NEBRASKA

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**MEMO**

Jim Pillen, Governor

**DEPT. OF HEALTH AND HUMAN SERVICES**

To: Clinicians, Healthcare Facilities, & Laboratories

From: Tim Tesmer, M.D., Chief Medical Officer

Date: April 2, 2026

RE: Public Health Reporting Updates for COVID-19 Pediatric Deaths and Oropouche Virus infection

As specified in 173 NAC 1-004.04A, the Chief Medical Officer (CMO) of the Division of Public Health "may require reporting, or a change in method or frequency of reporting, of recognized or emerging diseases." As diseases emerge that cause serious morbidity or mortality in Nebraska, reporting is necessary to monitor, prevent, and control recognized diseases. According to 173 NAC 1-004.04, the CMO may also identify a specific mechanism for such reporting, including persons and entities required to report. Pursuant the authority of 173 NAC 1-004.04, as CMO of the Division of Public Health, I hereby declare COVID-19 pediatric deaths as reportable in Nebraska, per the specifications below.

**Reporting COVID-19 Pediatric Deaths in Nebraska**. Nationally, the COVID-19-associated pediatric mortality position statement[1] was proposed and passed in June 2025 by the Council of State and Territorial Epidemiologists (CSTE) to become a nationally notifiable condition starting in 2026 by the Centers for Disease Control and Prevention (CDC). Although a rare occurrence in Nebraska, COVID-19 disease can lead to death in our pediatric population and has historically. Since 2020, 13 COVID-19 pediatric deaths in Nebraskans have been reported to DHHS. Through reporting, Nebraska will better understand mortality caused by various respiratory viruses among our pediatric population, defined as <19 years of age. A confirmed COVID-19 pediatric death is defined as a patient with clinically compatible COVID-19 illness with no period of complete recovery between illness and death, laboratory positive detection of SARS-CoV-2 nucleic acid or SARS-CoV-2 specific antigen, and patient <19 years of age. This definition and reporting align with influenza pediatric death reporting, which is a reportable condition in Nebraska. Data collected from COVID-19 pediatric death reporting will be standardized and used in conjunction with data collected from influenza pediatric death reporting. This will allow the state to identify potential risk factors of pediatric deaths due to these respiratory viruses and inform mortality prevention strategies that protect our pediatric population in Nebraska.

SARS-CoV-2 RNA testing by RT-PCR (both positive and negative) and SARS-CoV-2 antigen testing (both positive and negative) are required to be reported to the Nebraska Department of Health and Human Services, Division of Public Health, within 7 days of testing for laboratories participating in Electronic Laboratory Reporting. Please see Electronic Lab Reporting (ELR) in Nebraska[2] for onboarding instructions for reporting.

**Reporting Oropouche virus infections in Nebraska**. In Nebraska all human arboviral infections are reportable disease conditions (173 NAC 1-004.02). This includes infection due to Oropouche virus (OROV). OROV is an emerging virus in the Americas endemic to the Amazon basin. The virus is spread to people by infected biting midges and possibly some mosquito species. In 2024, OROV caused outbreaks in South America and the Caribbean, expanding into areas to which the virus was previously not endemic. This geographic range expansion, in conjunction with reports of fatalities and vertical transmission potentially associated with fetal deaths and birth defects, has raised concerns about the broader threat this virus represents to the Americas. In 2024, cases were identified in the United States (U.S.),

[1]Council of State and Territorial Epidemiologists. (2025). *Public Health Reporting and National Notification for COVID-19-Associated Pediatric Mortality* (Position Statement 25-ID-03). https://www.cste.org/page/PositionStatements

[2]Nebraska Department of Health and Human Services. (2026). *Electronic Lab Reporting (ELR)*. https://dhhs.ne.gov/pages/electronic-lab-reporting.aspx

Canada, and Europe associated with travel to Cuba or Brazil. A working case definition was established by the Council of State and Territorial Epidemiologists (CSTE) in 2024 to provide a consistent framework to classify and report travel-associated and locally acquired cases in U.S. jurisdictions; identify risk factors; promptly detect outbreaks; and inform control and prevention measures. In June 2025, a position statement[3] for non-congenital and congenital OROV disease was proposed and passed by CSTE to become a nationally notifiable condition starting in 2026 by CDC.

Suspected congenital and non-congenital OROV disease cases must be reported to the Nebraska Department of Health and Human Services, Division of Public Health, within 7 days based on detection or diagnosis. Please refer to HAN: Increased Oropouche Virus Activity and Associated Risk to Travelers[4] and CDC's Testing and Reporting for Oropouche Virus Disease[5] for additional information.

Tim Tesmer, MD

Chief Medical Officer
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[3]Council of State and Territorial Epidemiologists. (2025). *Public Health Reporting and National Notification for Non-congenital and Congenital Oropouche Virus (OROV) Disease* (Position Statement 25-ID-01). https://www.cste.org/page/PositionStatements
[4]Nebraska Department of Health and Human Services (2024, August 20). *Health Alert Network Advisory Increased Oropouche Virus Activity and Associated Risk to Travelers.* https://dhhs.ne.gov/han%20Documents/ADVISORY08202024.pdf
[5]Centers for Disease Control and Prevention (2026, May 1). *Testing and Reporting for Oropouche Virus Disease.* https://www.cdc.gov/oropouche/php/reporting/index.html