

Influenza A Virus Infection, Novel Subtypes

Last revised May 20, 2011

I. IDENTIFICATION

A. CLINICAL DESCRIPTION:

An illness compatible with influenza virus infection including abrupt onset of fever, cough, body aches and fatigue.

D. REPORTING CRITERIA: Clinical diagnosis of influenza infection and laboratory confirmation.

C. LABORATORY CRITERIA FOR CONFIRMATION:

A human case of infection with an influenza A virus subtype that is different from currently circulating human influenza H1 and H3 viruses. Novel subtypes will be detected with methods available for detection of currently circulating human influenza viruses at state public health laboratories (e.g., real-time reverse transcriptase polymerase chain reaction [RT-PCR] or through virus isolation). Confirmation that an influenza A virus represents a novel virus will be performed by CDC's influenza laboratory. Novel subtypes include, but are not limited to:

- H2, H5, H7, and H9 subtypes.
- Influenza H1 and H3 subtypes originating from a non-human species or from genetic reassortment between animal and human viruses are also novel subtypes.

D. WISCONSIN CASE DEFINITION:

- **Confirmed:** A case of human infection with a novel influenza A virus confirmed by CDC's influenza laboratory.
- **Probable:** A case meeting the clinical criteria and epidemiologically linked to a confirmed case, but for which no laboratory testing for influenza virus infection has been performed.
- **Suspected:** A case meeting the clinical criteria, pending laboratory confirmation. Any case of human infection with an influenza A virus that is different from currently circulating human influenza H1 and H3 viruses is classified as a suspected case until the confirmation process is complete.

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II: Report to the Local Health Department electronically, through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F44151](#)), or by other means within 72 hours upon recognition of a case.

B. EPIDEMIOLOGY REPORTS REQUESTED:

- *Electronically* Report through WEDSS, including appropriate disease specific tab
or
- *Paper Copy* - Acute and Communicable Diseases Case Report ([F44151](#)) along with Novel Human Influenza A Case Report Form

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

C. PUBLIC HEALTH INTERVENTIONS:

In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.

- Case investigation by LHD to include history of travel, dates, mode of transportation, and case management
- Determine if case is outbreak-related and notify DPH Regional Office or CDES.

D. PREVENTION MEASURES:

Promotion handwashing and cough etiquette. Consult with the BCDER for use of antiviral medication for treatment or prophylaxis

E. PUBLIC HEALTH INTERVENTIONS:

Source investigation by LHD and BCDER/CDES .Search for history of exposure to infected humans or animals and trace to place of origin.

III. CONTACTS FOR CONSULTATION

A. LOCAL HEALTH DEPARTMENTS – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

C. WISCONSIN STATE LABORATORY OF HYGIENE / VIROLOGY: (608) 267-3185

IV. RELATED REFERENCES

1. Heymann DL, ed. Influenza. In: *Control of Communicable Diseases Manual*. 189th ed. Washington, DC: American Public Health Association, 2008:315-331
2. Pickering LK, ed. Influenza. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2006:400-412.V.