

Clinical Laboratory Update

Sexually Transmitted Infections

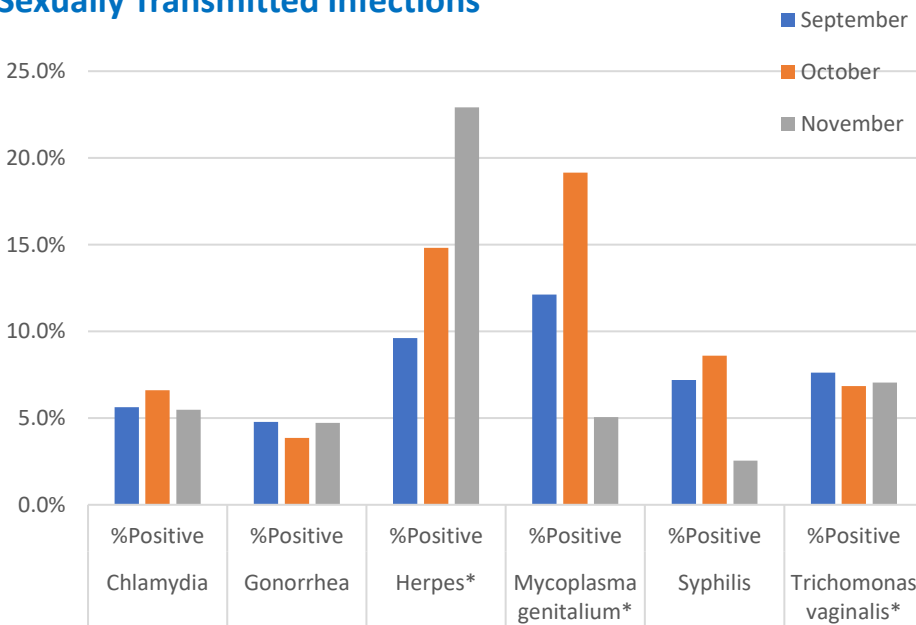


Figure 1: Percent positivity for specimens screened using molecular or serological assays for the given organism.

*Not reportable as per WI DHS 145.04 (3) (a)

Syphilis Surveillance

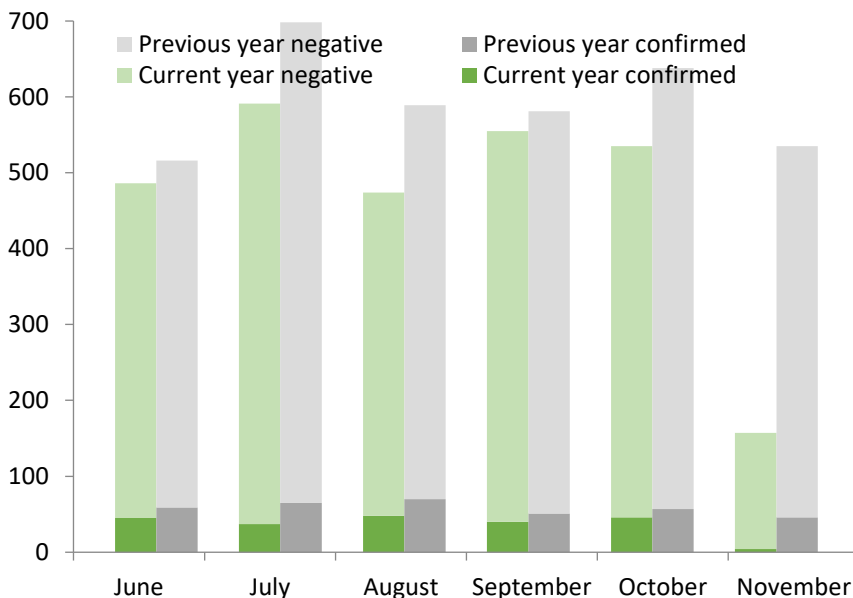


Figure 2: Monthly comparison of syphilis data with year over year comparisons. Number of specimens screened at MHD, darker bars represent confirmed tests.

What is Respiratory syncytial virus (RSV)?

Respiratory syncytial virus (RSV) is a common respiratory virus and a leading cause of childhood illness. It is the most common cause of hospitalization in infants and causes seasonal outbreaks each year, typically beginning in the fall and peaking in winter. While RSV usually causes mild, cold-like symptoms, it can lead to serious lung infections such as bronchiolitis or pneumonia, particularly in infants, older adults, and individuals with underlying medical conditions.

Symptoms include runny nose, sore throat, cough, headache, fatigue, reduced appetite, and fever. People with RSV are typically contagious for 3–8 days, though infants and those with weakened immune systems may spread the virus for up to four weeks.

Preventive measures include staying home when sick, covering coughs and sneezes, washing hands frequently, avoiding touching the face with unwashed hands, limiting close contact, and regularly cleaning frequently touched surfaces.

MHDL Holiday Hours

Please note that the MHDL will be closed on the following dates:

- December 24, 2025
- December 25, 2025
- December 31, 2025
- January 1, 2026

We wish you a joyful holiday season!

Links to related information & data:

[MHD COVID-19 Situation](#)

[WSLH Laboratory Surveillance Report](#)

WI SARS-CoV-2 Genomic Dashboard:

<https://dataportal.slh.wisc.edu/>

<https://city.milwaukee.gov/CovidVax>

CDC COVID-19 Data Tracker:

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

New HIV Infections

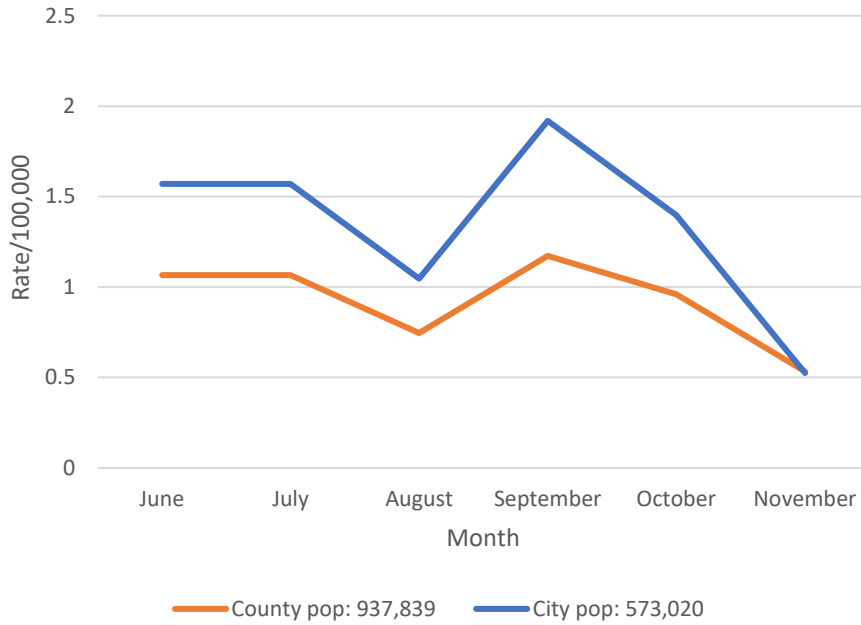


Figure 3: Monthly comparison of rate of new HIV infections in Milwaukee County and the City of Milwaukee, using data obtained from the Wisconsin Department of Health Services. Numbers are provisional and subject to change. Population figures taken from 2020 census results.

For statewide HIV data, visit: <https://www.dhs.wisconsin.gov/hiv/data.htm>

Sexually Transmitted Infections by Source

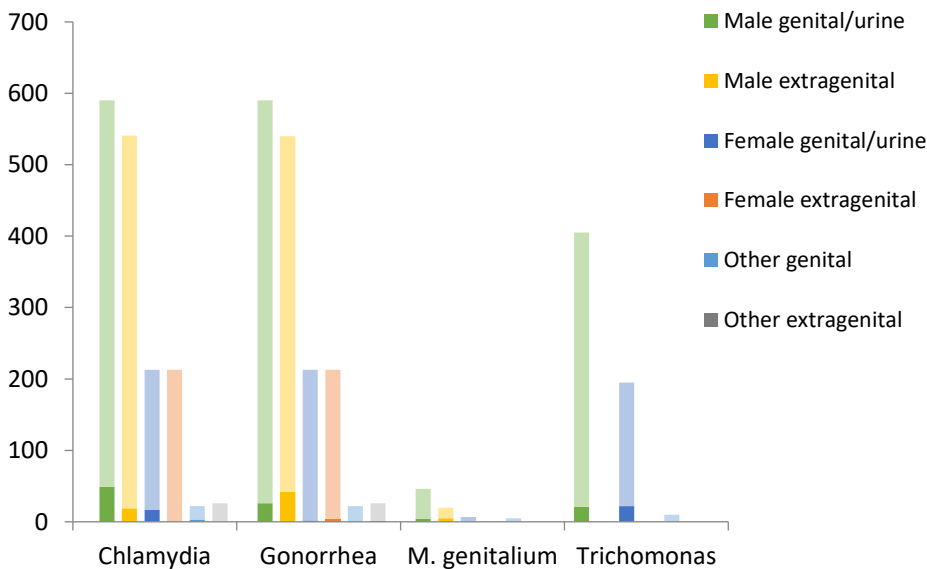


Figure 4: Distribution of STIs detected using NAAT. In November 2025, 4.0% of male, 6.0% of female and 6.3% of other gender specimens screened were positive for Chlamydia. 6.0% of male, 1.4% of female and 1 of 48 of other gender specimens were positive for Gonorrhea. 13.6% of male, 0% female and 0% of other gender specimens were positive for *M. genitalium*. 5.2% of male specimens, 11.3% of female and 0% of the other gender specimens were positive for *Trichomonas*.

Note: Darker bars indicate positive specimens.

Gonorrhea Antimicrobial Susceptibility Testing

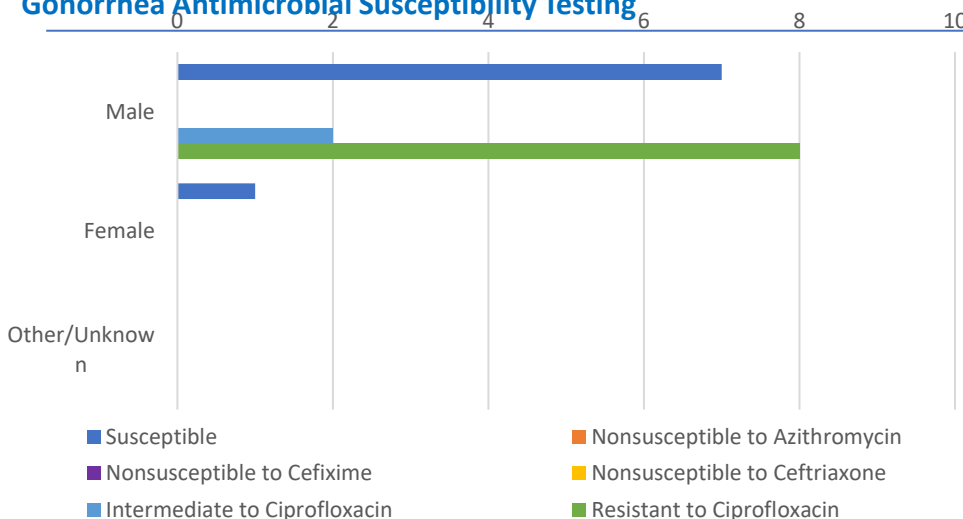


Figure 5: Antibiotic susceptibility profile of Gonorrhea isolates identified in males and females. In November 2025, 8 of 18 cultures tested were found to be resistant to Ciprofloxacin according to CLSI guidelines. MHDL tests for antibiotic resistance to Ceftriaxone, Cefixime and Ciprofloxacin, and Azithromycin on request.

Viral Surveillance

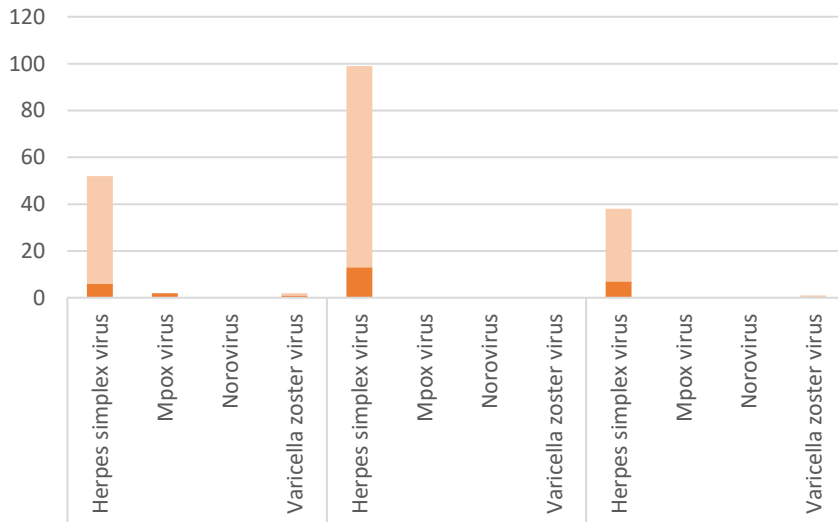


Figure 6: Specimens tested using molecular methods.

Note: Height of bar indicates number of specimens tested.

Dark orange bars indicate DNA/RNA detected by real-time PCR and/or nucleotide sequencing analysis, blue indicates inconclusive results.

Respiratory Infections

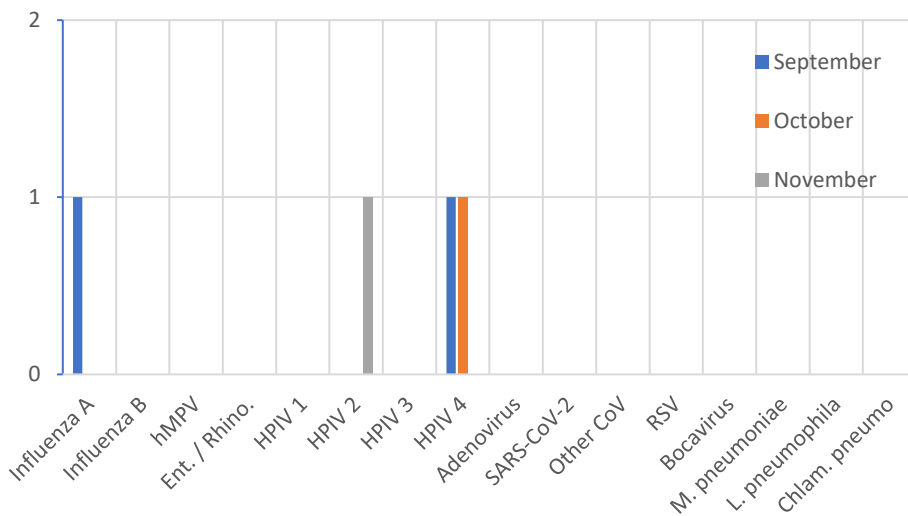


Figure 7: Respiratory pathogens detected using a Respiratory Pathogen Panel (RPP) and/or RT-PCR Influenza and Covid-19 assays.