I. IDENTIFICATION AND DEFINITION OF CASES
   A. Clinical Description: An influenza-associated hospitalization is defined for surveillance purposes as an inpatient hospitalization resulting from a clinically compatible illness that was diagnosed as influenza by an appropriate laboratory test. There should be no period of complete recovery between the illness and hospitalization.
   B. Laboratory Criteria:
      • Confirmatory laboratory evidence: Influenza type A or B identified by one of the following laboratory tests: reverse transcription polymerase chain reaction (RT-PCR), direct fluorescent antibody (DFA), or culture.
      • Probable laboratory evidence: Influenza type A or B, or undifferentiated influenza identified by a rapid influenza test.
      • Single serology, influenza IGM positive test results are not diagnostic and do not meet the criteria for laboratory confirmation,
   C. Wisconsin Surveillance Case Definition:
      • Confirmed: A patient who is hospitalized (>24 hours) and has confirmed influenza type A or B with one of the following laboratory tests: RT-PCR, DFA, or culture.
      • Probable: A patient who is hospitalized (>24 hours) and has a rapid influenza test that is positive for type A, type B, or undifferentiated influenza.

II. REPORTING
   A. Wisconsin Disease Surveillance Category II – Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.
   B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.
   C. Clinical Criteria for Reporting: Clinically compatible illness.
   D. Laboratory Criteria for Reporting: Laboratory identification of influenza infection.

III. CASE INVESTIGATION
   A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.
   B. Required Documentation:
      1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
      2. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”
   C. Additional Investigation Responsibilities
      Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).
IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

B. Consult with BCD for use of antiviral medication for treatment or prophylaxis.

C. Consult with BCD for appropriate isolation of the patient.

V. CONTACTS FOR CONSULTATION
A. Local health departments and tribal health agencies:
   https://www.dhs.wisconsin.gov/lh-depts/index.htm

B. BCD, Communicable Diseases Epidemiology Section: 608-267-9003

C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES


C. Centers for Disease Control and Prevention website: http://www.cdc.gov/flu