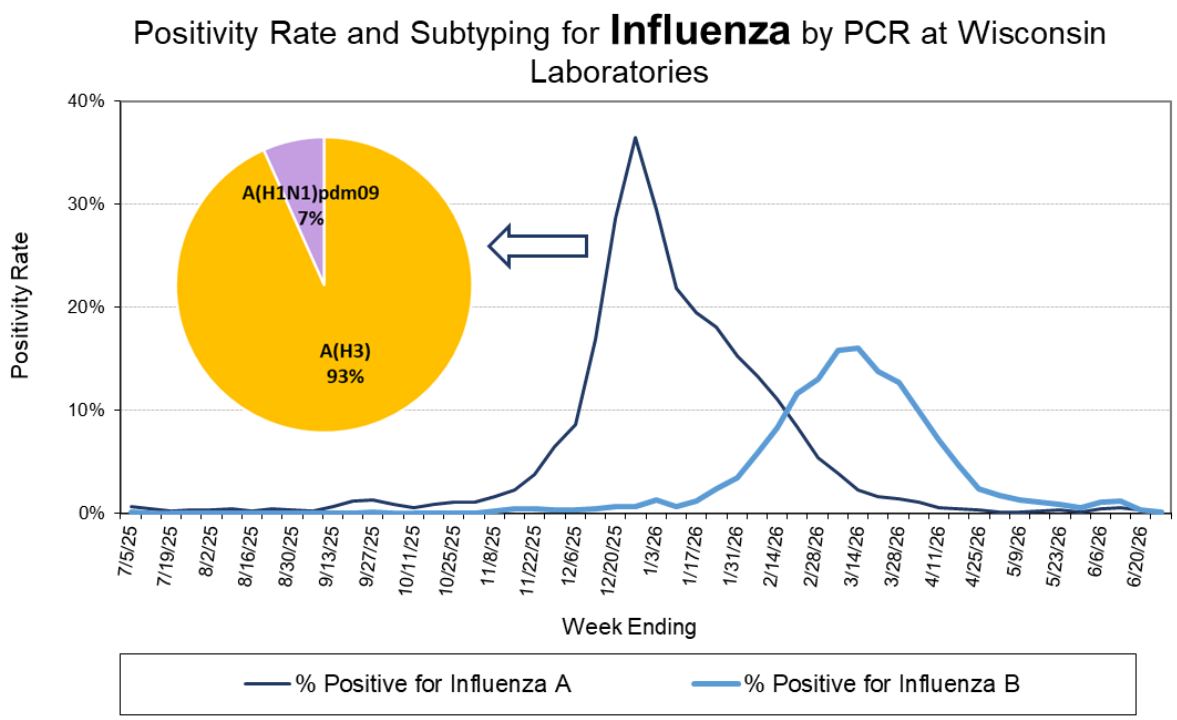


Other Respiratory Viruses – 2025-26



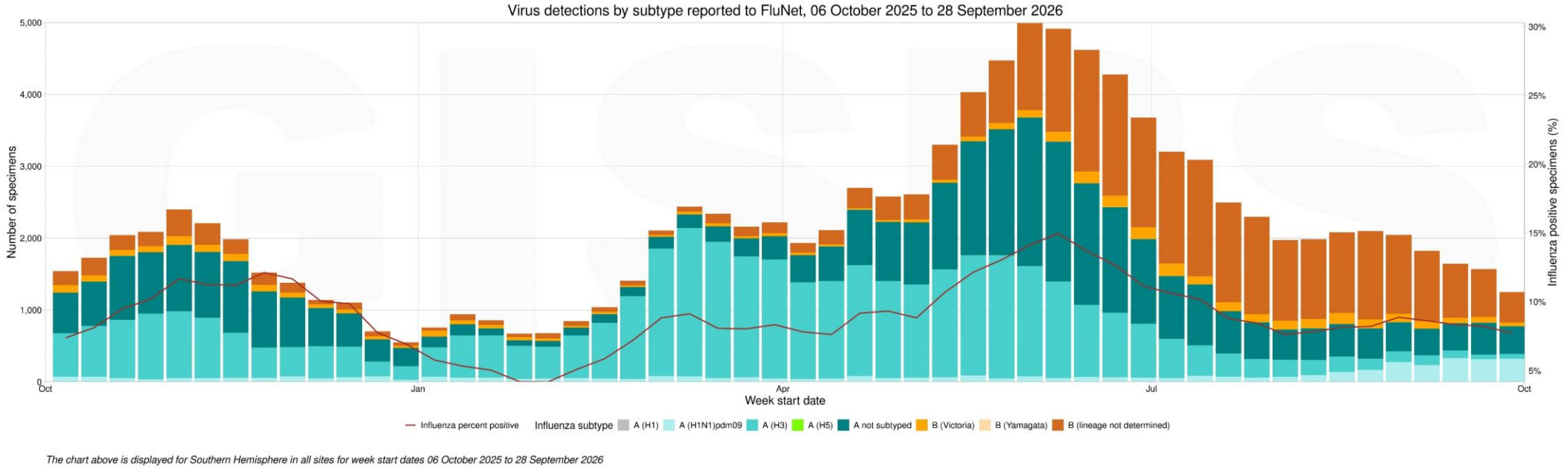
Influenza


Positivity Rate and Number of Specimens Tested for Influenza by PCR at Wisconsin Laboratories from 2021-26
Positivity Rate
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
# of Specimens Tested per Week
2021
2022
2023
2024
2025
2026
Year
Influenza Tested
% Positive for Influenza


Positivity Rate and Subtyping for Influenza by PCR at Wisconsin Laboratories
Positivity Rate
40%
30%
20%
10%
0%
A(H1N1)pdm09
7%
A(H3)
93%
7/5/25
7/19/25
8/2/25
8/16/25
8/30/25
9/13/25
9/27/25
10/11/25
10/25/25
11/8/25
11/22/25
12/6/25
12/20/25
1/3/26
1/17/26
1/31/26
2/14/26
2/28/26
3/14/26
3/28/26
4/11/26
4/25/26
5/9/26
5/23/26
6/6/26
6/20/26
Week Ending
% Positive for Influenza A
% Positive for Influenza B

WHO Global Influenza Surveillance and Response System (GISRS)

Southern hemisphere, Oct. 2025-Sept. 2026



The chart above is displayed for Southern Hemisphere in all sites for week start dates 06 October 2025 to 28 September 2026

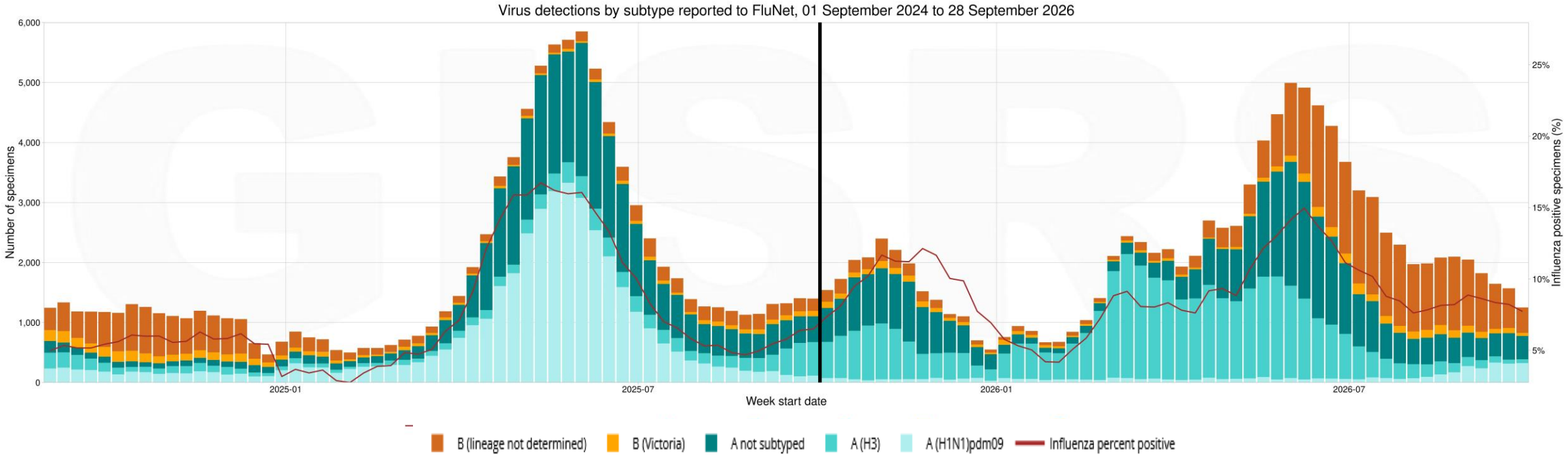




https://worldhealthorg.shinyapps.io/flunetchart/

WHO Global Influenza Surveillance and Response System (GISRS)

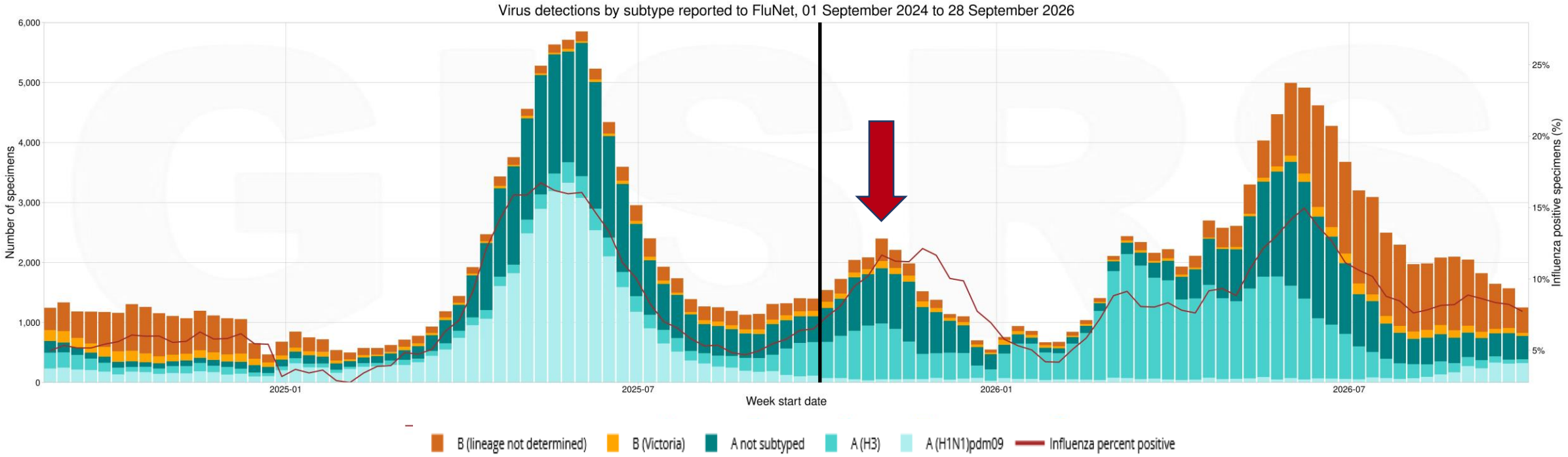
Southern hemisphere, Sept. 2024-Sept. 2026



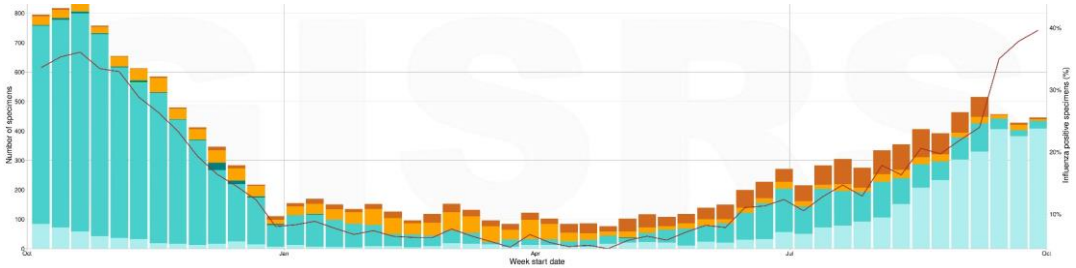
https://worldhealthorg.shinyapps.io/flunetchart/

WHO Global Influenza Surveillance and Response System (GISRS)

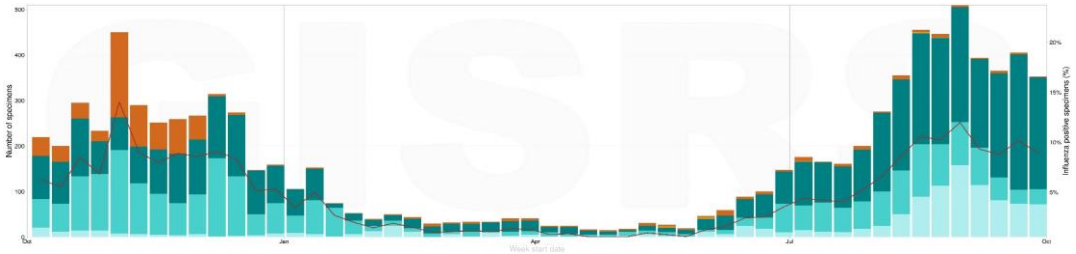
Southern hemisphere, Sept. 2024-Sept. 2026



https://worldhealthorg.shinyapps.io/flunetchart/



South-East Asia

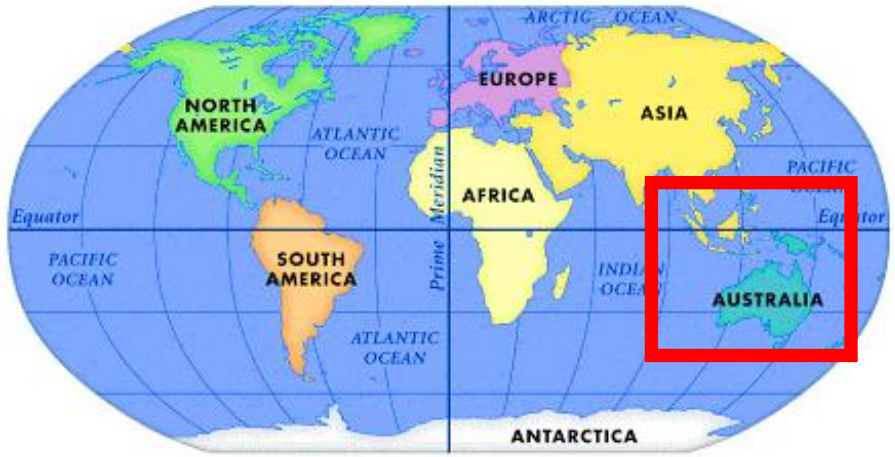


Australia

Tropical South America

Temperate South America

Southern Africa

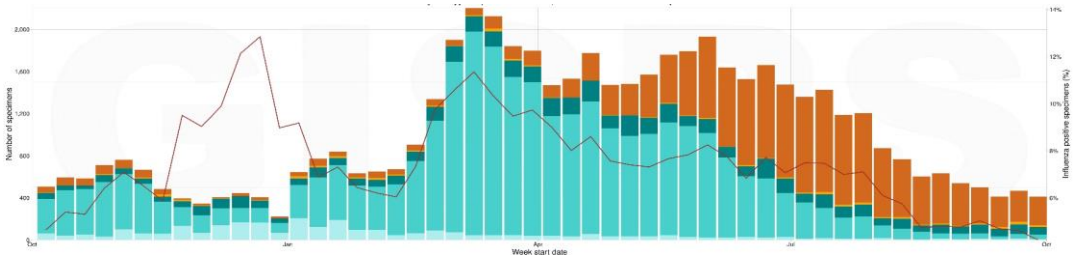


https://worldhealthorg.shinyapps.io/flunetchart/

B (lineage not determined) B (Victoria) A not subtyped A (H3) A (H1N1)pdm09 Influenza percent positive

South-East Asia

Australia



Tropical South America



Temperate South America

Southern Africa

https://worldhealthorg.shinyapps.io/flunetchart/

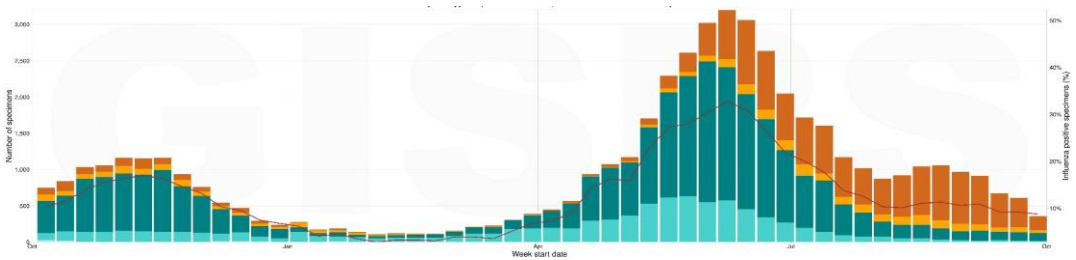
B (lineage not determined) B (Victoria) A not subtyped A (H3) A (H1N1)pdm09 Influenza percent positive

South-East Asia

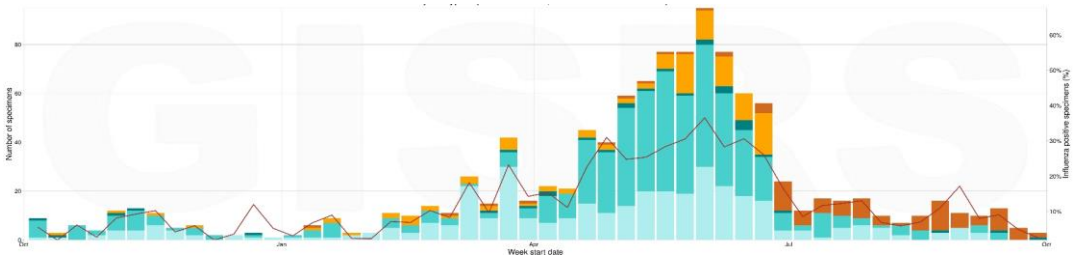
Australia

Tropical South America





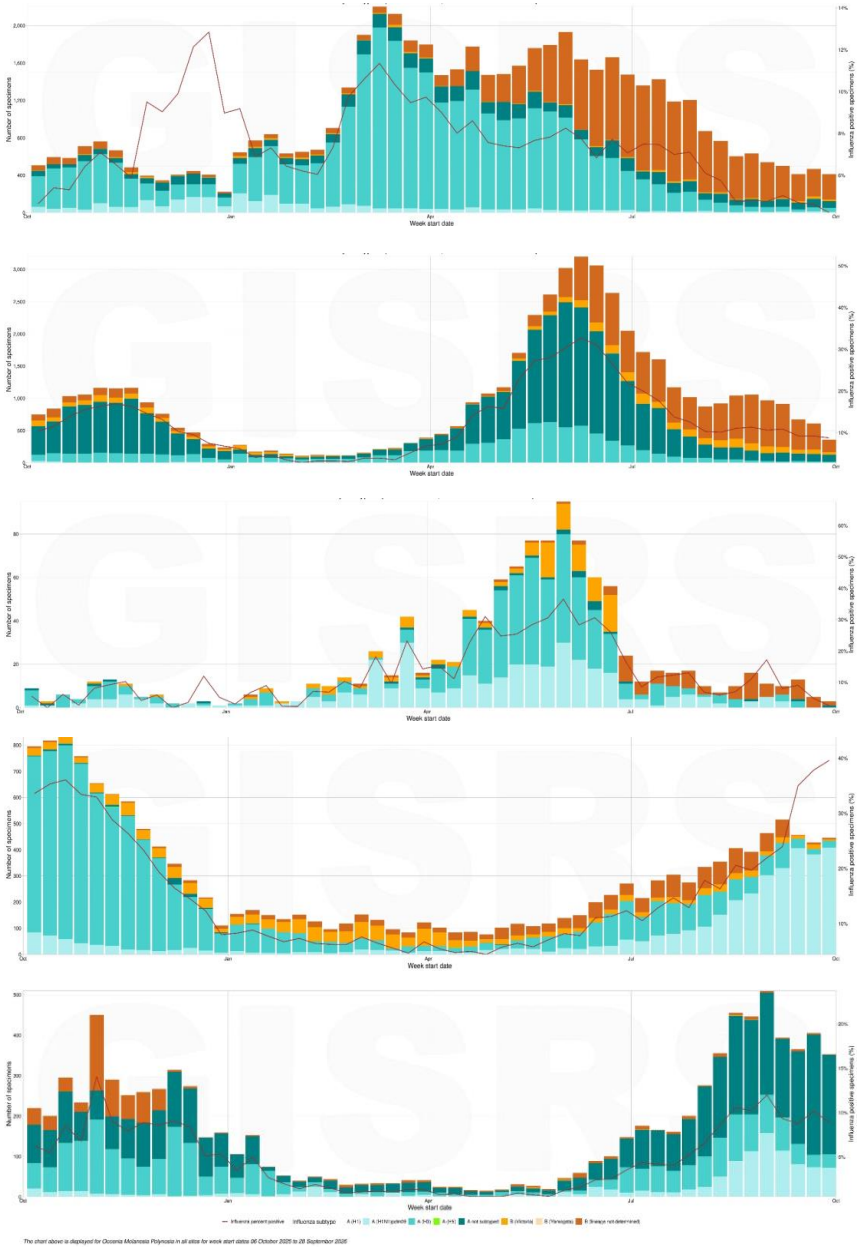
Temperate South America



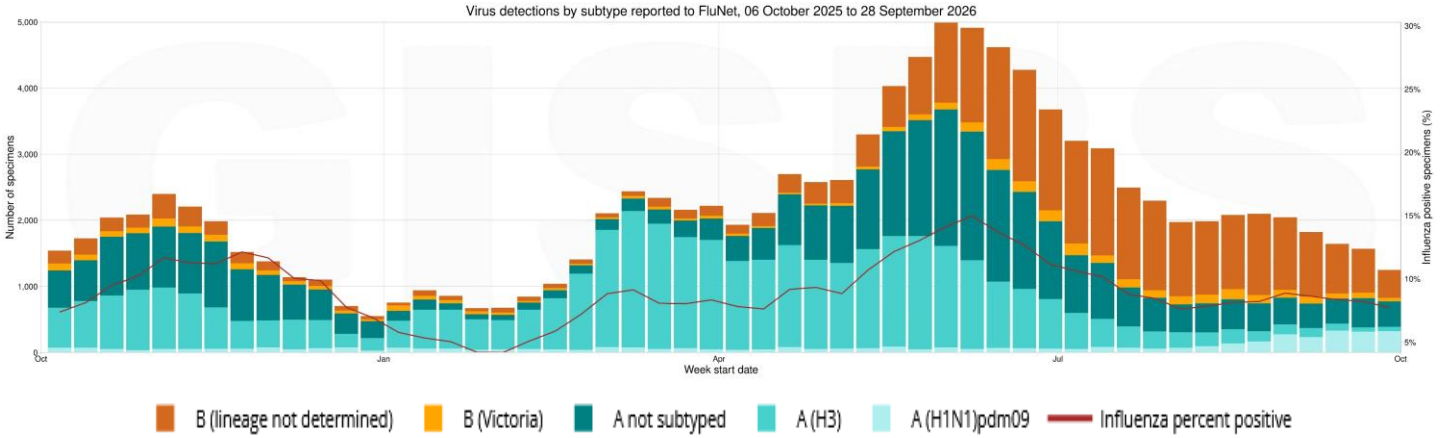
Southern Africa

https://worldhealthorg.shinyapps.io/flunetchart/

B (lineage not determined) B (Victoria) A not subtyped A (H3) A (H1N1)pdm09 Influenza percent positive







https://worldhealthorg.shinyapps.io/flunetchart/

Respiratory Surveillance Network

1. Pathogen Specific Programs:
   - Influenza
   - SARS-CoV-2
   - Enterovirus positive CSF specimens
2. Site-Specific Programs:
   - Enrolled Sentinel Surveillance Sites
   - University Health Clinics

Pathogen Specific Respiratory Surveillance		
Influenza Surveillance		
Submitter Testing Method:	**Season**	
	Off Season (June-October)	**Influenza Season (Winter/Spring*)**
PCR/Molecular OR Antigen	ALL 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 *Legionella* positive patients:** • Sputum or BAL from Urine Antigen positive patients (NOT URINE) • Isolates	
***Mycobacteria* Surveillance**		
The WSLH requests that clinical laboratories submit one *Mycobacterium tuberculosis* 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)	
Sentinel Surveillance	The first 3 respiratory specimens per week from symptomatic patients (regardless of initial test results, all year round)	

Influenza Surveillance – Off Season

- All influenza positives!
- Switch to “influenza season” request Monday, 10/19

Pathogen Specific Respiratory Surveillance		
Influenza Surveillance		
Submitter Testing Method:	**Season**	
	Off Season (June-October)	**Influenza Season (Winter/Spring*)**
PCR/Molecular OR Antigen	ALL 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

Influenza Surveillance – Flu Season

- One influenza-related hospitalization per week
- Also:
  - Influenza A positive patients with:

CATTLE/BOVINE CONTACT



SWINE/PIG CONTACT



AVIAN/POULTRY CONTACT



INTERNATIONAL TRAVEL



  - Influenza A specimens that you are unable to subtype (if subtyping was attempted):

(Ct < 35)

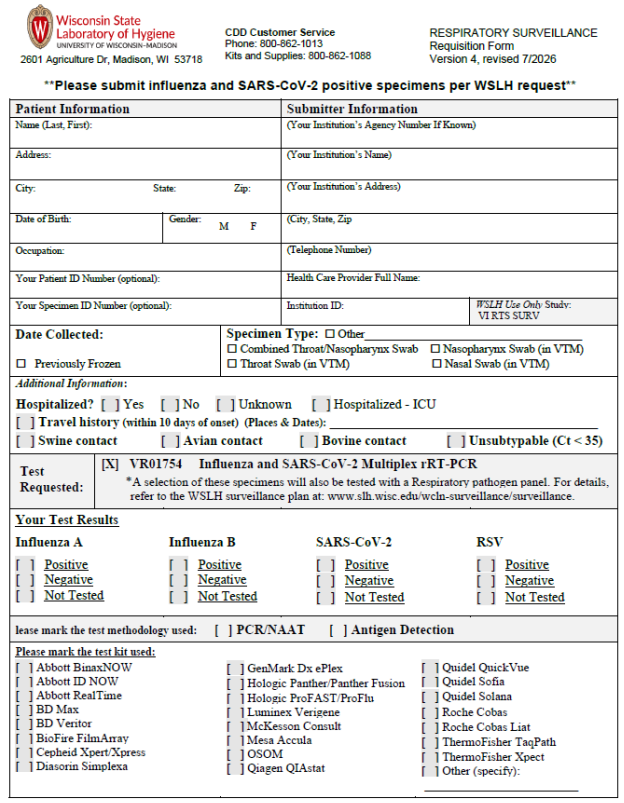


Pathogen Specific Respiratory Surveillance		
Influenza Surveillance		
Submitter Testing Method:	**Season**	
	Off Season (June-October)	**Influenza Season (Winter/Spring*)**
PCR/Molecular OR Antigen	ALL influenza positive specimens	One influenza-related hospitalization per week AND Unsubtypable influenza A positives (If subtyping is attempted, Ct < 35) AND Influenza A positive specimens with: • International travel history • Bovine, swine or avian exposure



Influenza Surveillance

- Perform CDC Influenza SARS-CoV-2 Multiplex PCR and Influenza A Subtyping PCR
- Participate in national surveillance
  - ❑ Virus isolation, characterization and whole genome sequencing
- Early season positives are critical:
  - ❑ Inform vaccine strain selection
  - ❑ Provide candidate vaccine viruses



Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON
2601 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:	*WSLH Use Only* Study: VI RTS SURV

Date Collected:
☐ Previously Frozen

Specimen Type: ☐ Other_____
☐ 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: [X] **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.slh.wisc.edu/wcln-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

lease mark the test methodology used: [ ] **PCR/NAAT** [ ] **Antigen Detection**

Please mark the test kit used:

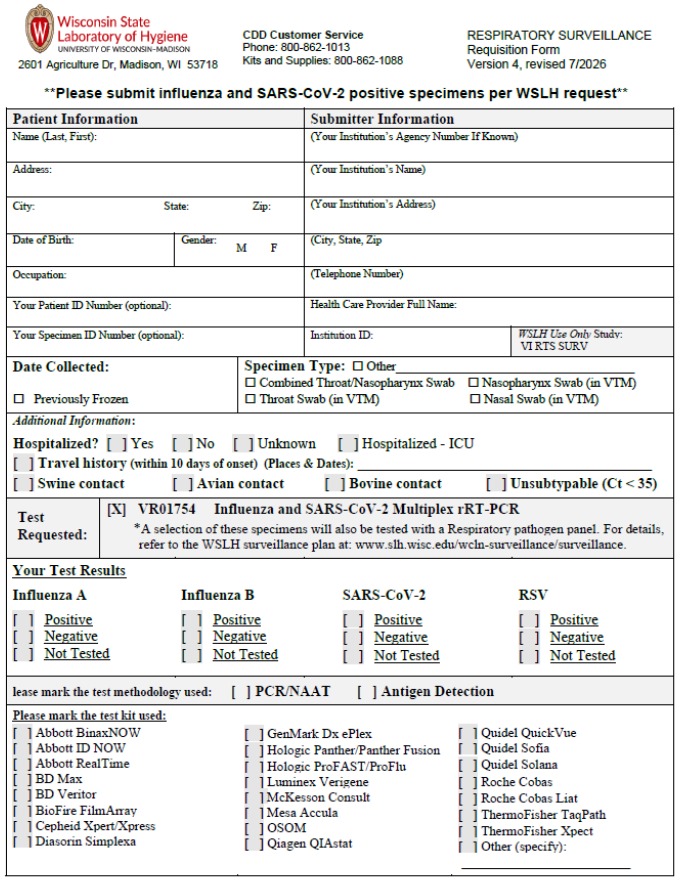
[ ] Abbott BinaxNOW	[ ] GenMark Dx ePlex	[ ] Quidel QuickVue
[ ] Abbott ID NOW	[ ] Hologic Panther/Panther Fusion	[ ] Quidel Sofia
[ ] Abbott RealTime	[ ] Hologic ProFAST/ProFlu	[ ] Quidel Solana
[ ] BD Max	[ ] Luminex Verigene	[ ] Roche Cobas
[ ] BD Veritor	[ ] McKesson Consult	[ ] Roche Cobas Liat
[ ] BioFire FilmArray	[ ] Mesa Accula	[ ] ThermoFisher TaqPath
[ ] Cepheid Xpert/Xpress	[ ] OSOM	[ ] ThermoFisher Xpect
[ ] Diasorin Simplexa	[ ] Qiagen QIAstat	[ ] Other (specify): _____

SARS-CoV-2 Surveillance

Submit up to 5 SARS-CoV-2 positive specimens per week to WSLH

- Perform CDC Influenza SARS-CoV-2 Multiplex PCR and Influenza A Subtyping PCR
  - You will receive FLUSC2 PCR results for SARS-CoV-2 specimens!

- Whole genome sequencing is performed on SARS-CoV-2 positive specimens
  - Detect and monitor novel variants
  - Sequencing data is uploaded to public databases



Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON
2601 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: / *WSLH Use Only* Study: VI RTS SURV

Date Collected:
☐ Previously Frozen

Specimen Type: ☐ Other_____
☐ 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: [X] 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.slh.wisc.edu/wcln-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

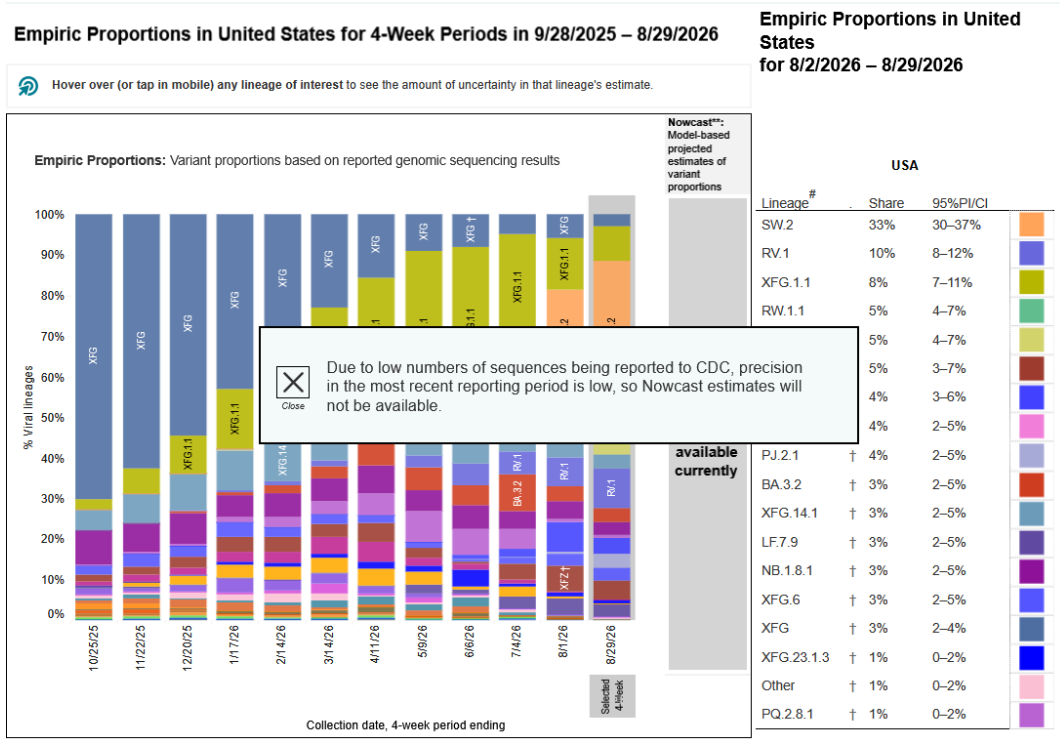
lease mark the test methodology used: [ ] **PCR/NAAT** [ ] **Antigen Detection**

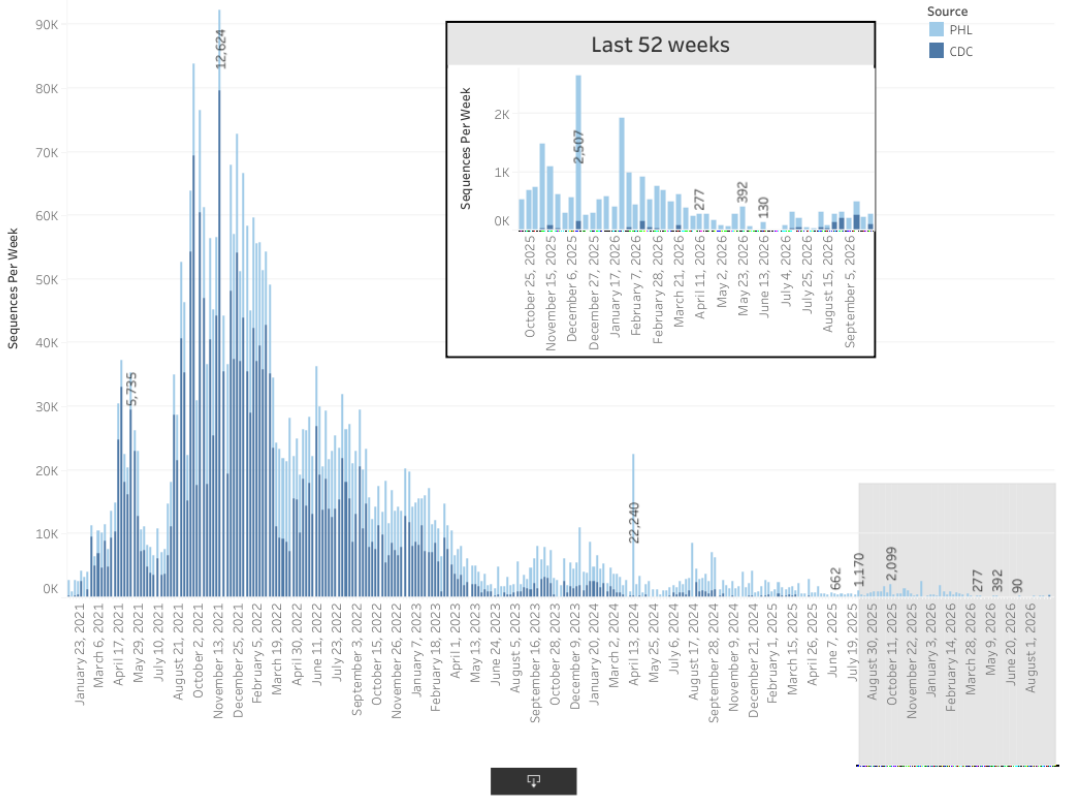
Please mark the test kit used:

[ ] Abbott BinaxNOW	[ ] GenMark Dx ePlex	[ ] Quidel QuickVue
[ ] Abbott ID NOW	[ ] Hologic Panther/Panther Fusion	[ ] Quidel Sofia
[ ] Abbott RealTime	[ ] Hologic ProFAST/ProFlu	[ ] Quidel Solana
[ ] BD Max	[ ] Luminex Verigene	[ ] Roche Cobas
[ ] BD Veritor	[ ] McKesson Consult	[ ] Roche Cobas Liat
[ ] BioFire FilmArray	[ ] Mesa Accula	[ ] ThermoFisher TaqPath
[ ] Cepheid Xpert/Xpress	[ ] OSOM	[ ] ThermoFisher Xpect
[ ] Diasorin Simplexa	[ ] Qiagen QIAstat	[ ] Other (specify):

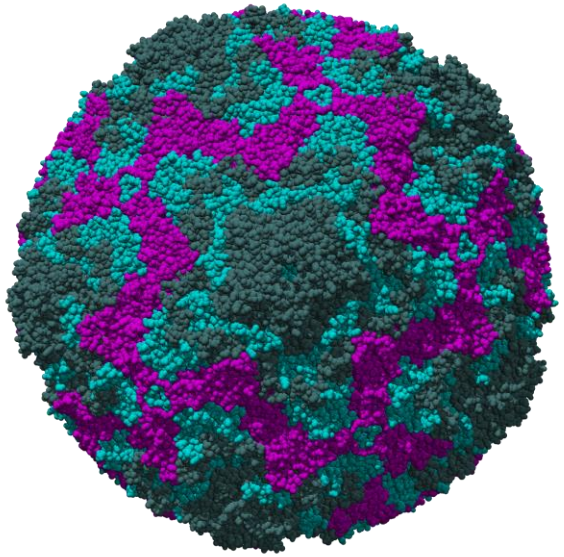
SARS-CoV-2 Surveillance

- Submit specimens to National SARS-CoV-2 Strain Surveillance (NS3)
  - Specimens are submitted to CDC for sequencing, virus isolation and characterization
  - Evaluate variants for their impact on vaccines, treatments, diagnostics and overall risk to public health





Enterovirus Surveillance

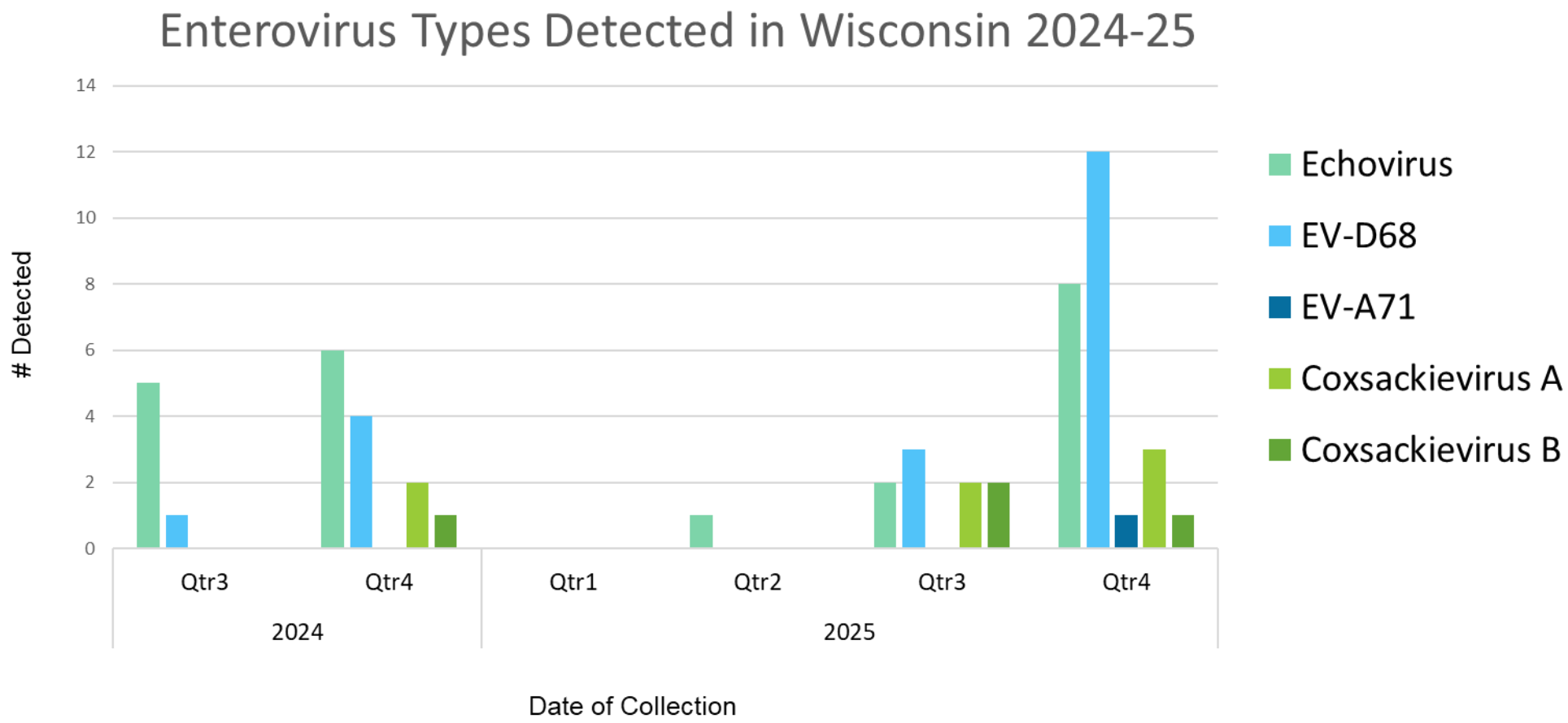


Submit ALL Enterovirus positive CSF specimens to WSLH

- Molecular typing is performed on Enterovirus-positive CSF specimens
- Data and specimens are submitted to CDC to increase National Enterovirus surveillance

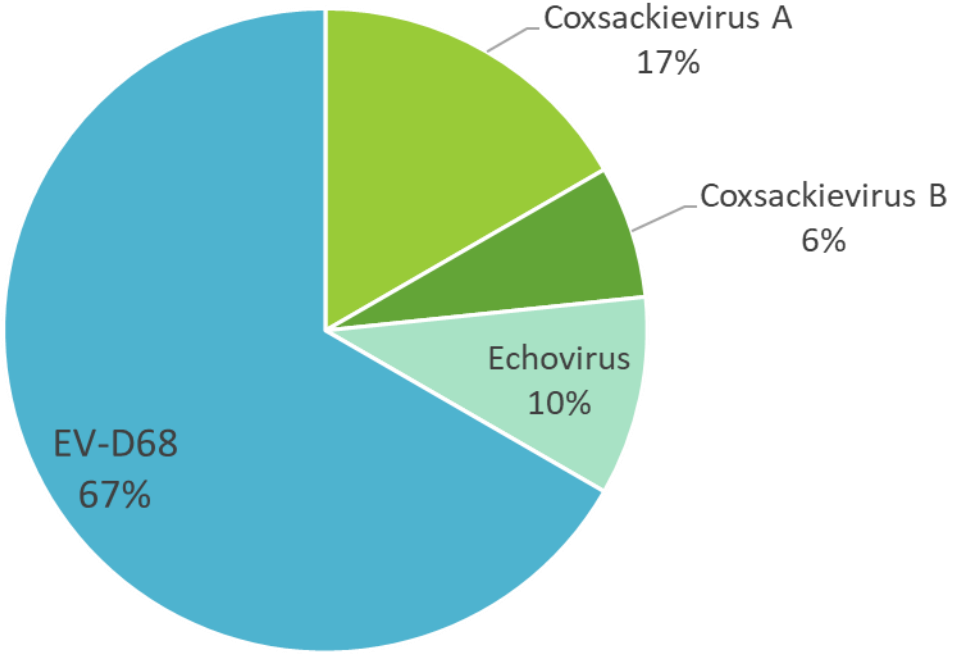


Enterovirus Types – Wisconsin 2024-25

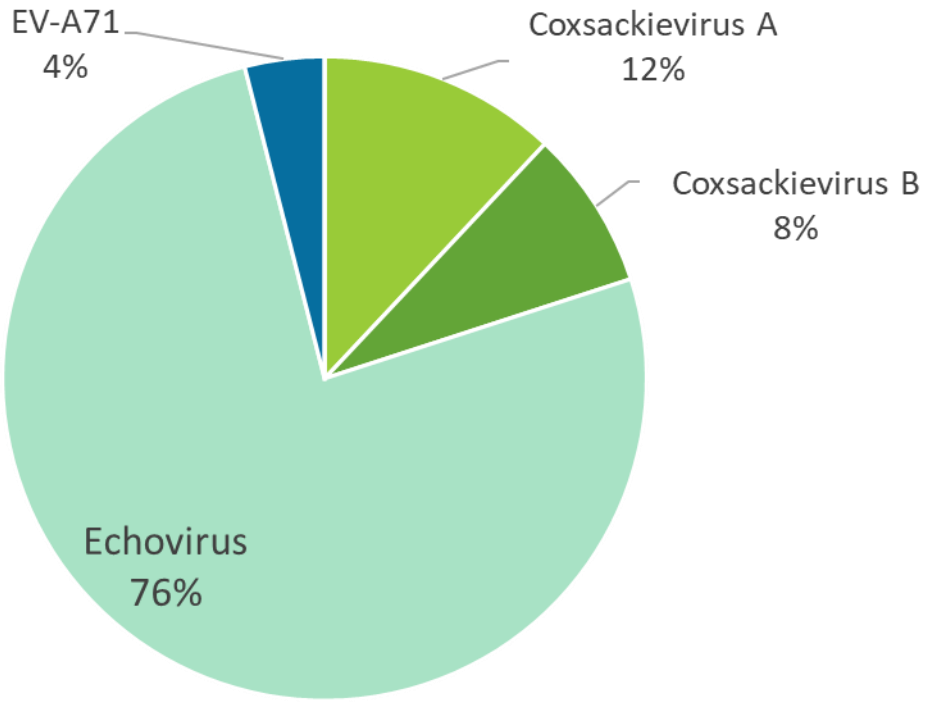


Enterovirus Types – Wisconsin 2024-25

Respiratory Specimens (n=30)



Cerebrospinal Fluid (n=25)



Respiratory Surveillance Network

1. Pathogen Specific Programs:
   - Influenza
   - SARS-CoV-2
   - Enterovirus positive CSF specimens
2. Site-Specific Programs:
   - Regional Respiratory Surveillance Sites
   - University Health Clinics

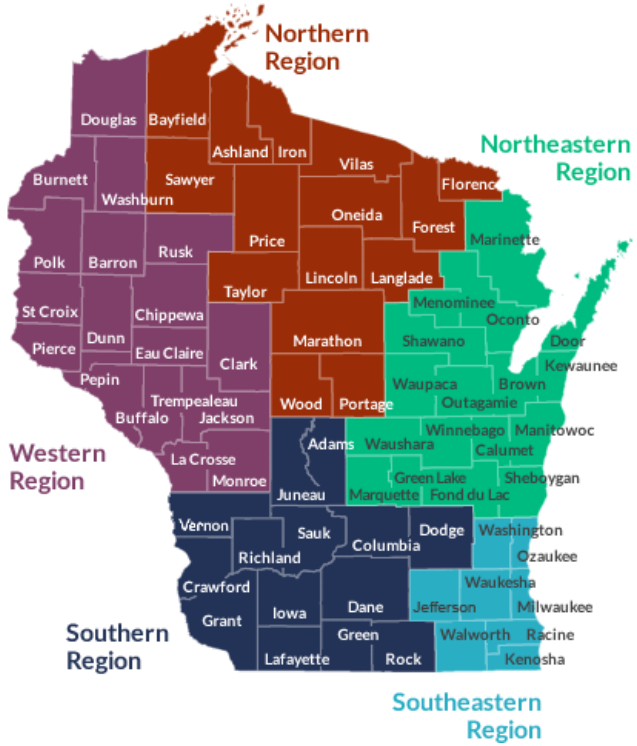
Pathogen Specific Respiratory Surveillance		
Influenza Surveillance		
Submitter Testing Method:	**Season**	
	Off Season (June-October)	**Influenza Season (Winter/Spring*)**
PCR/Molecular OR Antigen	ALL influenza positive specimens	One influenza-related hospitalization per week AND Unsubtypable influenza 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 *Legionella* positive patients:** • Sputum or BAL from Urine Antigen positive patients (NOT URINE) • Isolates	
***Mycobacteria* Surveillance**		
The WSLH requests that clinical laboratories submit one *Mycobacterium tuberculosis* 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)	

Regional Respiratory Surveillance Sites

- Enrolled Regional Respiratory Surveillance Sites
  - 17 labs in 5 public health regions
  - Provide randomized respiratory specimens weekly, all year

Submit the first 3 specimens per week from patients presenting with respiratory symptoms to WSLH

- Tested with influenza and SARS-CoV-2 multiplex PCR.
- Subset also tested with a 20-target respiratory pathogen panel



University Health Clinics

- University Health Clinics
  - Monitor influenza, SARS-CoV-2 and other respiratory pathogens impacting student health.
  - Monitor for severe adenovirus infections.



Submit the first 3 specimens per week from patients presenting with respiratory symptoms to WSLH

- Tested with influenza and SARS-CoV-2 multiplex PCR.
- Subset also tested with a 20-target respiratory pathogen panel

University Health Clinics

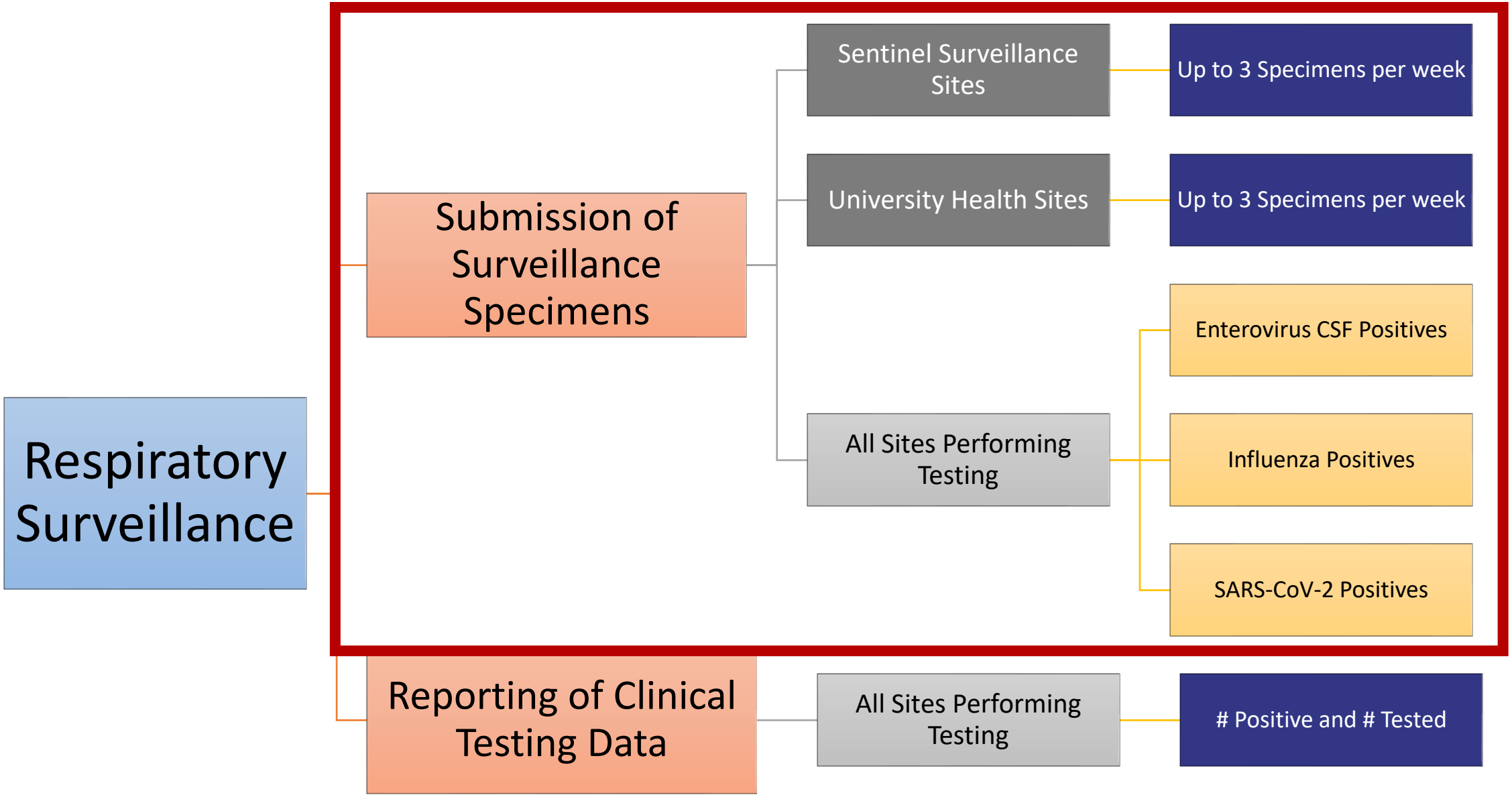
- University Health Clinics
  - Monitor influenza, SARS-CoV-2 and other respiratory pathogens impacting student health.
  - Monitor for severe adenovirus infections.

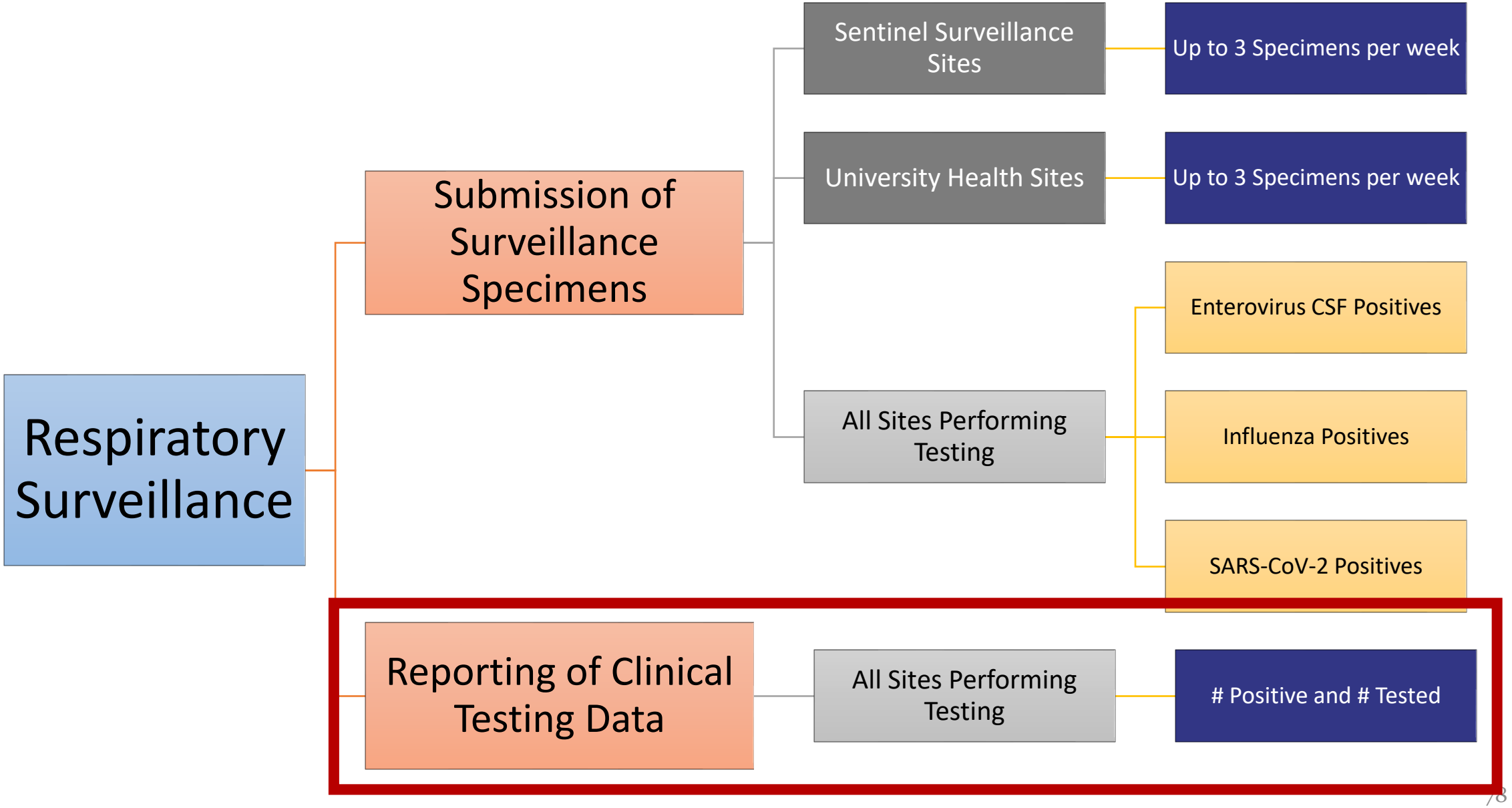


Submit the first 3 specimens per week from patients presenting with respiratory symptoms to WSLH

- Tested with influenza and SARS-CoV-2 multiplex PCR.
- Subset also tested with a 20-target respiratory pathogen panel

Enterovirus
RSV
Adenovirus


Respiratory Surveillance
Submission of Surveillance Specimens
Sentinel Surveillance Sites
Up to 3 Specimens per week
University Health Sites
Up to 3 Specimens per week
All Sites Performing Testing
Enterovirus CSF Positives
Influenza Positives
SARS-CoV-2 Positives
Reporting of Clinical Testing Data
All Sites Performing Testing
Positive and # Tested


Respiratory Surveillance
Submission of Surveillance Specimens
Sentinel Surveillance Sites
Up to 3 Specimens per week
University Health Sites
Up to 3 Specimens per week
All Sites Performing Testing
Enterovirus CSF Positives
Influenza Positives
SARS-CoV-2 Positives
Reporting of Clinical Testing Data
All Sites Performing Testing
Positive and # Tested

Reporting of Clinical Testing Data

- Report testing numbers **weekly all year!**
  - All Clinical labs
    - # tested and # positive for testing performed **on site**
    - Test methodology used
  - C. pneumoniae and M. pneumoniae added this season
  - Complete list of pathogens can be found in the Laboratory-based surveillance plan 2026-27

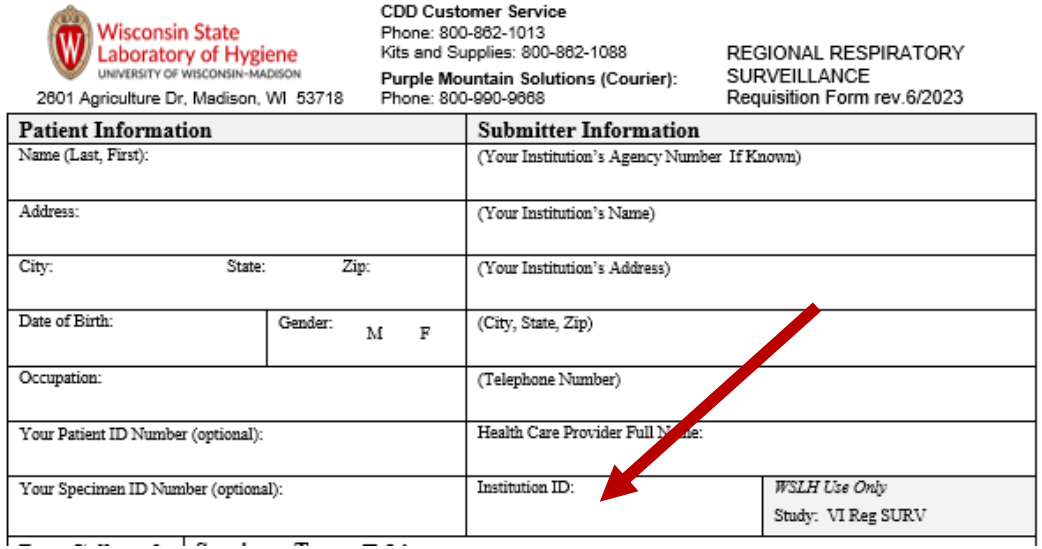
Table 2. Laboratory Testing Data Requests		
Antigen Detection		
Rapid Strep (Group A *Streptococcus*)		
Respiratory Pathogens - PCR/Molecular Detection		
Influenza A/B	SARS-CoV-2	RSV (A&B)
Seasonal Coronaviruses	Human Metapneumovirus	Human Parainfluenza virus
Rhinovirus/Enterovirus	Adenovirus	*B. pertussis* and *parapertussis*
Group A *Streptococcus*	*Chlamydia pneumoniae*	*Mycoplasma pneumoniae*

Reporting of Clinical Testing Data

- New Portal went live July, 2026!
- Step-by-Step instructions can be found in the Laboratory-based Surveillance Plan Booklet 2026-27
  - Go to the WSLH website http://www.slh.wisc.edu/wcln-surveillance/surveillance/
  - Select:

Report Clinical Surveillance Data
2026-2027 Season

  - Institution ID for reporting testing data can be found on your customized requisition form



Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON
2601 Agriculture Dr, Madison, WI 53718

CDD Customer Service
Phone: 800-862-1013
Kits and Supplies: 800-862-1088
Purple Mountain Solutions (Courier):
Phone: 800-990-9668

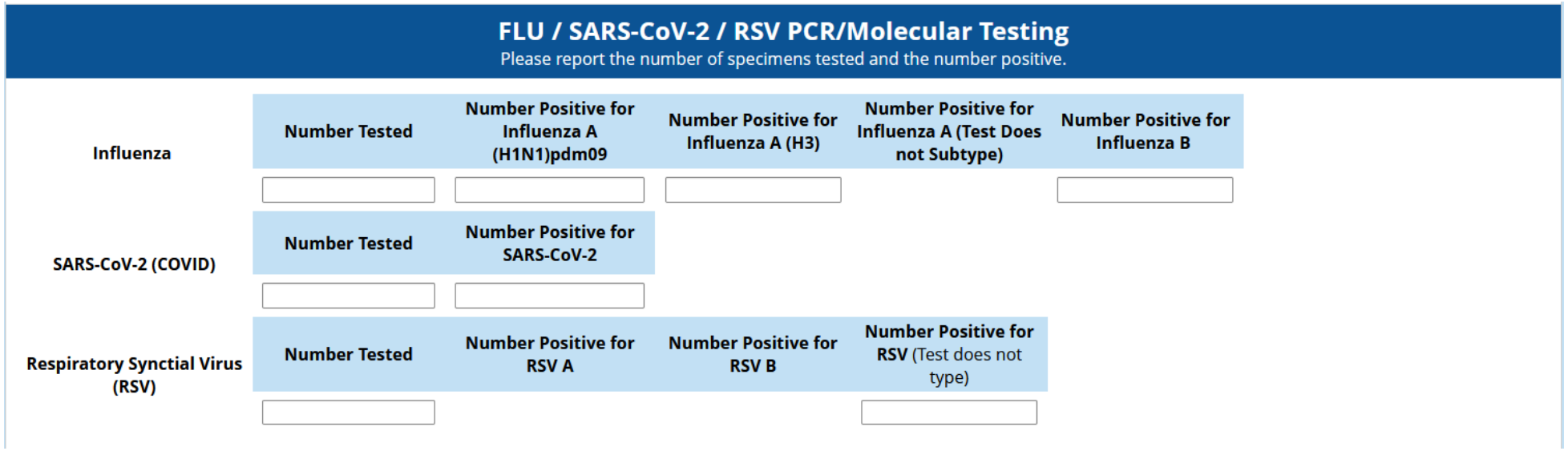
REGIONAL RESPIRATORY SURVEILLANCE
Requisition Form rev.6/2023

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:	*WSLH Use Only* Study: VI Reg SURV

- Contact WCLN@slh.wisc.edu with questions

Clinical Surveillance Data Portal

- ✓ Streamlined, user-friendly interface
- ✓ Simplified data entry and navigation
- ✓ Enhanced data validation rules and automated error checks to improve data consistency and accuracy
- ✓ Users have flexibility to review and edit previously submitted data



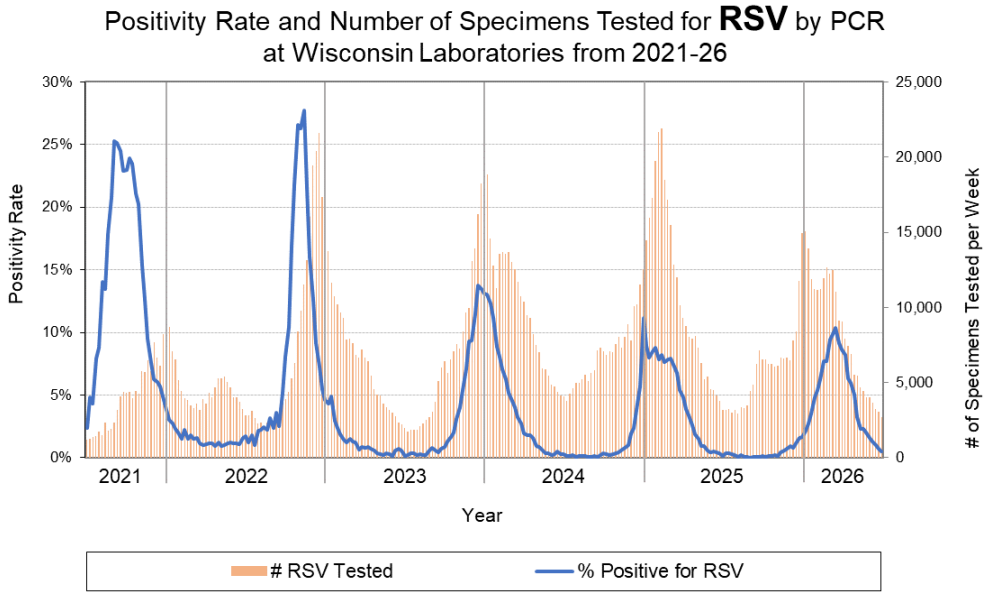
FLU / SARS-CoV-2 / RSV PCR/Molecular Testing

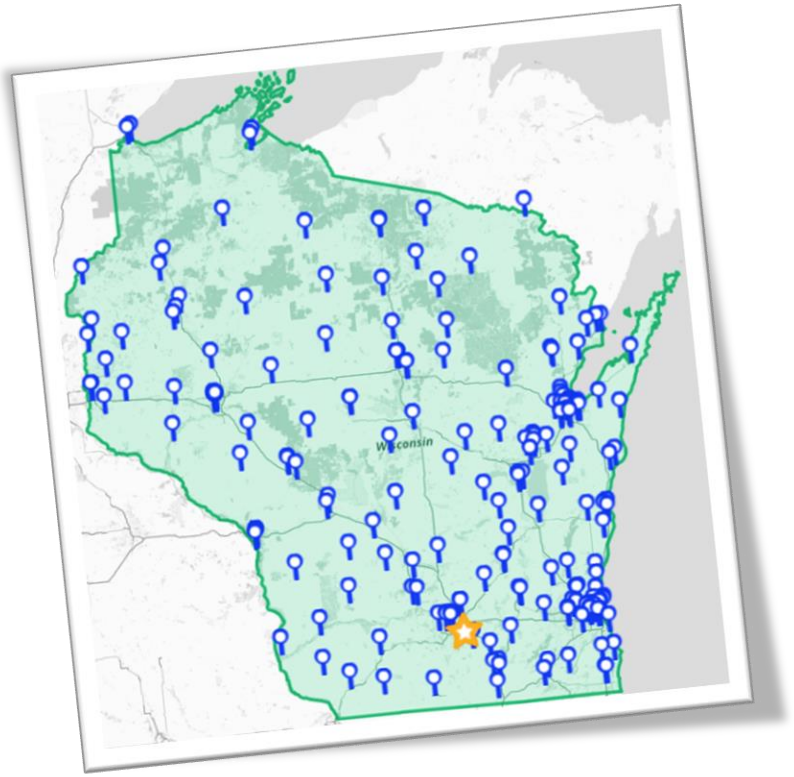
Please report the number of specimens tested and the number positive.

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**
SARS-CoV-2 (COVID)	**Number Tested**	**Number Positive for SARS-CoV-2**			
Respiratory Synctial Virus (RSV)	**Number Tested**	**Number Positive for RSV A**	**Number Positive for RSV B**	**Number Positive for RSV** (Test does not type)	

Why Submit Data?

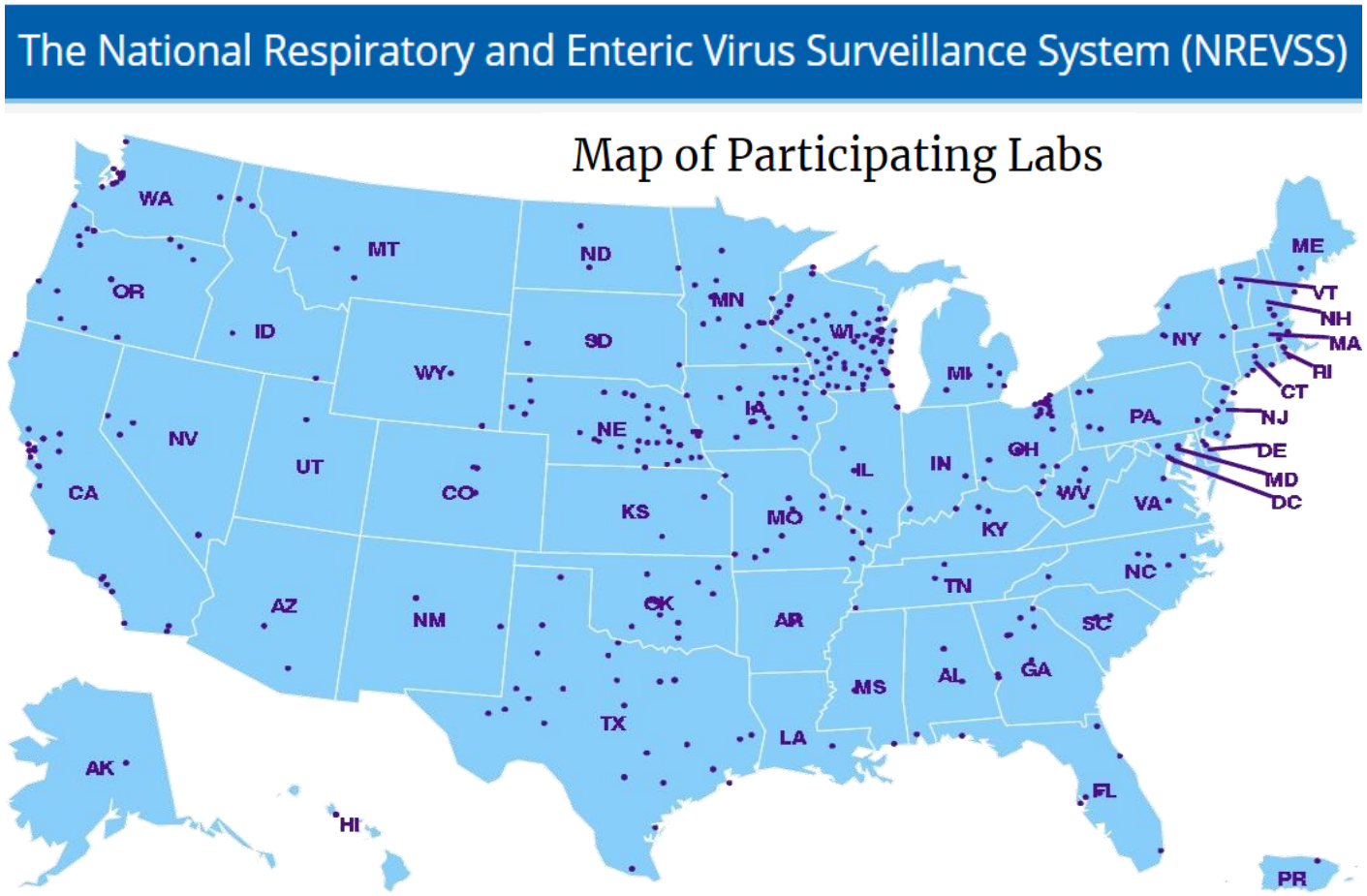
- Track positivity rates of pathogens in WI!
  - Provide situational awareness
  - Determine geographic spread
  - Observe season-to-season trends
- Participate in national surveillance programs





National Surveillance Programs

- The National Respiratory and Enteric Virus Surveillance System (NREVSS, CDC)
- FLUVIEW A Weekly Influenza Surveillance Report Prepare (CDC)



WSLH Laboratory Surveillance Report

- Subscribe at: wcln@slh.wisc.edu

Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN–MADISON

September 15th, 2025

Laboratory Surveillance Report

*** For a selection of pathogens, participating Wisconsin clinical laboratories voluntarily report to WSLH on a weekly basis the total number of tests performed, and the number of those tests with positive results.*

To Enhance Surveillance Activities, Please Send:

- All Testing Sites:
  - ALL Influenza positive specimens:
    - Especially, Influenza A specimens:
      - From patients admitted to the ICU
      - With swine, bovine or poultry exposure
      - With international travel history
      - That fail to subtype as H1 or H3 (Ct <35)
  - Up to 5 SARS-CoV-2 positive specimens per week
  - All Enterovirus positive CSF specimens

Respiratory Snapshot:

- Influenza activity is **low** in Wisconsin (0.2%) and nationally (0.4%)
- Rhinovirus/Enterovirus (22.0%) activity is **high** in Wisconsin
- SARS-CoV-2 activity (10.3%) is **increasing** in Wisconsin

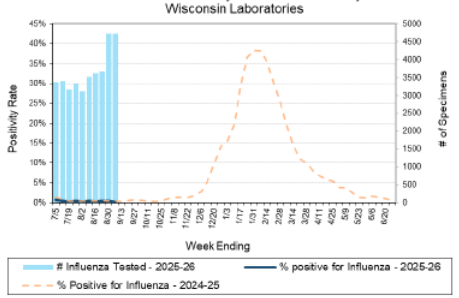
Enteric Snapshot:

- Norovirus (7.5%), *Campylobacter* (5.6%) Salmonella (2.6%) and Cryptosporidium (2.5%) activities are **elevated** in Wisconsin

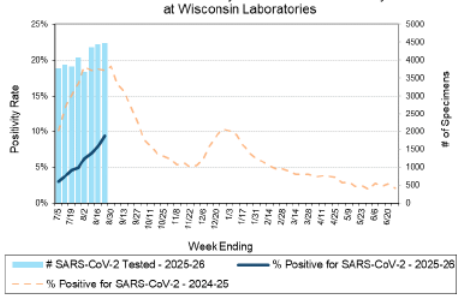
Other:

- Group A *Streptococcus* activity in Wisconsin is **high** (13.7%).

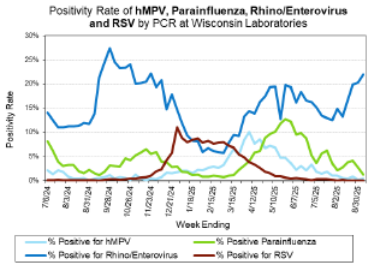
Number Tested and Positivity Rate for **Influenza** by PCR at Wisconsin Laboratories



Number Tested and Positivity Rate for **SARS-CoV-2** by PCR at Wisconsin Laboratories



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



Next Page

Laboratory Surveillance Report

Enteric Pathogens

Week Ending 9/6/25

	# Tested	% Positive
Norovirus***	535	7.5%
Campylobacter	638	5.6%
Salmonella	645	2.6%
Cryptosporidium	564	2.5%
Giardia	574	1.9%
Yersinia enterocolitica	654	1.2%
STEC	634	1.1%
Sapovirus	511	0.8%
Adenovirus 40/41	511	0.6%
Astrovirus	511	0.6%
Shigella/EIEC	634	0.5%
Vibrio	564	0.4%
Rotavirus	537	0.4%
Entamoeba histolytica	564	0.2%
Aeromonas	55	0.0%
E. coli 0157	234	0.0%
Plesiomonas shigelloides	538	0.0%
Cyclospora	511	0.0%

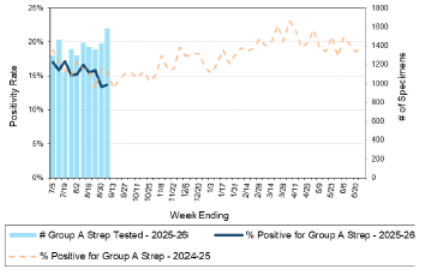
***BioMerieux has announced an increased risk of false positive norovirus results with the BioFire FilmArray GI panel, which may increase the statewide norovirus percent positivity **

Respiratory Pathogens

Week Ending 9/6/25

	# Tested	% Positive
Rhinovirus/Enterovirus	1074	22.0%
SARS-CoV-2	6004	10.3%
Parainfluenza	737	1.2%
Adenovirus	677	1.2%
Seasonal coronaviruses	563	0.5%
Bordetella pertussis	576	0.5%
Human metapneumovirus	774	0.4%
Influenza	4734	0.2%
RSV	4457	0.0%

Number Tested and Positivity Rate for **Group A *Streptococcus*** by PCR at Wisconsin Laboratories



Additional Information

- Additional Information on avian influenza testing and influenza surveillance at WSLH: https://www.slh.wisc.edu/clinical/diseases/h5n1-highly-pathogenic-avian-influenza-update/
- Additional information on respiratory pathogens can be found on the DHS website: https://www.dhs.wisconsin.gov/disease/respiratory.htm
- Activity graphs for a variety of respiratory pathogens can be found on the DHS Respiratory Illness Dashboard: https://www.dhs.wisconsin.gov/disease/laboratory-based-data.htm
- Activity graphs for a variety of gastrointestinal pathogens can be found on the WSLH website: http://www.slh.wisc.edu/wcln-surveillance/surveillance/gastropathogen-surveillance/

To subscribe to this report, email WCLN@slh.wisc.edu

DHS Respiratory Illness Dashboard

Laboratory-based data for COVID-19, influenza, RSV, and other viruses

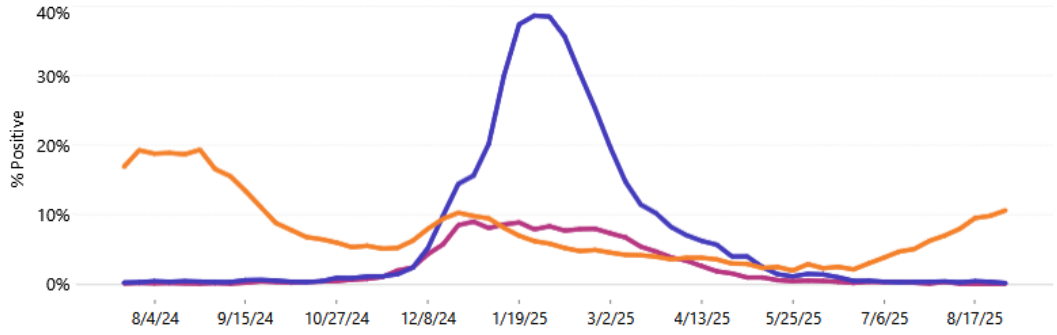
Testing details and **trajectory** of postive results for COVID-19, influenza, and RSV

Week of: August 31, 2025 - September 6, 2025

	# of tests run	# of positive tests	% of tests positive	Trajectory
COVID-19	6,139	649	10.6%	↗
Influenza	4,586	7	0.2%	→
RSV	4,318	2	0.0%	→

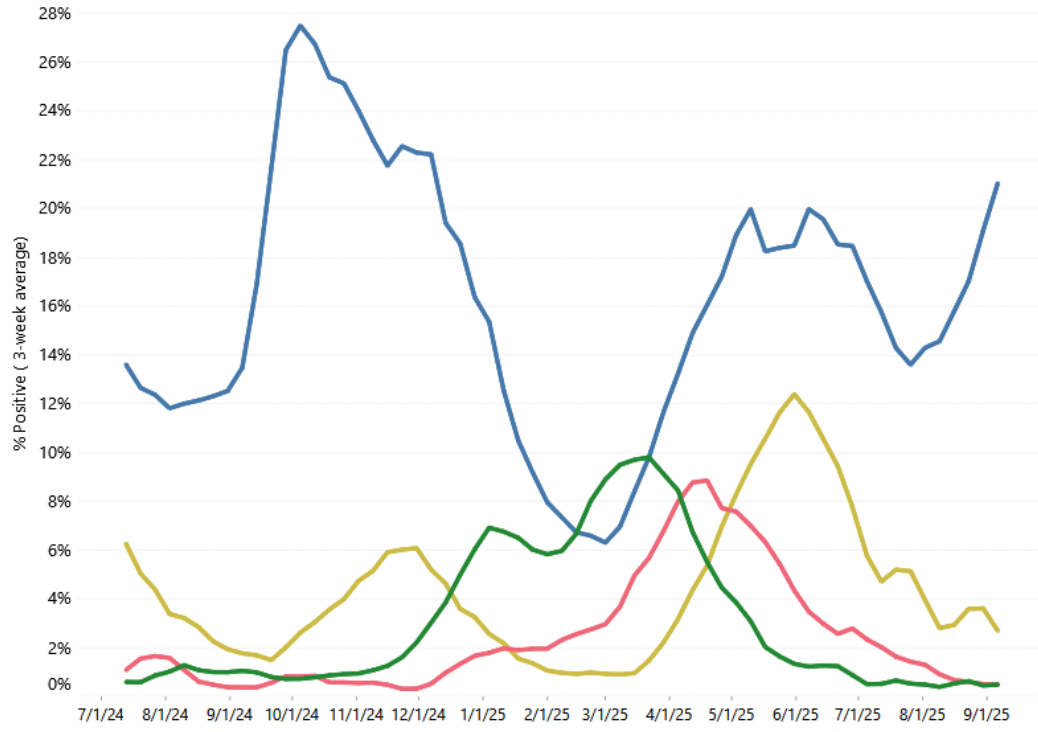
Percent (%) of reported test results **positive** for COVID-19, influenza, and RSV by week

*Data are interactive. **Hover over lines** to see more information.*



3-week **average percent (%)** of reported test results **positive** for selected viruses by week.

*Data are interactive. **Hover over lines** to see more information and use options featured below.*



Explore data using interactive options

Use the check boxes to view data for any of the following viruses

- [ ] Adenovirus
- [x] Coronavirus (seasonal)
- [ ] COVID-19
- [x] HMPV
- [ ] Influenza
- [x] Parainfluenza virus
- [x] Rhinovirus/Enterovirus
- [ ] RSV

Change Date Range

Select Start Date: Jul 13, 2024

Select End Date: Sep 06, 2025

View data by number of positive tests

Return to COVID-19, influenza, RSV view

https://www.dhs.wisconsin.gov/disease/respiratory-data.htm

Respiratory Surveillance in Wisconsin

- Surveillance plans are outlined in the "Laboratory-Based Surveillance Plan 2026-27" booklet
- .PDF version available online at: www.slh.wisc.edu/wcln-surveillance/
- WSLH Test Directory: https://www.slh.wisc.edu/TestDirectory

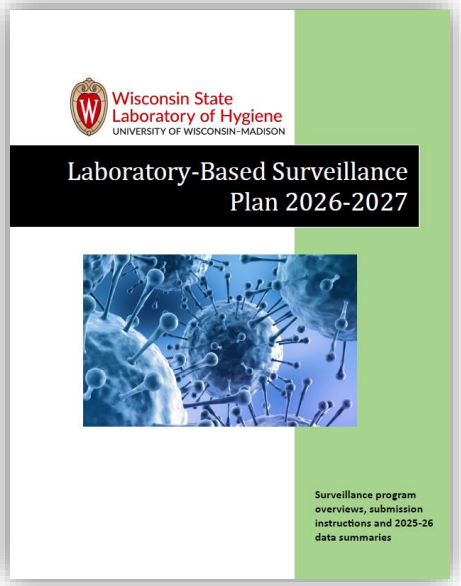


Table 1. Updates to Submission Requests and Surveillance Requisition Forms for the 2026-27 Season

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)
Chlamydia pneumoniae	PCR Testing Data	Number tested and number positive requested (pg. 5)
Mycoplasma pneumoniae	PCR Testing Data	Number tested and number positive requested (pg. 5)
No Longer Requested		
Cryptosporidium species	Specimen Submission	Specimens no longer needed
Babesia	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)
S. pneumoniae Requisition	Isolates	Additional requirements for the submission of invasive isolates (pg. 23)

WSLH Provides Respiratory Surveillance Supplies and Shipping!!

- Order **FREE** Supplies
  - Specimen collection kits
  - Insulated shippers and cold packs
  - Customized requisition forms
  - Contact our Clinical Orders Department at: **800-862-1088**



- Transport of surveillance specimens is available at **NO COST** when you send specimens using Purple Mountain Solutions
  - https://purplemountainsolutions.com/

Purple Mountain Solutions, Inc.





Your participation in respiratory surveillance is **vital** to monitor for emerging pathogens with pandemic potential and pathogens that impact community health.



Contacts

- **Virology lab**
  Virus@slh.wisc.edu

- **Customer Service**
  1-800-862-1013

- **Clinical Orders:**
  1-800-862-1088


WISCONSIN
GO BREWERS
America's Dairyland
Made in USA
LP-13531