



## **NOVEL INFLUENZA A (H1N1) REPORTING REQUIREMENTS**

EMERGENCY RULE ADOPTED: June 11, 2009

EFFECTIVE: 120 days (Until October 9, 2009) subject to extension

### **All cases suspected or confirmed of having Novel Influenza A (H1N1) in hospitalized patients.**

- Hospitalized patients who test positive for influenza A, or H1N1.
- Hospitalized patients treated with Tamiflu® or Relenza® for probable novel influenza A.
- Patients in intensive care units with influenza like illness that develop ARDS
- Patients in intensive care units with influenza like illness that develop pneumonia.
- Patients in intensive care units with influenza like illness that require ventilator assistance.

### **All deaths of individuals suspected of having Novel Influenza A (H1N1)**

- Persons with fever, cough, body aches, sore throat, and progressive respiratory distress within days prior to death.
- Persons who tested positive for influenza A and had progressive respiratory distress within days prior to death.
- Persons who tested positive for Novel Influenza A (H1N1) prior to death.

**Report suspect or confirmed cases to the Communicable Disease Reporting line at 360-427-9670 ext 274 (24/7 recorded line)**

**For Health Officer assistance or action: Call 360-239-2745, or 911 for public health emergency.**

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WA State Department of Health emergency rule per Washington Administrative Code (WAC) 246-101-015(4), signed June 11, 2009, requires notification of cases and suspected cases caused by novel influenza A (H1N1) virus observed in the following groups:

- All hospitalized persons and
- Fatal cases

These cases shall be immediately reportable by health care providers and facilities to the local health jurisdiction per chapter 246-101 WAC.

Designating suspected and confirmed infections by novel influenza A (H1N1) in the above mentioned groups as notifiable on a provisional basis will allow the department to gain important information to understand the virulence and spread of this virus. Requirement is in place for 120 days.

In addition to the reporting in these groups, we recommend voluntary reporting of novel influenza A (H1N1) virus infection in health care workers who are at higher risk for transmission of this virus.