

2009-2010 Influenza season case reporting protocol:  
*Starting MMWR week 35 –August 30, 2009*

**Case definitions: The following are the case definitions established for Utah specific to the “Influenza-Associated Hospitalizations” disease form.**

A confirmed case is:

- 1) A person who is hospitalized (>24 hours)\*
- 2) **AND** case has confirmed influenza A (H1, H3 or novel) or B with one of the following laboratory tests:
  - a. RT-PCR
  - b. DFA
  - c. Culture

A probable case is:

- 1) A person who is hospitalized (>24 hours)\*
- 2) **AND** has a rapid influenza test that is positive for type A, type B, or undifferentiated influenza.

A suspect case is:

- 1) A person who is hospitalized (>24 hours)\* with a clinically compatible illness\*\*, with no confirmatory† laboratory testing (no test done or negative rapid test with no other test indicated).

Not a case: Hospitalized person who has had confirmatory laboratory testing with negative results.

**Case definitions: The following is the case definition established for Utah specific to 2009 Pandemic Influenza A (H1N1) virus associated DEATHS (the influenza associated hospitalization form will still be used).**

A confirmed case is:

- 1) A person who has died (including inpatient, outpatient and individuals not seen at a clinic or hospital) **AND**
- 2) Had a clinically compatible illness\*\* with no period of complete recovery between the illness and death **AND**
- 3) Tested positive for 2009 Pandemic Influenza A (H1N1)virus **AND**
- 4) There is no other alternative agreed upon cause of death

(\*Hospitalized is defined as having a 24 hour or longer stay. This can include people who either initiated their illness outside of the hospital and were subsequently hospitalized OR people who were hospitalized for an unrelated event and became ill with influenza-like illness during their hospitalization stay.)

(\*\*Clinically compatible illness is influenza like illness (ILI). Characteristics include those of acute respiratory febrile illness: fever, chills, muscle aches, headache, stuffy or runny nose, cough, and/or sore throat.)

(† Confirmatory laboratory tests include: PCR, DFA and Culture)

**Influenza reporting forms: The following is a breakdown of what form is to be used for different situations.**

Influenza associated hospitalization form

- 1) Use for confirmed, probable, and suspect influenza-associated hospitalization cases and pandemic A (H1N1) influenza- associated deaths (see above: case definitions).

Influenza activity

- 1) Use when a patient has laboratory confirmed positive test(s), but is not hospitalized and has not died.
  - a. No investigation is required for these cases for state purposes. This may be used as an investigative tool for LHD tracking and monitoring of cases.
- 2) 'Influenza activity' can be used as a place holder for cases if it is not yet clear if they are/were hospitalized.

Influenza-associated death in person under 18 years

- 1) These **must** be filled out for influenza-associated deaths in persons under 18 years.
- 2) In addition to this form, the influenza-associated hospitalization form also needs to be filled out for H1N1 tracking purposes.
  - a. This will result in 2 CMRs for pediatric death cases.

Novel A, Influenza

- 1) There will be no form associated with this disease code. **No cases should be assigned this disease.**
  - a. For pandemic influenza A (H1N1) positive cases:
    - If they are hospitalized or died, use the 'Influenza-associated hospitalizations' form and disease code.
    - If they are NOT hospitalized, the 'Influenza activity' form and disease code may be used for tracking purposes as previously described.

NOTE: In the event that this season's investigation volume becomes overwhelming, the back-up plan for surveillance investigations is use the IAH form to collect information on ICU patients only. UDOH will announce this change if/when necessary.

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