

**DRAFT - 2009 Influenza A (H1N1) Virus Case Reporting Guidelines
for Wisconsin Healthcare Providers and Laboratories
Wisconsin Division of Public Health (DPH) – Sep 14, 2009**

Please note: To be consistent with the Centers for Disease Control and Prevention (CDC), DPH has begun using “2009 influenza A (H1N1) virus” or “2009 H1N1” in place of “novel H1N1” or “Swine flu.”

This document describes Wisconsin disease reporting requirements for 2009 influenza A (H1N1) virus infections diagnosed after September 1, 2009.

Highlights:

- **Hospitals, clinics and healthcare providers must report hospitalizations and deaths associated with 2009 influenza A (H1N1) virus infection. A special case report form is available (see below). Cases that are not hospitalized and not fatal do not need to be reported and do not require a case report form.**
- **Laboratories must continue to report all confirmed and probable 2009 influenza A (H1N1) infections in Wisconsin residents.**

Testing: Most people infected with 2009 influenza A (H1N1) virus will experience mild illness and do not need to be tested. DPH recommends 2009 H1N1 testing only for groups at high risk for complications of influenza or who could expose others at high risk. The Wisconsin State Laboratory of Hygiene (WSLH) restricts fee exempt testing to certain high-risk groups or when approved by local or state public health officials. A number of private laboratories offer fee-for-service 2009 H1N1 testing. Testing guidelines, treatment guidelines, and surveillance forms are available in the Health Professionals section of <http://pandemic.wisconsin.gov>.

Laboratory criteria for reporting:

- *Confirmed infection:* positive for 2009 influenza A (H1N1) virus by real-time RT-PCR or viral culture.
- *Probable infection:* positive for influenza A virus but negative for human H1 and H3 subtypes using RT-PCR or viral culture. When tested, nearly 100% of probable infections are confirmed as 2009 H1N1 virus.

Case reporting: “Influenza A virus infection, novel subtypes” is a reportable condition in Wisconsin listed in Appendix A of Administrative Rule HFS 145. DPH continues to consider 2009 influenza A (H1N1) virus a novel subtype because a large proportion of the population lacks immunity. Public health reporting of 2009 H1N1 virus infections will continue through the 2009-2010 influenza season. In view of the large volume of case reports, DPH has established the following procedures:

Healthcare facility and provider reporting: *Hospitals, clinics, and other healthcare providers must report hospitalizations and deaths associated with confirmed or probable 2009 influenza A (H1N1) virus infections. Other cases (i.e., not hospitalized and not fatal) no longer need to be reported by clinicians.* Reports should be submitted to the local health department for the jurisdiction where the patient lives, using the most recent version of the Wisconsin 2009 Influenza A (H1N1) Case Report Form, available in the Health Professionals section at <http://pandemic.wisconsin.gov>, or they can be entered online using the Wisconsin Electronic Disease Surveillance System (WEDSS). It is not necessary to complete an Acute & Communicable Disease Report Form F44151 (formerly 4151).

Laboratory reporting: *Laboratories must continue to report all confirmed and probable 2009 influenza A (H1N1) virus infections.* Most 2009 H1N1 virus test results are reported through the state’s electronic laboratory reporting (ELR) system, from which they can be imported directly into WEDSS without re-entering the data. Laboratories that do not report automatically via ELR may enter ELR reports manually using a web-based report form (Please email wedig@mail.slh.wisc.edu for more information). Given the potentially high volume of

reports, laboratories that are unable to report via ELR should consider alternatives, such as electronic linelists that can be submitted directly to the local health department or DPH.

As of September 2009, four Wisconsin laboratories are capable of diagnosing 2009 influenza A (H1N1) virus infections using RT-PCR: the Wisconsin State Laboratory of Hygiene, the Milwaukee Health Department Laboratory, the Midwest Respiratory Virus Program (a research lab based at the Medical College of Wisconsin), and the Marshfield Clinic Laboratory. QUEST and other national laboratories also have the ability to confirm 2009 influenza A (H1N1) infections, and additional laboratories are expected to add this test in the near future. Laboratories with the ability to identify influenza A viruses that are non-subtypeable (not human H1 or human H3) must report these as probable cases. Depending on the predominance of 2009 influenza A (H1N1) in an area and whether seasonal (human H1/H3) strains are circulating, a laboratory could consider any PCR, viral culture or IFA test that is positive for influenza A as highly predictive of 2009 H1N1, and report this as a probable case. The DPH can advise on classification of such cases. Rapid influenza test results do not need to be reported.

For the latest Wisconsin influenza surveillance data, including case counts and rates and a map of 2009 H1N1 incidence by county, go to <http://pandemic.wisconsin.gov/docview.asp?docid=16834&locid=106>.

Disease outbreak reporting: The Health Code requires that suspected disease outbreaks be reported immediately by telephone or fax to the local health officer.