



## Communicable Disease Case Reporting and Investigation Protocol **INFLUENZA A, NOVEL SUBTYPE**

### **I. IDENTIFICATION AND DEFINITION OF CASES**

- A. Clinical Description:** An illness compatible with influenza virus infection including abrupt onset of fever, cough, body aches, and fatigue.
- B. Laboratory Criteria:**  
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.
- C. Wisconsin Surveillance 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.
  - **Suspect:** 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. 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 detection of a novel influenza A virus by RT-PCR or virus isolation.

### **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 the Centers for Disease Control and Prevention (CDC) Novel Human Influenza A Case Report form.
  2. Upon completion of investigation, set WEDSS disease incident process status to "Sent to State."

**C. Additional Investigation Responsibilities**

1. Source investigation by LHD and Bureau of Communicable Diseases (BCD)/Communicable Diseases Epidemiology Section (CDES).
2. Search for history of exposure to infected humans or animals and trace to place of origin.

**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 CDES for use of antiviral medication for treatment or prophylaxis.
- C. Consult with CDES 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. Bureau of Communicable Diseases, 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*. 20th ed. Washington, DC: American Public Health Association, 2015: 306-322.
- B. Pickering LK, ed. Influenza. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 476-493.
- C. Centers for Disease Control and Prevention website: <http://www.cdc.gov/flu>