



## Communicable Disease Case Reporting and Investigation Protocol **Influenza-Associated Hospitalization**

### **I. Identification and Definition of Cases**

- A. **Clinical description:** An influenza-associated hospitalization is defined clinically for surveillance purposes as an inpatient hospitalization resulting from a clinically compatible illness diagnosed as influenza by an appropriate laboratory test. Symptoms of influenza vary but commonly include runny nose, cough, sore throat, fever or chills, shortness of breath, fatigue, weakness, muscle or body aches, headache, congestion, and altered mental status. There should be no period of complete recovery between the illness and hospitalization.
- B. **Laboratory criteria:**
- **Confirmatory laboratory evidence of influenza type A or B virus infection identified by one of the following:**
    - a. Detection of influenza ribonucleic acid (RNA) in a clinical or post-mortem specimen using a diagnostic molecular amplification test.
    - b. Detection of influenza RNA in a clinical or post-mortem specimen by genomic sequencing.
    - c. Isolation of influenza virus by tissue-cell culture.
  - **Presumptive laboratory evidence:**
    - a. Influenza type A, B, or undifferentiated identified by an antigen test.
- C. **Wisconsin surveillance case definition:\***
- Confirmed: A patient who is admitted to inpatient services as a result of an influenza-compatible illness and with confirmatory laboratory evidence for influenza.
  - Probable: A patient who is admitted to inpatient services as a result of an influenza-compatible illness and with presumptive laboratory evidence for influenza.
- D. **Criteria to distinguish a new case from an existing case:**  
A new case should be enumerated when:
- More than 30 days\*\* have passed since the patient was previously hospitalized for influenza and they meet the criteria for a confirmed influenza case again (that is, hospitalized as a result of an influenza-compatible illness with confirmatory laboratory evidence for influenza), **or**
  - Whole-genome sequencing or subtype results indicate that a new positive specimen and a prior positive specimen are genetically distinct.

### **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.

\*Influenza IgM results are not diagnostic and do not meet the criteria for laboratory evidence.

\*\*Use episode date (earliest date between symptom onset, specimen collection, or diagnosis date).

D. **Laboratory criteria for reporting:** Confirmatory or presumptive laboratory evidence of influenza virus infection.

### III. Case Investigation

A. **Responsibility for case investigation:** It is the responsibility of the local health and Tribal department (LTHD) 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 prioritizing data entry of the sections and fields listed below. Please review all information provided in the record, such as web reports, eCRs and lab reports to complete the data entry. If prioritized data are not provided, as time permits LTHDs are encouraged to obtain this information and enter into the corresponding data fields.
  - Resp LabClinical Tab
    - ICU and Other Interventions
    - WIR Search – COVID-19 / RSV / Influenza
    - Laboratory Information w/Provider & Facility (system)
  - Investigation Tab
    - Patient Died of This Illness
    - Date Admitted
    - Date Discharged
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

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics’ *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- 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

- A. Heymann DL, ed. Influenza In: *Control of Communicable Diseases Manual*. 21<sup>st</sup> ed. Washington, DC: American Public Health Association, 2022: 314-335.
- B. Kimberlin DW, ed. Influenza. In: *Red Book: 2024-2027 Report of the Committee on Infectious Diseases*. 33<sup>rd</sup> ed. Itasca, IL: American Academy of Pediatrics, 2024: 511-522.
- C. Centers for Disease Control and Prevention website: <http://www.cdc.gov/flu>.