



## Communicable Disease Case Reporting and Investigation Protocol **COVID-19-ASSOCIATED HOSPITALIZATIONS**

### I. IDENTIFICATION AND DEFINITION OF CASES

- A. **Clinical Description:** A COVID-19-associated hospitalization is defined for surveillance purposes as an inpatient hospitalization resulting from an illness diagnosed as COVID-19. Symptoms of COVID-19 include but are not limited to fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, and congestion or runny nose. There should be no period of complete recovery between the illness and hospitalization.
- B. **Laboratory Criteria:**
- **Confirmatory laboratory evidence includes at least one of the following:**
    - a. Detection of SARS-CoV-2 ribonucleic acid (RNA) in a clinical or post-mortem specimen using a diagnostic molecular amplification test performed by a Clinical Laboratory Improvement Amendments (CLIA)-certified provider.
    - b. Detection of SARS-CoV-2 RNA in a clinical or post-mortem specimen by genomic sequencing.
  - **Presumptive laboratory evidence:**
    - a. Detection of SARS-CoV-2 specific antigen in a clinical specimen or post-mortem respiratory swab using a diagnostic test performed by a CLIA-certified provider.
  - **Supportive laboratory evidence includes at least one of the following:**
    - a. Detection of SARS-CoV-2 specific antigen by immunocytochemistry in a clinical or post-mortem specimen.
    - b. Detection of SARS-CoV-2 RNA or specific antigen in a clinical specimen using a test performed without CLIA oversight.
- C. **Wisconsin Surveillance Case Definition:**
- **Confirmed:** A patient who is hospitalized (>24 hours) as a result of a COVID-19 compatible illness and with confirmatory laboratory evidence for COVID-19.
  - **Probable:** A patient who is hospitalized (>24 hours) as a result of a COVID-19 compatible illness and with presumptive laboratory evidence for COVID-19.
  - **Suspect:** A patient who is hospitalized (>24 hours) as a result of a COVID-19 compatible illness and with supportive laboratory evidence for COVID-19.

### 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](#) (form [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:** Confirmatory, presumptive, or supportive laboratory findings.

### III. CASE INVESTIGATION

- A. **Responsibility for case investigation:** It is the responsibility of the local health department 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:** Complete the WEDSS disease incident investigation report, including appropriate disease-specific tabs. 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 (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 on use of antivirals or other available pharmaceuticals.
- C. Consult with BCD for appropriate isolation of 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: 800-862-1013

#### VI. RELATED REFERENCES

- A. Heymann DL, ed. COVID-19. In: *Control of Communicable Diseases Manual*. 21st ed. Washington, DC: American Public Health Association, 2022: 132-136.
- B. Kimberlin DW, ed. Coronaviruses, Including SARS-COV-2 and MERS-CoV. In: *Red Book: 2021-2024 Report of the Committee on Infectious Diseases*. 32<sup>nd</sup> ed. Itasca, IL: American Academy of Pediatrics, 2021: 280-285.
- C. Centers for Disease Control and Prevention COVID-19 website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>