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To: Wisconsin Healthcare Providers, Local and Tribal Health Departments, Laboratory Personnel, Medical Examiners and Coroners

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**Changes to COVID-19 Reporting Requirements for Wisconsin Hospitals and Health Departments**

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**Summary**

- COVID-19 remains a Category I Reportable Condition in Wisconsin, which means health care providers and/or laboratories must report confirmed or suspected cases to the Department of Health Services (DHS) within 24 hours of detection.
- In addition to COVID-19 test results, **hospitalizations due to COVID-19** and **deaths due to COVID-19** are also required to be reported to DHS.
- To improve efficiency and quality of electronic data reporting, **DHS is now waiving the requirement for notifying local health departments by telephone** of suspected and confirmed cases. Cases should be reported electronically through the [Wisconsin Electronic Disease Surveillance System \(WEDSS\)](#), or by fax to the patient's local health department.
- [EMResource](#) is the system being used by the state to collect information about hospital bed occupancy, ventilators, and personal protective equipment each day.

**Background**

The purpose of this memo is to update Wisconsin public health and health care partners about changes to requirements for reporting confirmed, probable, and suspected cases of COVID-19. Per a memo issued February 4, 2020, patients under investigation for COVID-19 and laboratory-confirmed COVID-19 became Category 1 reportable conditions, in accordance with [Wis. Stat. ch. 252](#) and [Wis. Admin. Code ch. DHS 145](#).

Widespread transmission of COVID-19 is now occurring globally, requiring unprecedented levels of public health resources in preparation for large numbers of severe illnesses that threaten to exceed the capacity of hospitals and health systems to provide standard levels of care. In this environment, DHS must conduct ongoing, accurate surveillance about inpatient hospitalizations due to COVID-19 to inform the state-wide response to the epidemic.

## **Definitions**

Disease incidents that are reportable to DHS include (1) any laboratory confirmed, probable, or suspected case of COVID-19, (2) hospitalization of any patient who is determined to be a confirmed or probable case, and (3) all deaths due to COVID-19.

**Confirmatory laboratory criteria for COVID-19 infection:** Isolation of SARS-CoV-2 virus, or demonstration of specific viral antigen or nucleic acid from a clinical specimen.

**Confirmed Case of COVID-19:** Any case that has a confirmatory laboratory result of the virus causing COVID-19 infection (SARS-CoV-2) irrespective of clinical signs or symptoms

### **Probable Cases of COVID-19:**

- An illness with clinically compatible symptoms of COVID-19 infection where laboratory testing for the virus causing COVID-19 infection ( SARS-CoV-2) is inconclusive according to the test results reported by the laboratory.

OR

- An illness with clinically compatible symptoms of COVID-19 infection, with no other known etiology for the clinical illness, for whom COVID-19 laboratory testing has not been done, AND who is epidemiologically linked to a confirmed case. Epidemiologically linked is defined as close contact with a confirmed COVID-19 case or a member of a cluster of illnesses where at least one confirmed case has been diagnosed, in the 14 days before onset of symptoms.

### **Suspected Cases of COVID-19**

- An illness with clinically compatible symptoms of COVID-19 infection, for whom laboratory confirmation is pending, and who has no known epidemiological link to a confirmed COVID-19 case.
- Any case of COVID-19 infection reported to public health that does not meet a confirmed or probable case definition, and does not have a negative laboratory result for COVID-19.
- An illness with clinically compatible symptoms of COVID-19 infection for whom COVID-19 laboratory testing has not been done, AND who is epidemiologically linked to a probable case.

## **Changes to Wisconsin DHS COVID-19 Reporting Instructions**

During the first two months of COVID-19 reporting in Wisconsin, cases reported to DHS were frequently accompanied by incomplete data describing hospitalization status. **At this time, DHS is requiring that information about hospitalization status be reported along with COVID-19 test results, including whether patients are hospitalized at the time of diagnosis, and incident hospitalizations among patients previously diagnosed in the outpatient setting.**

DHS also requires that deaths due to COVID-19 be reported within 24 hours of the time of death. **COVID-19-related deaths should be reported to local health departments by telephone, fax, or WEDSS web report, similar to notification for other reportable conditions.**

To simplify the work flow of clinicians and local public health staff during this public health emergency, **DHS is no longer requiring that cases be reported to local public health by telephone**, which is the standard expected for other Category 1 Reportable Conditions. Acceptable methods for reporting include:

- Entering a new case in WEDSS at the time the patient is tested for COVID-19.
- Entering a new case in WEDSS when a patient who previously tested positive for COVID-19 as an outpatient becomes admitted to an inpatient facility.
- Faxing a completed [Patient Information Form](#) at the time a patient is tested for COVID-19 to the patient's local health department.
- Faxing information about cases using an [Acute and Communicable Disease Case Report \(F44151\)](#) to the patient's local health department.

### **EMResource Reporting Activities**

On March 31, 2020, the Department of Health Services sent an e-mail to county emergency preparedness directors, health care emergency readiness coordinators (HERCs), and hospital CEOs with information about reporting information daily into [EMResource](#).

The EMResource system is the most up-to-date and reliable information available to enable decision-making for surge response to the COVID-19 pandemic. We are relying on EMResource to provide an accurate view of surge capability throughout Wisconsin so that we can increase our ability to effectively plan, mitigate and address healthcare needs in a timely manner. We greatly appreciate the willingness of our hospital partners in supplying information about hospital bed occupancy, ventilators, and personal protective equipment each day.

DHS recognizes that state and federal reporting requirements are time-consuming activities for clinicians and local public health staff, and is committed to supporting our partners to minimize the impact of data reporting on other critical activities. Requests for technical support or other questions can be directed to the Bureau of Communicable Diseases at [DHSDPHBCD@dhs.wisconsin.gov](mailto:DHSDPHBCD@dhs.wisconsin.gov).