

Respiratory Virus Update - 2024



Allen Bateman and Erika Hanson Wisconsin State Laboratory of Hygiene October 2, 2024

Program Objectives



At the end of the session, participants will be able to

- Explain the current H5N1 avian influenza outbreak in the U.S.
- Describe influenza, SARS-CoV-2, and other respiratory virus transmission during the 2023-2024 season
- Summarize the 2024-2025 influenza and SARS-CoV-2 vaccines and what is anticipated for the upcoming season
- Discuss the strategies for laboratory-based surveillance for influenza, SARS-CoV-2, and other respiratory viruses in Wisconsin



Avian Influenza - 2022

The Atlantic

SCIENCE

Wild Birds in North America Are Dying Like Never Before

Scientists are concerned for North American wildlife as the worst avian flu outbreak since 2015 rages on.

By Sarah Trent

Avian Influenza - 2022

- New H5N1 strain of avian influenza affecting entire world
- Began in the U.S. in December 2021
- Previous avian influenza in 2014/15
 - Caused ~\$3 billion in losses to U.S. farmers
 - 50 million chickens and turkeys culled
- This year's outbreak:
 - 47 million poultry affected (so far)
 - Orders of magnitude larger in wild bird populations



Commercial and Backyard Flocks

https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-diseaseinformation/avian/avian-influenza/hpai-2022/2022-hpai-commercial-backyard-flocks

Avian Influenza - 2022

- 2014–15 outbreak: 18 wild-bird species across 16 states
- 2022 outbreak: 108 wild-bird species across nearly every state
- Mammal cases and deaths also confirmed:
 - foxes, skunks, opossums, raccoons, bobcats, minks, harbor seals, black bear, and one bottlenose dolphin
- This strain is different from previous ones!
- Currently low risk of mutating to become widely infectious and transmissible in humans, but we need to identify possible human infections to stop transmission







- Still affected wild birds and mammals worldwide
- Relatively quiet in Wisconsin





- March 24, USDA reports H5N1 in dairy herds
- April 1, first human case identified (farm worker)
- Conjunctivitis initially only symptom in humans
 - Then some cases also with respiratory symptoms



Counties Affected

• Wild birds still being affected

Instructions: Counties in which bird flu has been detected in wild birds are marked in purple. On the map, select a state that has an outbreak to zoom in. More information is available about bird flu detections in wild birds by hovering over with the mouse (desktop) or tapping (mobile) the affected county. <u>Download Data</u> **EXCEL**





- Counties Affected



Instructions: Counties that have reported bird flu outbreaks are marked in purple. On the map, select a state that has an outbreak to zoom in. More information is available about the outbreak by hovering over with the mouse (desktop) or tapping (mobile) the affected county. Download Data EXCEL

• Poultry flock:







- Cattle now also affected
- April-June, lots of spread to many states
- Calmed down somewhat now, but some states/herds still affected

https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/hpai-confirmed-cases-livestock



- 15 human infections in U.S. in 2024
- All viruses from the same 2.3.4.4b clade of H5N1 causing the worldwide outbreak since 2021
- From exposure to dairy cows (4), exposure to poultry (10), or no immediately known animal exposure (1)

Total people monitored	Total people tested	Human cases
4,900+ after exposure to infected animals	230+ after exposure to infected animals	14 total reported human cases in the United States

US NEWS

Missouri reports human bird flu case with no link to animals



Published on September 6, 2024 By BNO News

- September 2024, found through statewide surveillance
 - Unsubtypeable at clinical lab, sent to PHL and identified as H5N1
- Intense investigation: no known animal contact
- Patient hospitalized, not for respiratory issues; recovered and discharged
- Some contacts also had respiratory symptoms
 - H5N1? Enterovirus? SARS-CoV-2?
 - Serology will shed light

HEALTH

Four more health care workers reported illnesses after caring for bird flu case in Missouri

It is not clear if any of these people were actually infected with H5N1



WSLH response to H5N1 avian influenza in cattle



- Continue subtyping specimens as part of normal influenza surveillance
 - Thanks for sending all influenza positives to us!
- Testing specimens from people with respiratory symptoms and known exposure to H5N1
 - Poultry farms the past 2-3 years; no dairy farms yet
- Collaborating with WVDL and DHS to perform surveillance for H5N1 in cats sent in for rabies testing
- Developed and implemented H5 subtyping for wastewater testing
- Explored H5N1 testing on a high-throughput platform (Panther Fusion)
- Receiving influenza positive specimens from LabCorp to subtype
 - Enhance surveillance, to determine if H5 is circulating unnoticed
 - Haven't identified any yet

US NEWS

Missouri reports human bird flu case with no link to animals



Respiratory Pathogens



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







Influenza virus: Changeability is its hallmark





Hemagglutinin



Neuraminidase



M2 Ion Channe





- 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



The Looooooooong 2023-24 Influenza Season



lu/weekly/index.htm

Wisconsin Laboratory Surveillance Reporting

Institution ID

Please enter your institution's ID to access the report form. Please email <u>wcln@slh.wisc.edu</u> if you need assistance. "Institution ID" is a series of letters followed by numbers. Please note that we are now able to update default information again. Please alert us to updates by marking the information has been changed box. Thank you.

LaboratoryID

2022/2023 Updates to reporting:

- · PCR and Rapid Molecular testing has been merged
- Reporting options have been updated to reflect current testing.

Next	
0%	

The Loooooooooooooo 2023-24 Influenza Season



Surveillance Area: 2023-24 Season:

National

Influenza Positive Tests Reported to CDC by Public Health Laboratories, National Summary, 2023-24 Season, week ending Sep 21, 2024



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

The Looooooooong 2023-24 Influenza Season

Laboratory-Confirmed Influenza Hospitalizations Preliminary cumulative rates as of Sep 21, 2024 FluSurv-NET :: Entire Network :: Overall Age Group :: Cumulative Rate

130 -

2011-12





2015-16 ✓. - 2014-15 Z - 2013-14 2010-11 2009-10

- 2019-20

Weekly influenza-associated hospitalizations by influenza season, WEDSS



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

Influenza Vaccines



- Flu vaccines used to be trivalent: H1, H3, B component (either B/Victoria or B/Yamagata)
- 2013, switched to quadrivalent: H1, H3, B/Vic, B/Yam
- B/Yamagata hasn't been seen worldwide since March 2020
- In addition to normal worldwide flu surveillance:
 - "in a last-ditch attempt to find the missing pathogen, a worldwide network of monitoring centers tested over 15,000 influenza B virus samples collected from February to August of 2023. Not a single one of them was Yamagata."
- 2024-25, back to trivalent
 - H1, H3, B/Victoria



• Note: destroy B/Yamagata samples if you still have them

https://www.statnews.com/2023/10/05/fda-expert-panel-endorses-idea-of-removing-a-component-from-flu-vaccine/?utm_medium=email&utm_source=rasa_io&utm_campaign=newsletter



Influenza Vaccine Recommendations



Morbidity and Mortality Weekly Report August 29, 2024

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–25 Influenza Season

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications
- All types are trivalent:
 - Trivalent inactivated influenza vaccines (IIV3s)
 - Trivalent recombinant influenza vaccines (RIV3)
 - Trivalent live attenuated influenza vaccines (LAIV3)
- People over 65 years old recommended to have a highdose or adjuvanted trivalent vaccine (higher protection)

Available next year: spray your own nose!



FDA Approves Nasal Spray Influenza Vaccine for Self- or Caregiver-Administration

First Influenza Vaccine That Does Not Need to be Administered by a Health Care Provider



For Immediate Release: September 20, 2024

- Sold direct-to-consumers in conjunction with online pharmacy service
- Still available through physicians and pharmacies



Pandemic Influenza Generation:

Viruses at the Human-Animal Interface





- Respiratory syncytial virus
- Disease burden:
 - More than two-thirds of babies are infected by age 1
 - Virtually all children are infected by age 2
 - RSV is the leading cause of infant hospitalization in the U.S.
 - 60-80,000 hospitalizations per year
 - Second leading cause of death in children under 1 globally (malaria is 1st)



RSV Surveillance in WI



- Data: number tested and number positive, per week
- Specimens: no specific request for RSV positive samples
 - We receive some RSV positives through sentinel and UHS surveillance
- We now perform WGS for genomic surveillance of RSV also!



RSV Developments in 2023: Two vaccines and a MoAb





Vaccine #1

- GSK's Arexvy
- Approved for adults ages 60 and older

Vaccine #2

- Pfizer's Abrysvo
- Approved for adults over 60
- Approved to protect newborns against RSV by vaccinating pregnant people in the latter part of pregnancy (24-36 weeks of gestation)

https://www.statnews.com/2023/05/03/fda-approves-rsv-vaccine-gsk/

https://www.precisionvaccinations.com/vaccines/arexvy-rsv-vaccine

https://www.statnews.com/2023/08/21/pfizer-rsv-vaccine-abrysvo-newborns-fda-approval/?utm_medium=email&utm_source=rasa_io&utm_campaign=newsletter

 $\label{eq:https://www.statnews.com/2023/07/17/fda-approves-rsv-monoclonal-antibody-for-infants-young-children-at-high-risk/?utm_medium=email&utm_source=rasa_io&utm_campaign=newsletter_listed_liste$

RSV Developments in 2023: Two vaccines and a MoAb





Monoclonal antibody: Ab against the virus, rather than vaccine that induces recipients' immune systems to make their own

- Sanofi's Nersevimab
- Two CDC recommendations:
 - Single dose of Nersevimab to all infants aged less than 8 months and children aged 8 through 19 months at increased risk

https://www.precisionvaccinations.com/vaccines/arexvy-rsv-vaccine

https://www.statnews.com/2023/08/21/pfizer-rsv-vaccine-abrysvo-newborns-fda-approval/?utm_medium=email&utm_source=rasa_io&utm_campaign=newsletter

https://www.statnews.com/2023/07/17/fda-approves-rsv-monoclonal-antibody-for-infants-young-children-at-high-risk/?utm_medium=email&utm_source=rasa_io&utm_campaign=newsletter

https://www.statnews.com/2023/05/03/fda-approves-rsv-vaccine-gsk/

Morbidity and Mortality Weekly Report

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

• CDC recommended that adults aged ≥60 years may receive an RSV vaccine



Letters

RESEARCH LETTER

RSV Vaccine Effectiveness Against Hospitalization Among US Adults 60 Years and Older

- First year to conduct real-world effectiveness studies
- Even though vaccinated people were older and more immunocompromised:
 - RSV vaccines had 75% effectiveness in protecting against RSV hospitalizations!



Use of Respiratory Syncytial Virus Vaccines in Adults Aged ≥60 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2024

- CDC now recommends that a single dose of any FDA-approved RSV vaccine (Arexvy [GSK]; Abrysvo [Pfizer]; or <u>mResvia [Moderna]</u>):
 - For all adults aged ≥75 years
 - For adults aged 60–74 years who are at increased risk for severe RSV disease

mRESVIA's FDA approval paves the way for mRNA vaccines across multiple indications

The approval is a significant development in the field and will encourage the use of mRNA technology across other disciplines.

GlobalData GlobalData Healthcare June 6, 2024

https://www.clinicaltrialsarena.com/analyst-comment/mresvias-fda-approval-mrna-vaccines/?cf-view



SARS-CoV-2 Surveillance



https://www.dhs.wisconsin.gov/covid-19/hosp-data.htm



SARS-CoV-2 Surveillance

COVID-19 Wastewater Surveillance in Wisconsin



https://www.dhs.wisconsin.gov/covid-19/wastewater.htm

SARS-CoV-2 Genomic Surveillance

Weighted and Nowcast Estimates in United States for 2-Week Periods in 6/9/2024 – 9/28/2024

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

Nowcast**: Model-based Weighted Estimates: Variant proportions based on reported genomic projected estimates of sequencing results variant proportions 100% K F3. 11 8 K P3. 11 KP3.1.1 80% Among Infections KP3.11 KP3.1.1 2 8 60% XP:3 Ξ % Mral Lineages. Ξ KP:3 40% LB 1 KP3 KP.2.3 ŝ 20% 0% 5.22.724 7.6/24 7/20/24 8.3/24 8/17/24 8/31/24 9/14/24 9/28/24 Selected 27/1 oct Collection date, two-week period ending

Thank you for sending up to 5 SARS-CoV-2 positives per week for sequencing!



https://covid.cdc.gov/covid-data-tracker/#variant-proportions



SARS-CoV-2 Vaccine update

- Three updated vaccines are available: from Moderna, Pfizer, and Novavax
- The Pfizer and Moderna vaccines are both formulated to target KP.2
 - This strain is very similar to the variants that are now spreading widely
- The Novavax vaccine is formulated to target JN.1
 - This is an earlier strain of the virus that is also close to the dominant strains





https://covid.cdc.gov/covid-data-tracker/#variant-proportions

COVID Test Positivity Data Reveal Seasonal Patterns

The chart shows the percentage of PCR tests that came back positive for SARS-CoV-2 each week across the U.S. since testing began in early 2020. The last data point for 2024 reflects the test positivity rate as of July 6.



Amanda Montañez; Source: Centers for Disease Control and Prevention

https://www.scientificamerican.com/article/covid-rates-are-rising-again-why-does-sars-cov-2-spread-so-well-in-the/


Enterovirus surveillance

- 2022, huge peak of EV-D68
- 5,633 children with ARI seeking emergency care in late summer
 - EV-D68 detected in 17.4% of all children
- Large concern for surge of acute flaccid myelitis (AFM)







Abbreviation: EV-D68 = enterovirus D68.

https://www.cdc.gov/mmwr/volumes/71/wr/mm7140e1.htm?s_cid=mm7140e1_x

Acute Flaccid Myelitis (AFM)

• Thankfully, no large AFM peak in 2022



- CDC: "we need to learn more about enteroviruses!"
- New national enterovirus surveillance
- More to come from Erika



Vaccine Preventable Diseases Reference Center Newsletter June 2023

Enterovirus Surveillance Testing at the VPD Reference Centers

Not a virus, but worth mentioning!



NBC NEWS

Whooping cough spikes, especially among unvaccinated teens

Pertussis outbreaks are at the highest level in a decade and doctors say many cases are going undetected – allowing people to spread the bacterial infection unknowingly for weeks.



DHS Health Alert Network

Wisconsin DHS Health Alert #61: Pertussis Cases in Wisconsin

Bureau of Communicable Diseases

September 25, 2024

Key points

- Pertussis is increasing nationwide.
- In Wisconsin, 49 counties have had at least one reported case of pertussis in 2024.
- As of September 20, 2024, Wisconsin has 662 confirmed cases statewide.
- Of the cases of pertussis reported in Wisconsin in 2024, 41% of the cases have been individuals aged 11–18 years, 31 cases have been infants, and six have been hospitalized.
- No deaths have been reported.



Wisconsin Respiratory Surveillance 2023-2024



2023-24 SARS-CoV-2 and RSV





2023-24 Parainfluenza viruses

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





2023-24 Seasonal Coronaviruses

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



The past 5 years





The past 5 years



Positivity Rate and Number of Specimens Tested for SARS-CoV-2 by PCR at Wisconsin Laboratories from 2019-24



The past 5 years







WHO Global Influenza Surveillance and Response System (GISRS)

Southern hemisphere, 2022-24

Virus detections by subtype reported to FluNet, 26 September 2022 to 09 September 2024





WHO Global Influenza Surveillance and Response System (GISRS)

Southern hemisphere, 2018-24

Virus detections by subtype reported to FluNet, 26 September 2018 to 09 September 2024





https://apps.who.int/flumart/Default?ReportNo=5&Hemisphere=Southern



Wisconsin Respiratory Surveillance Plan 2024-2025



Welcome to the 2024-25 Respiratory Season!

- WSLH mails out a Surveillance packet to all clinical labs in WI performing testing
 - Updated "Laboratory-Based Surveillance plan" booklet
 - Customized surveillance requisition forms
 - Introductory letter
- Email wcln@slh.wisc.edu for more information!





Respiratory Surveillance in Wisconsin

- Overall picture: A unified approach to respiratory surveillance
 - Plans are outlined in the "Laboratory-Based Surveillance Plan 2024-25" booklet
 - .PDF version available online at: <u>www.slh.wisc.edu/wcln-surveillance/</u>

Two Branches of Surveillance:

- Reporting of clinical testing data
- Submission of surveillance specimens

Updates for the 2024-25 Season

Table 1. Updates to Data and Specimen Submission Requests for the 2024-25Season			
Pathogen	Surveillance Type	What is Requested	
Updated Requests			
Clostridioides difficile	Data	Number tested and number positive (pg 4)	
Legionella species	Specimens— Respiratory Pathogens	 Sputum or BAL from Urine Antigen positive patients (NOT URINE) Isolates (pg 12) 	
Cronobacter spp.	Specimens - Invasive Pathogens	Isolates from infants <12mo (pg 22)	
Enterovirus	Specimens - Invasive Pathogens	All enterovirus positive CSF specimens (pg 22)	
Streptococcus pneumoniae	Specimens- Invasive Pathogens	Change in isolate submission requirements and testing. (pg 21)	
Blastomyces	Specimens- Invasive Pathogens	Species Identification. (pg 22)	
No Longer Requested			
Aeromonas species	Specimens - Enteric Pathogens	Isolates or stools	
Plesiomonas shigelloides	Specimens - Enteric Pathogens	Isolates or stools	



Reporting of Clinical Testing Data

- Report data weekly all year!
 - All Clinical labs
 - Report # tested and # positive for PCR/molecular and/or rapid antigen testing performed on site
 - Complete list of pathogens found in the Laboratory-based surveillance plan 2024-25

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



Reporting of Clinical Testing Data

- Step-by-Step instructions can be found in the Laboratory Surveillance Report 2024-25
 - Go to the WSLH website: <u>http://www.slh.wisc.edu/wcln-surveillance/surveillance/</u>
 - Click on "Click here to report Wisconsin Test Data" in the center of the page.



- Institution ID for reporting testing data can found on your customized requisition form
- Contact <u>WCLN@slh.wisc.edu</u> with questions





Why Submit Data?

- Testing data reporting helps track positivity rates of pathogens in WI!
 - Provide situational awareness
 - What is circulating
 - When season begins, peaks and ends
 - Identify outbreaks
 - 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)
- COVID Data Tracker (CDC)







Wisconsin Surveillance Data Distribution

- WSLH Bi-weekly Laboratory Surveillance Report
 - Subscribe at: wcln@slh.wisc.edu
- Wisconsin DHS
 - Respiratory Surveillance Report: <u>https://www.dhs.wisconsin.gov/disease/respiratory.htm</u>
 - Respiratory Illness Dashboard:

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



June 24, 2024

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, and monitor for avian influenza, <u>each week please send</u>:

- PCR/Molecular Testing sites:
- All influenza positive specimens
- Especially, Influenza A specimens:
 - That fail to subtype (Ct <35)
 - With swine, bovine or avian exposure
 - With international travel history
- All Testing Sites:
 - Output of SARS-CoV-2 positive specimens





Respiratory Snapshot:

- Influenza activity is low in Wisconsin (1.2%) and nationally (1.4%).
 - Influenza A is the dominant strain circulating (78.1%)
- Rhino/Enterovirus (17.2%) and parainfluenza virus (10.1%) activities are high in Wisconsin.
- Bordetella pertussis activity is increasing (2.2%)

Enteric Snapshot:

 Norovirus activity is decreasing (9.1%) in Wisconsin.

Other:

208

-% Positive for hMPV

 Group A Streptococcus activity in Wisconsin is decreasing (22.9%).

Positivity Rate of hMPV, Parainfluenza, Rhino/Enterovirus

and RSV by PCR at Wisconsin Laboratories

Week Ending

% Positive Parainfluenza

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Enteric Pathogens		
Week Endi	ng 6/15/24	
	# Tested	% Positive
provirus***	504	9.1%
mpylobacter	588	2.7%
tavirus	490	2.2%
enovirus 40/41	444	1.6%
EC	588	1.4%
povirus	444	1.1%
ardia	529	1.1%
rsinia enterocolitica	533	0.9%
Imonella	588	0.7%
trovirus	444	0.7%
clospora	458	0.7%
igella/EIEC	549	0.5%
esiomonas shigelloides	477	0.4%
romonas	39	0.0%
coli 0157	172	0.0%
brio	519	0.0%
yptosporidium	529	0.0%
tamoeba histolytica	515	0.0%

Respiratory Pathogens Week Ending 6/15/24 # Tested % Positive Rhinovirus/Enterovirus 1264 17.2% Parainfluenza 1055 10.1% SARS-CoV-2 5482 5.1% Human metapneumovirus 1087 4.8% Bordetella pertussis 786 2.2% Adenovirus 1075 1.8% Influenza 4696 1.2% Seasonal coronaviruses 979 1.0% RSV 4221 0.5%



Additional Information

- Additional information on respiratory pathogens can be found on the DHS website:
- https://www.dhs.wisconsin.gov/disease/respiratorv.htm

***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 ***

- The WSLH SARS-CoV-2 genomic dashboard is available here: <u>https://dataportal.slh.wisc.edu/sc2dashboard</u>
- The influenza, RSV and respiratory virus activity graphs can be viewed here: http://www.slh.wisc.edu/wcln-surveillance/surveillance/virology-surveillance/
- The bacterial, viral and parasitic activity graphs can be viewed here:
- http://www.slh.wisc.edu/wcln-surveillance/surveillance/gastropathogen-surveillance/

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





Wisconsin Surveillance Data Distribution

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- Wisconsin DHS
 - Respiratory Virus Surveillance Report: <u>https://www.dhs.wisconsin.gov/disease/respiratory.htm</u>
 - Respiratory Illness Dashboard:

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



RESPIRATORY VIRUS SURVEILLANCE REPORT

Week 21, Ending May 28, 2023

Wisconsin Department of Health Services | Division of Public Health Bureau of Communicable Diseases | Communicable Diseases Epidemiology Section www.dhs.wisconsin.gov/dph/bcd.htm | dhsdphbcd@dhs.wi.gov



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: September 15, 2024 - September 21, 2024

Percent (%) of reported test results **positive** for **COVID-19**, **influenza**, and **RSV** by week *Data are interactive.* **Hover over lines** to see more information.



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

DHS Respiratory Illness Dashboard



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



Respiratory Surveillance in Wisconsin

- Overall picture: A unified approach to respiratory surveillance
 - Plans are outlined in the "Laboratory-Based Surveillance Plan 2024-25" booklet
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Two Branches of Surveillance:

- Reporting of clinical testing data
- Submission of surveillance specimens



Laboratory-Based Surveillance Plan 2024-2025



Surveillance program overviews, submission instructions and 2023-24 data summaries

Pathogen	Specific Res	pirator	y Surveillance
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Influenza Surveillance			
Submitter Testing	Season		
Method:	Off Season (June-October)	Influenza Season (Winter/Spring*)	
PCR/Molecular	<u>ALL</u> influenza positives	One influenza-related hospitalization per week AND Unsubtypable influenza A positives (Ct < 35) AND Influenza A positive specimens with: • International travel history • Bovine, swine or avian exposure	
Antigen	<u>ALL</u> influenza positives	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	a 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		
s	Site Specific Res	piratory 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)		





Respiratory Surveillance Network

- 1. Pathogen Specific Programs:
 - Influenza*
 - SARS-CoV-2*

*Includes all PCR/Molecular and/or Antigen Testing laboratories

- Enterovirus positive CSF specimens
- 2. Site-Specific Programs:
 - Enrolled Sentinel Surveillance Sites
 - University Health Clinics



Influenza Surveillance: Specimen Requests

Influenza positive specimens by an Antigen Testing method

Submit **ALL** out of season influenza positive specimens to WSLH



During Flu season, please submit influenza A positive specimens with:

CATTLE/BOVINE SWINE/PIG AVIAN/POULTRY INTERNATIONAL TRAVEL



Influenza Surveillance: Specimen Requests

Influenza positive specimens by a PCR/Molecular testing method

Submit **ALL** out of season influenza positive specimens to WSLH



- During Flu season, please submit:
 - ONE influenza-related hospitalization per week
 - Also:





What Does WSLH Do with Influenza Positive Specimens?

- 1. Perform Influenza SARS-CoV-2 Multiplex PCR
 - Monitor for performance issues with commercial tests
- 2. Perform influenza A Subtyping and B Lineage with CDC primer sets
 - Monitor for the emergence of **avian and novel influenza** in humans
- 3. Submit specimens to the "National Influenza Reference Center" pipeline
 - WSLH performs virus isolation and whole genome sequencing
 - CDC performs influenza virus characterization



National Influenza Surveillance

- Early season positives are critical:
 - Inform vaccine strain selection
 - Provide samples to make candidate vaccine viruses

Please send **ALL** off season influenza positive specimens to WSLH

The WHO recommends that **trivalent** vaccines for use in the 2024-2025 northern hemisphere influenza season contain the following:

Egg-based vaccines

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Thailand/8/2022 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Cell culture- or recombinant-based vaccines

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an A/Massachusetts/18/2022 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.





SARS-CoV-2 Surveillance: Specimen Requests

 SARS-CoV-2 positive specimens by an Antigen or PCR/Molecular Testing methods

Submit <u>up to 5 SARS-CoV-2 positive specimens per week</u> to WSLH



What Does WSLH with SARS-CoV-2 Positive Specimens?

B.1.1.5294



- Sequencing is used to detect and monitor novel variants
- <u>https://dataportal.slh.wisc.edu/sc2dashboard</u>
- 2. Submit specimens to National SARS-CoV-2 Strain Surveillance (NS3) system
 - Specimens are submitted for virus isolation and characterization
 - Evaluate SARS-CoV-2 variants to understand their impact on current vaccines, treatments, diagnostics and overall risk to public health



Monitoring of SARS-CoV-2 Variants





https://covid.cdc.gov/covid-data-tracker/#variant-proportions



Enterovirus Surveillance: Specimen Requests

- Enterovirus-positive CSF specimens detected with an Enterovirus-specific molecular method.
- New request this year!

Submit **ALL** Enterovirus positive CSF specimens to WSLH

Table 7. Invasive Pathogen Specimen Submission Requests		
Pathogen	Specimen Type	Testing Performed at WSLH
Haemophilus influenzae	Isolates or CSF	Identification and serotyping
Listeria monocytogenes	Isolates	Identification and molecular subtyping (WGS)
Neisseria meningitidis	Isolates or CSF	Identification, antimicrobial susceptibility testing and serogrouping
Streptococcus pneumoniae	Isolates or CSF	Identification, antimicrobial susceptibility testing and serotyping performed on: • CSF (Identification PCR only) • CSF isolates • Non-CSF isolates that are: • Non-susceptible to clinically relevant antibiotics • Suspected vaccine failure • Suspected treatment failure • Outbreak related isolates
Cronobacter spp.	Isolates from infants	Identification and molecular subtyping (WGS)
Enterovirus	CSF	Molecular typing (NGS)
Blastomyces	Isolates	Species identification
Other organisms suspected of being part of a cluster or outbreak of public health sig- nificance	Isolates or specimens	Consult with Wisconsin Division of Public Health Epidemiologists to inquire about testing
Gram negative isolates from sterile body sites that are uni- dentifiable using commercial systems	Isolates	Phenotypic and sequenced based identification will be performed

What Does WSLH with Enterovirus Positive Specimens?



- Perform Rhinovirus/Enterovirus differentiation PCR
- Perform Enterovirus Typing on confirmed enterovirus positive specimens
- Data and specimens are submitted to CDC to increase National Enterovirus surveillance

Differentiation of Rhinovirus/Enterovirus Positive Specimens at WSLH, 2023-24




Respiratory Surveillance Network

- 1. Pathogen Specific Programs:
 - Influenza*
 - SARS-CoV-2*

*Includes all PCR/Molecular and/or Antigen Testing laboratories

- Enterovirus positive CSF specimens
- 2. Site-Specific Programs:
 - Enrolled Sentinel Surveillance Sites
 - University Health Clinics



Respiratory Surveillance: Specimen Requests

- Enrolled Sentinel Surveillance Sites
 - 17 labs in 5 public health regions
 - Provide randomized respiratory specimens weekly, <u>all year</u>

Submit the <u>up to 3 specimens per week</u> from patients presenting with respiratory symptoms to WSLH.

- Tested with influenza and SARS-CoV-2 multiplex PCR
- Subset also tested with a 20-target respirat pathogen panel for surveillance only



Enterovirus RSV Adenovirus



Respiratory Surveillance: Specimen Requests

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

Submit the <u>up to 3 specimens per week</u> from patients presenting with respiratory symptoms to WSLH.



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

Enterovirus RSV Adenovirus

WSLH Provides Respiratory Surveillance Supplies!!

- 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/











nstructions and 2023-2

Your participation in the Wisconsin surveillance system is vital to monitor for emerging novel pathogens with pandemic potential and other pathogens that impact community health.



Contacts



<u>Virology lab</u>
 <u>Virus@slh.wisc.edu</u>

- <u>Customer Service</u>
 1-800-862-1013
- <u>Clinical Orders:</u> 1-800-862-1088