



Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

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TO: Local Public Health Departments
Tribal Health Officers
Regional Office Directors, Division of Public Health
Wisconsin Hospital Association
Infection Preventionists
Wisconsin Medical Society

FROM: Thomas Haupt, M.S.
Respiratory Epidemiologist and State Influenza Surveillance Coordinator
Wisconsin Division of Public Health

RE: Clarification for mandatory reporting of Influenza-associated Hospitalizations

Who needs to report influenza-associated hospitalizations?

All hospitals are required to report influenza-associated hospitalizations except those designated as Psychiatric Hospitals, Long Term Hospitals, and Rehab Hospitals.

How are influenza-associated hospitalizations to be reported?

Influenza-associated hospitalizations can be reported directly into WEDSS (Wisconsin Electronic Disease Surveillance System). A hospital may also use the Acute and Communicable Disease Case Report (F-44151). Form F-44151 can be found on the DHS website at <http://www.dhs.wisconsin.gov/forms/F4/F44151.pdf>

Is there a case report form, or other information that should be reported?

Yes. When not reporting via WEDSS, an Influenza-associated Hospitalization Case Report form and (if possible) a scan or copy of the influenza laboratory confirmation report should be included in the report. The case report form is included in the WEDSS report form.

What follow-up is expected from local public health department staff?

In most cases no health department follow-up is necessary. In some circumstances health department staff may need to follow-up with hospitals to complete the reporting forms. If the influenza associated hospitalization results in the death of a pediatric patient, or the admission of a pregnant (or up to six weeks postpartum) woman, additional follow-up will be necessary. Please contact the Division of Public Health at 608-266-5326 if either circumstance occurs.

How can I learn more about reporting via WEDSS?

Additional information can be found using the following link
<http://www.dhs.wisconsin.gov/WiPHIN/WEDSS.htm>

**INFLUENZA-ASSOCIATED HOSPITALIZATIONS
CASE REPORT**

City of Residence	County	Date of Birth	Onset of Illness
<p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>If the patient is female was she pregnant at the time of admission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If the patient is female was she up to six weeks postpartum at the time of admission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>Influenza Test</p> <p><input type="checkbox"/> RT-PCR <input type="checkbox"/> DFA <input type="checkbox"/> Culture <input type="checkbox"/> Rapid</p>			
<p>Test Result</p> <p><input type="checkbox"/> Influenza A/H1 <input type="checkbox"/> Influenza A/H3 <input type="checkbox"/> Influenza A unknown or undifferentiated <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza A & B <input type="checkbox"/> Influenza A/B undifferentiated</p>			
<p>Was the patient admitted to ICU/CCU? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Was the patient on mechanical ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			