

Florida Outpatient Influenza-Like Illness Surveillance Network



2010-2011 Influenza Season Recruitment Packet



A Florida Department of Health Partnership



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

September 1, 2010

Dear Colleagues,

We are once again nearing the beginning of the official influenza season, which will begin on October 3, 2010. This season will be unique in that it will follow the 2009 H1N1 pandemic. Florida will continue to monitor this new virus strain that was first detected in the United States in April 2009. Sentinel providers that are part of Florida Influenza-Like Illness Surveillance Network (ILINet) (formerly known as the Florida Sentinel Influenza Surveillance Network) will be key in the surveillance efforts to track influenza in Florida. Please consider joining this important program.

The Bureau of Epidemiology, Florida Department of Health, coordinates influenza and respiratory disease surveillance in Florida in partnership with the Bureau of Laboratories, county health departments, and the Centers for Disease Control and Prevention (CDC). An essential component of this surveillance effort is Florida ILINet, a surveillance program designed to monitor influenza-like illness (ILI) and influenza virus strains circulating in our communities.

Each year sentinel providers are needed to report the total number of patients seen each week that meet the CDC case definition for ILI. This activity takes providers or their staff members less than 30 minutes to complete each week. Providers eligible to participate include physicians (M.D., D.O.), physician assistants (P.A.), and nurse practitioners (N.P., A.R.N.P.) from all types of settings including emergency rooms, urgent care centers, college university health centers, and private practice settings. Practices that are not eligible include: elementary through high school health centers and institutional settings. The CDC has the goal of one sentinel per every 250,000 people.

Enclosed in this recruitment booklet are: 1) a fact sheet about the program; 2) a step-by-step guide for enrollment and data submission; 3) influenza laboratory testing guidance; 4) a description of participating sentinels by practice type; 5) an enrollment form; 6) a frequently-asked questions sheet; 7) a 2010 -2011 reporting schedule; and 8) influenza-like illness tracking sheets.

I would like to encourage you to consider making a substantial contribution to public health by serving as an influenza sentinel provider for the 2010-11 season. A special thanks if you are a healthcare provider who has contributed to the program in years past. **Each year, Florida is recognized at a national level for the dedication and hard work of Florida influenza sentinels – over 100 healthcare providers strong!** Please contact Kate Goodin, Surveillance Epidemiologist, at (850) 245-4444, ext. 2440 or Julian Everett, the State Influenza Surveillance Coordinator, at (850) 245-4444, ext. 2419 for more information.

Thank you,

A handwritten signature in blue ink that reads "Mary Hilton".

Mary Hilton, M.N.O.
Acting Chief, Bureau of Epidemiology
Florida Department of Health



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

September 1, 2010

Dear Colleagues,

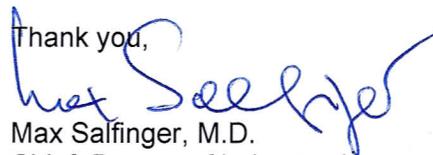
The influenza strain surveillance component of the Florida Influenza-Like Illness Surveillance Network (ILINet) is designed to detect current circulating viruses and the emergence of new antigenic variants. This objective is accomplished through the collection of throat or nasopharyngeal swab specimens from a subset of those patients with influenza-like illness (ILI). Specimens should be collected only from those patients that have been ill for **less** than 72 hours.

Your participation in the laboratory-based surveillance portion of the program supports the efforts by the Centers for Disease Control and Prevention and the Florida Department of Health in determining the vaccine strain selection for the following year, as well as facilitating early identification of newly emerging strains. While submitting specimens is not required for inclusion in Florida ILINet, we strongly encourage all providers to participate in this portion of the surveillance program.

Since there is a lag time in obtaining results, testing information may not be useful to the provider for rapid confirmation of individual cases of influenza. However, these results do provide information for all local providers that influenza has entered their community. Providers should collect up to five swabs, representing five patients, each week from cases of ILI.

All specimen testing is provided free of charge to the provider. Specimen collection and shipping supplies will be mailed out with additional instructions from the Bureau of Laboratories. The results are reported to the provider when testing is completed. This may take up to two weeks due to the nature of growing viruses in cell culture and the difficulty in identifying viruses.

If you have any questions regarding this portion of the program, please call Kate Goodin, Surveillance Epidemiologist, at 850-245-4444, ext. 2440 or your local county health department for information. **You may also contact the Bureau of Laboratories directly with the contact number you receive with the specimen collection kits.**

Thank you,

Max Salfinger, M.D.
Chief, Bureau of Laboratories
Florida Department of Health



2010-2011 Influenza Season Recruitment Packet

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FLORIDA ILINet SURVEILLANCE

Program Summary

JOIN A NETWORK OF ALMOST 150 COMMUNITY HEALTH CARE PROVIDERS CONTRIBUTING TO PUBLIC HEALTH SUCCESS IN FLORIDA!

Why does Florida need ILINet providers?

Providers of the Florida outpatient Influenza-like Illness Surveillance Network (ILINet) are key to the success of Florida's influenza surveillance efforts. An ILINet provider conducts surveillance for influenza-like illness (ILI) in collaboration with the Florida Department of Health (FDOH), Bureau of Epidemiology, Bureau of Laboratories (BOL), and the Centers for Disease Control and Prevention (CDC). The program has two components:

- Participating primary care providers record and report the number of patients diagnosed with ILI weekly to CDC.
- Submitting laboratory specimens for influenza virus isolation and strain-typing, free of charge, to the Bureau of Laboratories.

What data do ILINet providers collect and how do they report?

ILINet providers report the total number of patient visits each week and number of patient visits for ILI by age group (0-4 years, 5-24 years, 25-49 years, 50-64 years, and ≥65 years) year round. These data are transmitted once a week via the internet or via fax to a central database at the CDC. Most providers report that it **takes 15 to 30 minutes a week** to compile and report their data. In addition, sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**. Data reported by ILINet providers in combination with influenza specimens submitted for testing and other influenza surveillance data provide a national picture of influenza virus and ILI activity in the U.S. and Florida.

Who can be an ILINet Provider?

Providers of any specialty (e.g., family practice, internal medicine, pediatrics, infectious diseases) in any type of practice (e.g., private practice, public health clinic, urgent care center, emergency room, university student health center) are eligible to be ILINet providers.

Why does the ILINet Program operate year-round?

Year-round reporting is an essential public health strategy at the national, state, and local level for:

- finding out when and where influenza activity is occurring.
- determining what type of influenza viruses are circulating.
- detecting changes in the influenza viruses.
- tracking influenza-related illness.
- measuring the impact influenza is having on deaths in the U.S. and Florida.
- the 2009 influenza pandemic produced record cases of influenza over the summer months and increased surveillance during these times identified many seasonal influenza infections.

Why Volunteer?

Epidemics of influenza usually occur during the winter months and are responsible for approximately 36,000 deaths per year in the U.S. Influenza and pneumonia are still the eighth leading cause of death in the U.S. according to 2007 preliminary data that was released in late 2009. Florida had over 2,000 pneumonia and influenza deaths that same year, according to the FDOH Bureau of Vital Statistics. Serious complications due to influenza can also occur in people with chronic health conditions, such as heart disease, diabetes, or HIV. Recently, human infections and deaths from 2009 influenza A H1N1 have heightened the need for ILINet providers.

Data from ILINet providers are critical for monitoring the impact of influenza. In combination with other influenza surveillance data, they can be used to guide prevention and control activities, vaccine strain selection, and patient care. ILINet providers receive summaries of Florida and national influenza data. Most importantly, the data provided are critical for protecting the public's health.

FLORIDA ILINet SURVEILLANCE

Become a Participant

How Can I Become a Participating Healthcare Provider in the Florida Outpatient Influenza-Like Illness Surveillance Network (ILINet)?

STEP 1

Complete the enrollment form and fax to FDOH, Bureau of Epidemiology at (850) 414-6894



STEP 2

Once your enrollment form has been processed, you will receive:

- 1) a packet from the CDC with your login password and instructions for entering data on the secure influenza surveillance website, and
- 2) influenza specimen collection kits and instructions for submitting specimens to the FDOH Bureau of Laboratories



STEP 3

Begin submitting the following data from your facility to the secure CDC site: <http://www2.ncid.cdc.gov/flu/>. Please submit:

- 1) total number of patient visits each week, and
- 2) number of patient visits for influenza-like illness in the following age groups each week: 0-4 years, 5-24 years, 25-49 years, 50-64 years, and ≥ 65 years

Use the 2010-2011 schedule on page 9 for weekly reporting



STEP 4

Submit influenza laboratory specimens to the FDOH Bureau of Laboratories. Providers should submit 5 swabs, representing 5 people, each week from cases of influenza-like illness.

FLORIDA ILINet SURVEILLANCE

Florida's Influenza Surveillance Systems Summary

The Florida Department of Health (FDOH) Bureau of Epidemiology and Bureau of Laboratories (BOL) work in collaboration with the Centers for Disease Control and Prevention (CDC) to conduct and coordinate influenza surveillance in the state of Florida. Through voluntary reporting of influenza data by healthcare providers, laboratories, vital statistics offices, and county health departments, FDOH develops a statewide picture of influenza virus activity, which in turn contributes to surveillance efforts at the national level. The purposes of these surveillance systems in Florida are to: 1) determine when and where influenza activity is occurring, 2) identify circulating viruses, 3) detect changes in the circulating influenza viruses, 4) track patterns of influenza-associated morbidity and mortality, and 5) estimate the overall impact of influenza in the state of Florida. Florida influenza surveillance summary reports are published each week (http://www.doh.state.fl.us/Disease_ctrl/epi/htopics/flu/reports.htm). FDOH is recognized each season at a national level for the robustness and excellence of the influenza surveillance programs. This is due to the hard work and dedication of the many surveillance partners engaged in influenza surveillance each year.

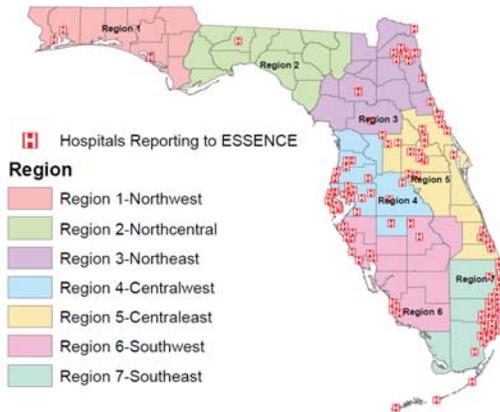
The Florida influenza surveillance system is comprised of the following eight components:

- **Florida Outpatient Influenza-Like Illness Surveillance Network (ILINet):** Outpatient influenza-like illness (ILI) data are collected through the Florida ILINet Surveillance Network, a collaborative effort between the CDC, FDOH Bureau of Epidemiology, local county health departments, and healthcare providers. During the 2008-2009 season, approximately 150 providers in 45 counties were enrolled and reported the total number of patients seen as well as the number of those patients with ILI by age group on a weekly basis. The percentage of patient visits for ILI are calculated from these data. Efforts are focused on increasing the number of regularly reporting providers and year-round reporting from all participating providers.
- **Florida Laboratory Surveillance:** The influenza strain surveillance component of the Florida ILINet Surveillance Network is designed to detect current circulating viruses and the emergence of new antigenic variants. The objectives of Florida laboratory surveillance are accomplished through the collection of throat or nasopharyngeal swab specimens from five patients who meet the influenza-like illness (ILI) case definition (fever $\geq 100^{\circ}\text{F}$ AND sore throat and/or cough in the absence of another known cause). The BOL's participating sites (Tampa and Jacksonville) report weekly to the CDC the total number of respiratory specimens tested and the number positive for influenza by type and subtype. In addition, this information is also available to CHD epidemiologists via the Merlin influenza lab report and in the weekly influenza report, the "Flu Review."
- **Florida County Influenza Activity Code Reporting:** Florida county epidemiologists report specific data elements that estimate the level of influenza activity in their county each week via EpiGateway. Data is collected on recent lab-confirmed influenza cases, influenza and ILI outbreaks, as well as increases in influenza activity within other surveillance systems. This information is used to calculate an overall code: 1) No activity, 2) Mild, 3) Moderate, and 4) Widespread. Additional data is also collected on activity in specific settings and whether influenza activity overall in the county is increasing, decreasing, or at a plateau.

- **Florida Pneumonia and Influenza Mortality Surveillance:** The Florida Pneumonia and Influenza Mortality Surveillance System is a surveillance system that captures data on the number of pneumonia and influenza-associated deaths that occur in the most populated Florida counties (those with populations estimated at greater than 200,000 in 2006). Modeled on the CDC's 122 Cities Mortality Reporting System, the Florida Pneumonia and Influenza Mortality Surveillance System collects data directly from death certificates. These data are reported weekly by CHD vital records offices through the FDOH EpiGateway website or via fax. An analysis module is also available on the EpiGateway website that indicates statistically how many deaths in excess of what is expected have occurred weekly in the participating counties. A visual representation of the data is also available in the weekly influenza report produced by the Bureau of Epidemiology, the "Flu Review."
- **Florida Notifiable Disease Reports of Pediatric Influenza Mortality:** An important cause of respiratory illness among children is the influenza virus. During past influenza seasons, there has been concern that children were disproportionately affected by influenza. In 2004, the CDC requested that local and state public health agencies collect and report information on pediatric influenza-associated deaths. Each licensed practitioner and medical examiner in the state of Florida is required to report diagnoses, treatment, or suspicion of the occurrence of influenza-associated mortality in persons less than 18 years of age as listed in the Table of Notifiable Diseases or Conditions, Chapter 64D-3.029, *Florida Administrative Code (F.A.C.)*. The public health system depends upon reports of disease to monitor the health of the community and to provide the basis for preventative action.
- **Influenza and/or Influenza-Like Illness Outbreaks:** Timely and effective response in implementing infection control measures during community and institutional outbreaks of influenza and ILI can help to reduce the burden of influenza in a population. County epidemiologists in Florida provide epidemiological consultation to long-term care facilities, hospitals, workplaces, correctional institutions, and other community partners in investigation of influenza and/or ILI outbreaks. The Bureau of Epidemiology is available 24 hours a day, seven days a week (850-245-4401) to provide consultation to county epidemiologists in their response to outbreaks. County epidemiologists are asked to submit reports of influenza or ILI outbreaks to EpiCom for surveillance purposes.
- **Florida Notifiable Disease Reports of Human Influenza Due to Novel or Pandemic Strains:** Please follow specific reporting guidance issued by FDOH for reporting infections with 2009 influenza A H1N1 as outlined on the Bureau of Epidemiology's webpage at http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/index.html. For all other novel influenza, the guidelines are as follows: Human influenza due to novel or pandemic strains is a reportable disease in Florida and nationally. Rapid reporting of human infections due to novel or pandemic strains is crucial in an effective public health response to pandemic influenza. Each licensed practitioner and medical examiner in the state of Florida who diagnoses, treats, or suspects the occurrence of human influenza due to novel or pandemic strains as listed in the Table of Notifiable Diseases or Conditions, Chapter 64D-3.029, *F.A.C.*, is required to report. The public health system depends on reports of disease to monitor the health of the community and to provide the basis for preventative action. Illness due to a novel or pandemic strain of influenza should be reported upon first suspicion 24 hours a day, seven days a week (850-245-4401). The Bureau of Epidemiology will provide consultation on specimen collection, testing, and case investigation.

- Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE):** Emergency department syndromic surveillance is monitored through the ESSENCE system. ESSENCE collects data from over 135 hospitals statewide. These data are processed into 11 different syndrome categories based on the patient's chief complaint. One of the categories is ILI, which is composed of chief complaints that include the words "influenza" or "flu", or either fever and cough or sore throat. The data are collected on a daily basis from participating hospital emergency departments across the state.

Hospitals reporting Emergency Department (ED) Data to Florida ESSENCE, April 20, 2010 (N=137)

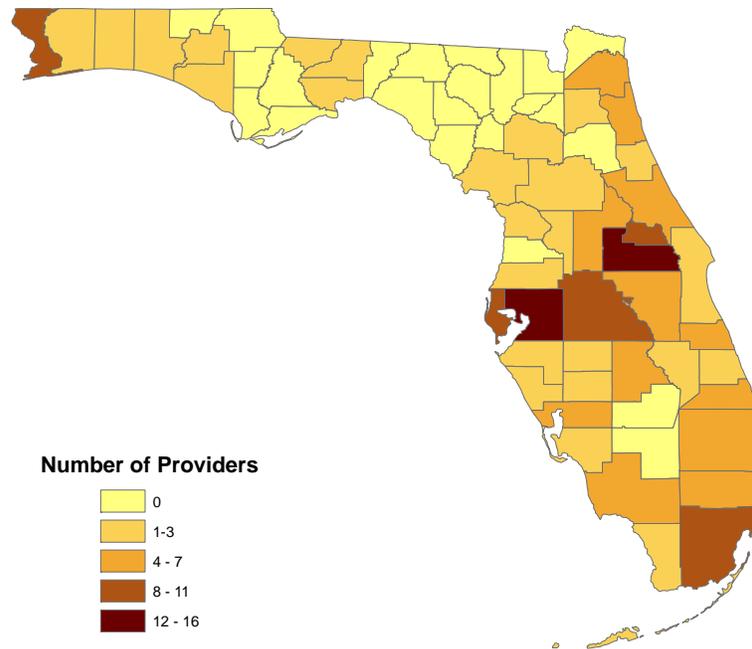


Hospitals reporting Emergency Department (ED) Admissions Data to Florida ESSENCE, April 20, 2010 (N=30)



FLORIDA ILINet SURVEILLANCE

Number of ILINet Providers in Florida by County 2009 - 2010



A successful partnership between clinicians, FDOH, and the CDC has been a valuable component of public health in Florida since 1998 to conduct surveillance for ILI. Valuable information contributed to the program guides local, state, national and global influenza surveillance.

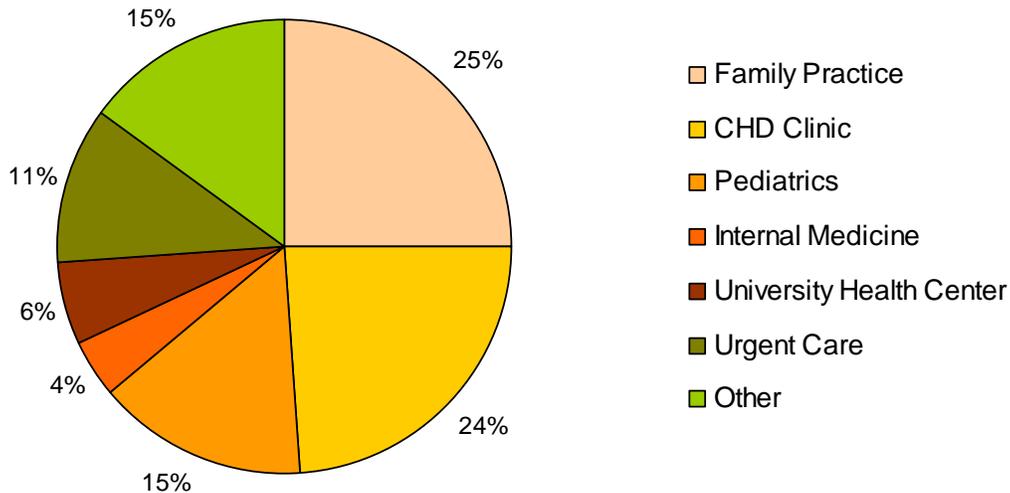
The CDC recommends at least one healthcare provider report ILI activity into ILINet for every 250,000 residents in the state. The current estimated population of Florida is 18,537,969*, requiring enrollment of a minimum of 74 ILINet providers. Recruitment efforts for the 2009-2010 season began in the summer of 2009 during the initial wave of the influenza pandemic. At the end of that season there were approximately 150 providers enrolled in Florida ILINet and the hope is to increase that number throughout the 2010-2011 season. This is a sufficient number of providers to meet the CDC's goal of one provider for every 250,000 residents; however, many regions of the state are under represented. The geographic distribution of ILINet surveillance sites in Florida during 2009-2010 is shown in the map above.

*According to the U.S. Census estimates for July 1, 2009

FLORIDA ILINet SURVEILLANCE

Distribution of ILINet Providers by Practice Type* 2009 - 2010

Sentinels by Practice Type



Florida ILINet, formerly known as “Florida Sentinel Provider Influenza Surveillance Program” is comprised of a dedicated team of healthcare providers in a wide range of specialties across the state. Currently, the majority of facilities enrolled in the program are family practice and county health department clinics. Participating specialties and sites include: internal medicine, university health centers, pediatrics, and urgent care. The diversity of providers participating in the program greatly enhances the strength of influenza surveillance in Florida to meet the objectives of the ILINet program. The objectives include: 1) determine when and where influenza activity is occurring; 2) determine what types of influenza viruses are circulating; and 3) determine changes in circulating influenza viruses.

The CDC will accept providers from any specialty into the network including; emergency medicine, family practice, infectious disease, internal medicine, OB/GYN, and pediatrics. In addition to private provider’s offices, surveillance can be conducted in a variety of sites such as emergency rooms, urgent care centers, college/university student health centers, and private practice settings. Practice settings that are not eligible are elementary, middle, or high school health centers, and any type of institutional setting such as nursing homes or prisons.

***Total number of ILINet providers: n=148. Only sentinel providers reporting 20% or more of the time are included in the 2009-2010 total enrollment counties.**

FLORIDA ILINet SURVEILLANCE

Frequently Asked Questions

- Q: Should I submit a weekly influenza-like illness report when I am out of the office or on vacation?
A: Yes. We ask that you submit a report BEFORE the week(s) you are out of the office or on vacation so that we will know not to call you if the ILI percentages in your area are very high during the week you are away. You can submit an “away from office” report simply by placing the code of the week you will be away followed by zeros in each “ILI” and “total patient” fields on the form. We will need one form reported for each week you will be away.
- Q: Do ILINet providers need to report even when they do not see influenza-like illness in their patients?
A: Yes. Reports during times when sentinels do not see ILI in their patients are needed to calculate baseline and threshold levels. These reports also help to confirm the beginning and ending of the influenza season.
- Q: Why are ILINet providers required to report each week?
A: We strive to provide accurate information so that policy makers can make timely decisions about how best to prevent the spread of influenza. Complete and accurate information is also required to provide a way to compare past years’ levels of influenza to the current year by establishing baselines and thresholds.
- Q: Why are baselines and thresholds important?
A: Baselines and thresholds are guides that help to determine whether the influenza level in a region is low, moderate, or high compared with the expected level of activity. Once we know the region’s baseline and threshold levels, we can make better decisions on the level of influenza activity and the spread of influenza in Florida.
- Q: What costs can ILINet providers expect to pay to participate in influenza surveillance?
A: None. All costs for influenza surveillance are paid for by the state. ILINet providers are given the materials they will need to collect and submit weekly reports, and to collect and ship samples to the state laboratories for specimen testing.
- Q: Who do I contact about influenza surveillance?
A: Contact your local county health department for information on becoming involved in the Florida ILINet and for answers to other influenza surveillance questions. You can also contact:
Kate Goodin, Surveillance Epidemiologist, 850-245-4444 ext. 2440
Colin Malone, Respiratory Disease Epidemiologist, 850-245-4444 ext. 2403
Julian Everett, Influenza Surveillance Coordinator, 850-245-4444 ext. 2419
- Q: Who should I contact about influenza vaccine recommendations and supplies?
A: Please contact either your local county health department or the Bureau of Immunization (850-245-4342) for questions about immunizations and vaccine availability. You can also visit the Bureau of Immunization’s website at the following link:
http://www.doh.state.fl.us/disease_ctrl/immune/flu/index.htm

FLORIDA ILINet SURVEILLANCE

Reporting Schedule 2010-2011

Report Week #	Begin (Sunday)	End (Saturday)	Report No Later than 12 p.m. on Tuesday
201040	10/3/10	10/9/10	10/12/10
201041	10/10/10	10/16/10	10/19/10
201042	10/17/10	10/23/10	10/26/10
201043	10/24/10	10/30/10	11/2/10
201044	10/31/10	11/6/10	11/9/10
201045	11/7/10	11/13/10	11/16/10
201046	11/14/10	11/20/10	11/23/10
201047	11/21/10	11/27/10	11/30/10
201048	11/28/10	12/4/10	12/7/10
201049	12/5/10	12/11/10	12/14/10
201050	12/12/10	12/18/10	12/21/10
201051	12/19/10	12/25/10	12/28/10
201052	12/26/10	1/1/11	1/4/11
201101	1/2/11	1/8/11	1/11/11
201102	1/9/11	1/15/11	1/18/11
201103	1/16/11	1/22/11	1/25/11
201104	1/23/11	1/29/11	2/1/11
201105	1/30/11	2/5/11	2/8/11
201106	2/6/11	2/12/11	2/15/11
201107	2/13/11	2/19/11	2/22/11
201108	2/20/11	2/26/11	3/1/11
201109	2/27/11	3/5/11	3/8/11
201110	3/6/11	3/12/11	3/15/11
201111	3/13/11	3/19/11	3/22/11
201112	3/20/11	3/26/11	3/29/11
201113	3/27/11	4/2/11	4/5/11

Report Week #	Begin (Sunday)	End (Saturday)	Report No Later than 12 p.m. on Tuesday
201114	4/3/11	4/9/11	4/12/11
201115	4/10/11	4/16/11	4/19/11
201116	4/17/11	4/23/11	4/26/11
201117	4/24/11	4/30/11	5/3/11
201118	5/1/11	5/7/11	5/10/11
201119	5/8/11	5/14/11	5/17/11
201120	5/15/11	5/21/11	5/24/11
201121	5/22/11	5/28/11	5/31/11
201122	5/29/11	6/4/11	6/7/11
201123	6/5/11	6/11/11	6/14/11
201124	6/12/11	6/18/11	6/21/11
201125	6/19/11	6/25/11	6/28/11
201126	6/26/11	7/2/11	7/5/11
201127	7/3/11	7/9/11	7/12/11
201128	7/10/11	7/16/11	7/19/11
201129	7/17/11	7/23/11	7/26/11
201130	7/24/11	7/30/11	8/2/11
201131	7/31/11	8/6/11	8/9/11
201132	8/7/11	8/13/11	8/16/11
201133	8/14/11	8/20/11	8/23/11
201134	8/21/11	8/27/11	8/30/11
201135	8/28/11	9/3/11	9/6/11
201136	9/4/11	9/10/11	9/13/11
201137	9/11/11	9/17/11	9/20/11
201138	9/18/11	9/24/11	9/27/11
201139	9/25/11	10/1/11	10/4/11

FLORIDA ILINET PROVIDER ENROLLMENT FORM

**Please take a moment to complete this form and fax it to the following number:
(850) 414-6894, Attention: Florida Influenza Program**

Weekly Influenza-Like Illness (ILI) Reporting consists of recording and reporting summary data (total number of patient visits for any reason; number of patient visits for ILI by age group) each week to the CDC via the internet or fax. The ILI case definition used by CDC for national surveillance is fever $\geq 100^{\circ}$ F and cough and/or sore throat (in the absence of a known cause other than influenza). Reports are submitted for each week, even when no ILI activity is seen.

1.	Will you be able to participate in influenza surveillance for October 2010 - September 2011? (please circle)	Yes	No
2. Please provide all information listed below:			
Participating Provider's Full Name			
Academic Degree(s)		Position Title (if any)	
The Department/Office Name			County
Street Address			
City		State Florida	Zip
Phone Number		Fax Number	
3. Practice Specialty? (please circle) Family Practice Pediatrics Internal Medicine			
Other (please specify): _____			
4. Which category best describes the average number of patients seen for all causes at your location each week? (check one)			
		<25	25-49
		50-99	100-200
		>200	
5. Estimate the average number of patients seen for all causes in each age group each week:			
		0-4 yrs	5-24 yrs
		25-49 yrs	50-64 yrs
		65+ yrs	
6. Is data being pulled out of your office management system electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, then how?			
If no, then how is your data being collected?		<input type="checkbox"/> Determined by Physician/Nurse	<input type="checkbox"/> ICD coded
		<input type="checkbox"/> Client's Complaint when Presenting	<input type="checkbox"/> Other: _____
7. Name of individual we should contact concerning reporting?		Name: _____	
8. Name of individual that will submit reports for your practice?		Name: _____	
9. What name should go on a certificate of appreciation (Please print exactly how it is to appear on certificate)?		Name: _____	
10. What method of reporting weekly ILI do you prefer? (please circle) Fax Internet			
11. What method should we use to quickly contact you with current, important information? (please circle) Fax E-mail			
What is your email address? _____			
12. Would you like to receive Florida Epi Update monthly on-line newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Would you like to receive Florida weekly influenza reports? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Would you like to be subscribed to the state's health alert network in order to receive notifications of urgent public health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Thank you for your participation in ILINet Surveillance. If you have any questions about program enrollment or reporting issues, please contact Julian Everett at 850-245-4444 ext. 2419. Other questions can be directed to Kate Goodin at 850-245-4444 ext. 2440.

Florida ILINet Surveillance Tracking Sheet* 2010-2011: Weeks 40 - 52

Log on to <http://www2a.cdc.gov/ilinet> to report by 12 pm on Tuesdays

Influenza-like illness case definition: fever $\geq 100^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$), oral or equivalent, AND cough and/or sore throat (in the absence of a known cause).

Report Week	Begin (Sunday)	End (Saturday)	Age 0 - 4	Age 5 - 24	Age 25 - 49	Age 50 - 64	Over 64	Total ILI	Total Patients
EXAMPLE								6	200
201040	10/3/10	10/9/10							
201041	10/10/10	10/16/10							
201042	10/17/10	10/23/10							
201043	10/24/10	10/30/10							
201044	10/31/10	11/6/10							
201045	11/7/10	11/13/10							
201046	11/14/10	11/20/10							
201047	11/21/10	11/27/10							
201048	11/28/10	12/4/10							
201049	12/5/10	12/11/10							
201050	12/12/10	12/18/10							
201051	12/19/10	12/25/10							
201052	12/26/10	1/1/11							

Instructions for using the Influenza-Like Illness (ILI) Tracking Sheet – This tracking sheet can be used to help your office/facility track ILI by age group and total patients seen. **Please feel free to use alternative tracking processes if already in place in your office/facility.

- 1) Keep tracking sheet in an easily accessible location for individuals collecting data for Florida ILINet surveillance.
- 2) When a patient meets the ILI definition, make a tally mark in their specific age category in the correct week.
- 3) At the end of the week, add up numbers seen in each category and enter Total ILI seen and Total Patients seen in the correct column.
- 4) Log onto the CDC influenza sentinel secure website at the end of the week and enter in ILI data by age group, total ILI, and total patients seen.

Florida ILINet Surveillance Tracking Sheet* 2010-2011: Weeks 01 - 13

Log on to <http://www2a.cdc.gov/ilinet> report by 12 pm on Tuesdays

Influenza-like illness case definition: fever $\geq 100^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$), oral or equivalent, AND cough and/or sore throat (in the absence of a known cause).

Report Week	Begin (Sunday)	End (Saturday)	Age 0 - 4	Age 5 - 24	Age 25 - 49	Age 50 - 64	Over 64	Total ILI	Total Patients
EXAMPLE								6	200
201101	1/2/11	1/8/11							
201102	1/9/11	1/15/11							
201103	1/16/11	1/22/11							
201104	1/23/11	1/29/11							
201105	1/30/11	2/5/11							
201106	2/6/11	2/12/11							
201107	2/13/11	2/19/11							
201108	2/20/11	2/26/11							
201109	2/27/11	3/5/11							
201110	3/6/11	3/12/11							
201111	3/13/11	3/19/11							
201112	3/20/11	3/26/11							
201113	3/27/11	4/2/11							

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Florida ILINet Surveillance Tracking Sheet* 2010-2011: Weeks 14 - 26

Log on to <http://www2a.cdc.gov/ilinet> to report by 12pm on Tuesdays

Influenza-like illness case definition: fever $\geq 100^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$), oral or equivalent, AND cough and/or sore throat (in the absence of a known cause).

Report Week	Begin (Sunday)	End (Saturday)	Age 0 - 4	Age 5 - 24	Age 25 - 49	Age 50 - 64	Over 64	Total ILI	Total Patients
EXAMPLE								6	200
201114	4/3/11	4/9/11							
201115	4/10/11	4/16/11							
201116	4/17/11	4/23/11							
201117	4/24/11	4/30/11							
201118	5/1/11	5/7/11							
201119	5/8/11	5/14/11							
201120	5/15/11	5/21/11							
201121	5/22/11	5/28/11							
201122	5/29/11	6/4/11							
201123	6/5/11	6/11/11							
201124	6/12/11	6/18/11							
201125	6/19/11	6/25/11							
201126	6/26/11	7/2/11							

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- 3) At the end of the week, add up numbers seen in each category and enter Total ILI seen and Total Patients seen in the correct column.
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Florida ILINet Surveillance Tracking Sheet* 2010-2011: Weeks 27 - 39

Log on to <http://www2a.cdc.gov/ilinet> to report by 12pm on Tuesdays

Influenza-like illness case definition: fever $\geq 100^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$), oral or equivalent, AND cough and/or sore throat (in the absence of a known cause).

Report Week	Begin (Sunday)	End (Saturday)	Age 0 - 4	Age 5 - 24	Age 25 - 49	Age 50 - 64	Over 64	Total ILI	Total Patients
EXAMPLE								8	200
201127	7/3/11	7/9/11							
201128	7/10/11	7/16/11							
201129	7/17/11	7/23/11							
201130	7/24/11	7/30/11							
201131	7/31/11	8/6/11							
201132	8/7/11	8/13/11							
201133	8/14/11	8/20/11							
201134	8/21/11	8/27/11							
201135	8/28/11	9/3/11							
201136	9/4/11	9/10/11							
201137	9/11/11	9/17/11							
201138	9/18/11	9/24/11							
201139	9/25/11	10/1/11							

*Instructions for using the Influenza-Like Illness (ILI) Tracking Sheet – This tracking sheet can be used to help your office/facility track ILI by age group and total patients seen. **Please feel free to use alternative tracking processes if already in place in your office/facility.**

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Florida ILINet Influenza Surveillance



A Florida Department of Health Partnership