



Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30329

September 7, 2021

Dear ILINet participant:

Welcome to the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) for the 2021-2022 season, which begins October 3, 2021 and ends October 1, 2022. Please begin collecting data during week 40 (October 3-9, 2021) and submit your report to CDC by noon the following Tuesday (October 12, 2021). To report, use the Internet reporting site (<http://wwwn.cdc.gov/ILINet/>).

We would like to thank you for participating as an ILINet influenza surveillance provider. The ILINet system is an essential component of seasonal and pandemic influenza surveillance and is invaluable in monitoring the impact of influenza-like illness on the health care system, as well as informing policy and resource allocation decisions throughout the 2021-2022 season.

Your participation is even more invaluable during the unprecedented times of the COVID-19 pandemic. Although the primary purpose of ILINet is to ascertain influenza activity, we are aware of the potential of the network to detect COVID-19 circulation and circulation of other respiratory viruses. Therefore, it is of the utmost importance to report in a timely fashion this season and every season.

Enclosed you will find your reporting kit which should include the items listed below. If anything is missing, please contact your influenza surveillance coordinator.

- 1. 2021-2022 ILINet Workfolder.** The workfolder contains your reporting record and complete instructions for using the Internet site for data entry. The provider ID code and password needed for Internet reporting are located on first page (upper left corner).
- 2. Case Definition and Reporting Guidelines.** Please review this page as it contains basic information about the case definition changes for influenza-like illness (ILI) this season, how to accurately count ILI cases, and guidelines for reporting and retrieving the weekly influenza surveillance report (FluView).
- 3.** There is an option for ILINet providers to voluntarily report the total number of patient visits by ILI age group. Please review these guidelines if you are interested in participating.

As a benefit of participating as an ILINet provider, please visit the *Morbidity and Mortality Weekly Report (MMWR)* website (<http://www.cdc.gov/mmwr/mmwrsubscribe.html>) to sign up to receive an electronic subscription to the *MMWR* series. To receive your copy of the *Emerging Infectious Diseases* journal, please visit their website (<http://wwwnc.cdc.gov/eid/subscriptions>) where you can choose whether to receive an electronic or paper copy of the journal.

If you have any questions, please contact your influenza surveillance coordinator or call 404-662-1686. We look forward to working with you this season. Thank you for participating in influenza surveillance.

Sincerely,

Arielle Colón, MPH
Epidemiologist
Influenza Division
Centers for Disease Control and Prevention

Noreen Ajayi (Alabi), MPH
Epidemiologist
Influenza Division
Centers for Disease Control and Prevention

Florida ILINet Provider Enrollment Form

Please complete this form and fax it to:
(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 CDC via the ILINet web portal (www.cdc.gov/ILINet/). The ILI case definition used by CDC for national surveillance is fever $\geq 100^{\circ}$ F and cough and/or sore throat. Reports are submitted for each week, even when no ILI activity is seen.

1.	Will you be able to participate in influenza surveillance between October 2021 - September 2022?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide all information listed below:			
Participating Provider's Full Name:			
Academic Degree(s):		Position Title: (if any)	
The Department/Office Name:			County:
2.	Street Address:		
	City:	State:	Zip:
	Phone Number:	Fax Number:	
3.	Please indicate which parts of the program you'd like to participate in (check one)	<input type="checkbox"/> Reporting patient counts weekly in ILINet	<input type="checkbox"/> Collecting and submitting specimens for influenza testing
		<input type="checkbox"/> Both	
4.	Practice Specialty?	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Pediatrics
		<input type="checkbox"/> Internal Medicine	
	<input type="checkbox"/> Other (please specify):		
5.	Which category best describes the average number of patients seen for all causes at your location each week? (check one)	<input type="checkbox"/> <25	<input type="checkbox"/> 25-49
		<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-200
		<input type="checkbox"/> >200	
6.	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	
7.	Please indicate how your practice will be counting ILI patients:	<input type="checkbox"/> Electronic case definition	<input type="checkbox"/> Manual case count
		<input type="checkbox"/> Other method (please specify):	
8.	Name of individual we should contact concerning reporting?	Name:	
9.	Name of individual that will submit reports for your practice?	Name:	
10.	What name should go on a certificate of appreciation (Please print exactly how it is to appear on certificate)?	Name:	
11.	What is your email address?		
12.	Would you like to receive Florida weekly influenza reports?	<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 Amy Bogucki at (850) 901-6938.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Florida Department of Health

ILINet Program User Manual 2021

ILINet Program User Manual

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Program Background and Uses

Background:

The ILINet Program is a national outpatient influenza illness surveillance program operated by the Centers for Disease Control and Prevention (CDC) in partnership with local and state health departments. Health care providers (ILINet providers) that participate in the program report information on patient visits for influenza-like illness (ILI) and submit specimens to state laboratories for influenza testing. The national ILINet program consists of more than 2,900 outpatient health care providers in all 50 states, Puerto Rico, the District of Columbia and the U.S. Virgin Islands reporting over 36 million visits by patients each year. Florida has about 110 ILINet providers reporting across the state.

Uses:

In combination with other influenza surveillance data, ILINet data are used to:

- Guide influenza prevention and control activities across the state by tracking when and where influenza activity is occurring, determining what influenza viruses are circulating, detecting changes in circulating viruses, and measuring the impact influenza infection has on hospitalizations and death.
- Contribute to Florida's weekly influenza surveillance report, the Florida Flu Review (FloridaHealth.gov/FloridaFlu) and CDC's weekly influenza report, FluView (www.cdc.gov/flu/weekly/index.htm).
- Assist CDC in recommending influenza virus strains to be included in the annual influenza vaccine distributed nationwide.

Program Details and Benefits

Details:

- ILINet providers collect and report data electronically to CDC and the Florida Department of Health (DOH) through the ILINet website (page 6). Data and specimens submitted weekly (see reporting schedules, page 10 and 11) include:
 - The total number of patients seen, reported by age group
 - The number of patients with ILI (see ILI surveillance case definition, page 4), reported by age group
 - Specimens from up to five patients with ILI are sent to the state laboratory for influenza testing (see specimen collection, page 5).

Benefits:

- Participation is at no cost to providers. CDC and DOH pay for all program costs.
 - ILINet providers are given all materials needed to submit weekly reports and collect and ship specimens to the Bureau of Public Health Laboratories (BPHL) for specimen testing.
- Specimens are tested for influenza using real-time reverse transcription polymerase chain reaction (RT-PCR) assays including influenza A subtyping and influenza B lineage determination with high test sensitivity compared to rapid antigen detection testing (page 4).
- Participants take part in a robust state and national surveillance program that influences and enhances influenza prevention and control across the country.

Introduction to Surveillance

The practice of clinical diagnosis and the practice of surveillance are connected concepts. **Clinical diagnoses** are designed to guide evaluation and treatment decisions for **individual patients** while **surveillance** aims to standardize data and evaluate **trends in populations** over time. Surveillance plays a pivotal role in shaping policy decisions and evidence-based clinical and public health practice by turning population-based health data into structured information that helps explain the context of a problem or situation and thereby informs decision making. Analysis and reporting of surveillance data offer a large-scale view of disease trends that may otherwise be unavailable to clinicians. Data from a clinical perspective may over/under classify information such as infection type prevalence, disease severity, etc., while surveillance data may not capture the subtleties that are found in clinical data.

Frequently Asked Questions

Q: Do ILINet providers need to report even when they do not see ILI in their patients?

A: Yes. Participants should report the total number of patients seen each week, even if no patients that meet the ILI surveillance case definition (page 4) are seen. Reports during times when providers do not see ILI in their patients are needed to calculate baseline and threshold levels. These reports also help to confirm the beginning and end of the influenza season.

Q: Why are ILINet providers required to report each week throughout the year?

A: Consistent reporting allows DOH to track how influenza is spreading and which communities are affected. Reporting data in the summer is crucial since influenza circulates year-round in Florida and summer data may help predict trends for the upcoming season. Complete and accurate information is also needed to compare levels of influenza over time and to establish baselines and thresholds. Annual reporting also provides accurate information for policy makers to make timely decisions about influenza prevention.

Q: Why are baselines and thresholds important?

A: Baselines and thresholds are guides to determine whether the influenza level in a region is low, moderate, or high compared with the expected activity level. Once we know the region's baseline and threshold levels, we can make better decisions on the prevention and control of influenza in Florida.

Q: What costs can ILINet providers expect to pay to participate in ILINet surveillance?

A: None. All costs for influenza surveillance are paid for by CDC and DOH. ILINet providers are given all materials needed to collect and ship specimens to BPHL for testing and to submit weekly reports.

Enrollment Steps

1. Fill out the Florida ILINet Provider Enrollment Form (page 12) and fax it to (850) 414-6894.
2. Once this is processed, in the next two to three weeks you will receive the following:
 - a. An ILINet enrollment packet from CDC with your ILINet provider ID and password. You will use these to report your data electronically through the ILINet website (page 6). You will also receive program information and an ILINet Workfolder for optional paper reporting, if preferred.
 - b. A package from BPHL including specimen collection and shipment supplies (page 5).

3. Please contact the appropriate party (either BPHL or DOH) with any questions (page 7).

Influenza-Like Illness (ILI) Surveillance Case Definition

Influenza-like Illness (ILI) is defined as:

- Fever ($\geq 100^{\circ}\text{F}$, 37.8°C) **AND** cough **AND/OR** sore throat

Temperature must be measured either at home or in the office. Report of feeling feverish does not meet the case definition. All patients that meet the ILI case definition above should be included in ILI case counts submitted to CDC. As of the 2021–22 influenza season, all patients who meet symptom criteria should be counted as an ILI case, regardless of if testing was performed in the office and a virus was identified (for example, respiratory syncytial virus). For example, a patient with fever, cough, and vomiting or a patient with fever and cough should be reported as having ILI even if a laboratory result confirms another diagnosis (e.g., a positive strep test). There is no requirement for a positive influenza test (i.e., rapid influenza diagnostic test) when counting the number of patients with ILI.

Laboratory Testing

All ILINet surveillance specimens are tested using CDC RT-PCR assays. In recent years, BPHL has improved testing capacity.

- Specimens are screened for influenza A and B. If positive, subtyping is conducted and includes:
 - Influenza A (H3) and A 2009 (H1N1)
 - Influenza B Victoria lineage and Yamagata lineage

ILINet Laboratory Materials Packet

ILINet sites should request supplies for shipping at least one week before the current supply is exhausted. BPHL will fulfill most orders within three business days at no cost. To request additional supplies, use the pre-populated influenza surveillance supply order form included in your materials packet. If this form is unavailable, use the generic form on page 12.

ILINet sites need to call FedEx for pickup when they have specimens ready for transport to BPHL (page 5).

Each supply shipment will contain:

- **Viral culturettes** (swabs and media)
 - Can be stored at room temperature before specimen collection.
 - Contents of each viral culturette package:
 - One transport vial containing 3.0mL of Universal Transport Medium (UTM)
 - Compatible with rapid antigen and BPHL laboratory tests
 - Two swabs for specimen collection:
 - One Q-tip style nylon fiber swab for throat or nasal sampling

- One flexible nylon fiber nasopharyngeal swab (NP)
 - Note: Some providers are not sent NP swabs and instead are sent two Q-tip style swabs. This is up to the discretion of the BPHL
- **Multiple ice packs**
 - Frozen blue ice or gel ice cold-packs. Ice packs should be stored in a freezer until use.
 - **Styrofoam coolers in cardboard boxes with air bills**
 - BPHL will check the air bill for “FedEx Standard Overnight” with the appropriate account chosen for billing. If you receive blank air bills, or misplace the prefilled ones, please contact BPHL (page 7). They will give you the correct information to use and send you correctly filled out air bills ASAP.
 - **Two different types of biohazard bags**
 - Thin biohazard zip seal bags. One or more is provided for each specimen.
 - 95 kPa bags (example right). The 95 kPa bags are the thicker, hard edged biohazard bags. Already-bagged specimens go into one of these for transport.



Specimen Collection

1. Collect a nasopharyngeal, nasal, and/or throat swab. If collecting two swabs, send both in one tube.
 - a. Nasopharyngeal: using the flexible NP swab, insert swab into the nostril parallel to the palate and rotate swab a few times. Leave in place for a few seconds to absorb secretions.
 - b. Nasal: using the Q-tip style swab, insert swab 2 cm (3/4”) into nares and rotate against the nasal mucosa.
 - c. Throat: using the Q-tip style swab, vigorously rub swab on both tonsillar surfaces and the posterior pharynx.
2. Place swab(s) in transport media. Break off top of shaft at the score and tighten cap securely. Label tube clearly with the **patient’s name**, **patient’s date of birth**, and **date of collection**. Place in biohazard zip seal bag. Please only place one tube in each biohazard zip seal bag to prevent contamination.
3. Complete the specimen submittal form included in laboratory materials packet during enrollment. Please make a note if patient has received the current influenza vaccine, has been treated with anti-viral medication, and/or is part of an outbreak. Report any suspected outbreaks of influenza or ILI to your local county health department.
4. Place the specimen in a refrigerator until it is ready for shipment. Once all specimens for a given shipment have been collected, move to the next step.
5. Place specimen submittal form in pouch on outside of 95kPa specimen transport bag. Place all bagged specimen(s) into 95 kPa specimen transport bag and seal according to instructions on bag. Place 95kPa bag with specimens into refrigerator. Do not freeze.
6. Call FedEx at 1-800-GO FEDEX (1-800-463-3339) to schedule a pickup. This package will be sent FedEx Express Standard Overnight. This is already marked on the provided air bill.

Packing and Shipping Specimens

Please ship specimens Monday through Thursday. **Do not ship specimens on Friday.** If circumstance arises where specimens are urgent and should be considered for weekend testing, please call the laboratory (page 7) to work out staffing and shipping.

Send specimens within two to four days after collection; preferably within two days.

Preparing specimens for FedEx pickup:

1. Package specimens approximately one hour before FedEx is due for pickup. Place frozen cold packs and specimen bag in mailing container. Tape box closed.
2. Fill out your facility information on the top left of the FedEx air bill. Everything else on the form is filled out automatically prior to being sent to your facility. Please don't change anything on the form or the shipment may be delayed or billed to the wrong organization.
3. Remove the sender's copy (top copy) for your records. Remove the backing and affix shipping label to top of mailing container.
4. Please fill out your facility information in the sender portion of the address box on the front of the package. Please do not add additional stickers or markings to the box. Your package is now ready for FedEx.

For questions on packaging and shipping, contact the laboratory directly (page 7).

Causes for Specimen Rejection

1. Using the wrong type of transport media (i.e. influenza rapid test media, bacterial media, parasite media, Amies media etc.). You must use the UTM provided in the ILINet laboratory materials packet (page 4).
2. Specimens received in grossly leaking transport containers (if one leaks, individually bagging allows salvage of the others).
3. Dry specimens: The swabs **must** be in the media to preserve the virus for testing.
4. Wooden shaft swab: You must use the provided nylon fiber swabs.
5. Specimens received in cloudy transport media. This can indicate bacterial contamination and is often a sign of not being kept cool during specimen storage and transport.
6. Inappropriate specimen transport conditions:
 - a. Prolonged delay in transport (usually more than 72 hours).
 - b. Specimens stored or transported at room temperature or not sent with sufficient ice packs.
7. Unlabeled specimen or name discrepancy between the specimen label and the request form.

Reporting Data through the ILINet Website

Duration: Approximately 5 minutes

Location: www.cdc.gov/ilinet/

Frequency: Weekly on Tuesday before 4:00 p.m. CST/ 5:00 p.m. EST for the prior report week (Sunday-Saturday). See the reporting schedules (page 10 and 11).

Steps:

1. Open the CDC ILINet website (www.cdc.gov/ilinet/)
 - a. Enter the ID and login password provided in the ILINet enrollment packet from CDC (page 3).

2. A Weekly Data Entry page will open.
3. Your Provider ID will auto-populate. Click the link, “Would you like to report total patient visits by age group?” to enter ILI and total patient counts by age.
4. Fill out the form below and select “Submit.”

Contact Information

The DOH in your county: [FloridaHealth.gov/CHDEpiContact](https://www.floridahealth.gov/CHDEpiContact)

The Bureau of Epidemiology:

- Amy Bogucki
Respiratory Disease Epidemiologist
Amy.Bogucki@flhealth.gov
(850) 901-6938

The Bureau of Public Health Laboratories (BPHL):

Please contact the BPHL location assigned to your provider. If you do not know which BPHL to contact, reach out to the DOH in your county or the DOH (page 7) or see the map on page 13.

- **BPHL - Tampa:**
Edgar Kopp
Virology Supervisor
Edgar.Kopp@flhealth.gov
(813) 233-2260
- **BPHL - Jacksonville:**
Valerie Mock
Virology Supervisor
Valerie.Mock@flhealth.gov
(904) 791-1539

Weekly Provider Checklist

Influenza-like Illness (ILI) Surveillance Case Definition:

- Fever ($\geq 100^{\circ}\text{F}$, 37.8°C) **AND** cough **AND/OR** sore throat

Guidance to complete weekly reporting for all patients seen in the practice:

For all patients (ILI + Non-ILI):

- Report the total number of visits in the ILINet website (page 6).

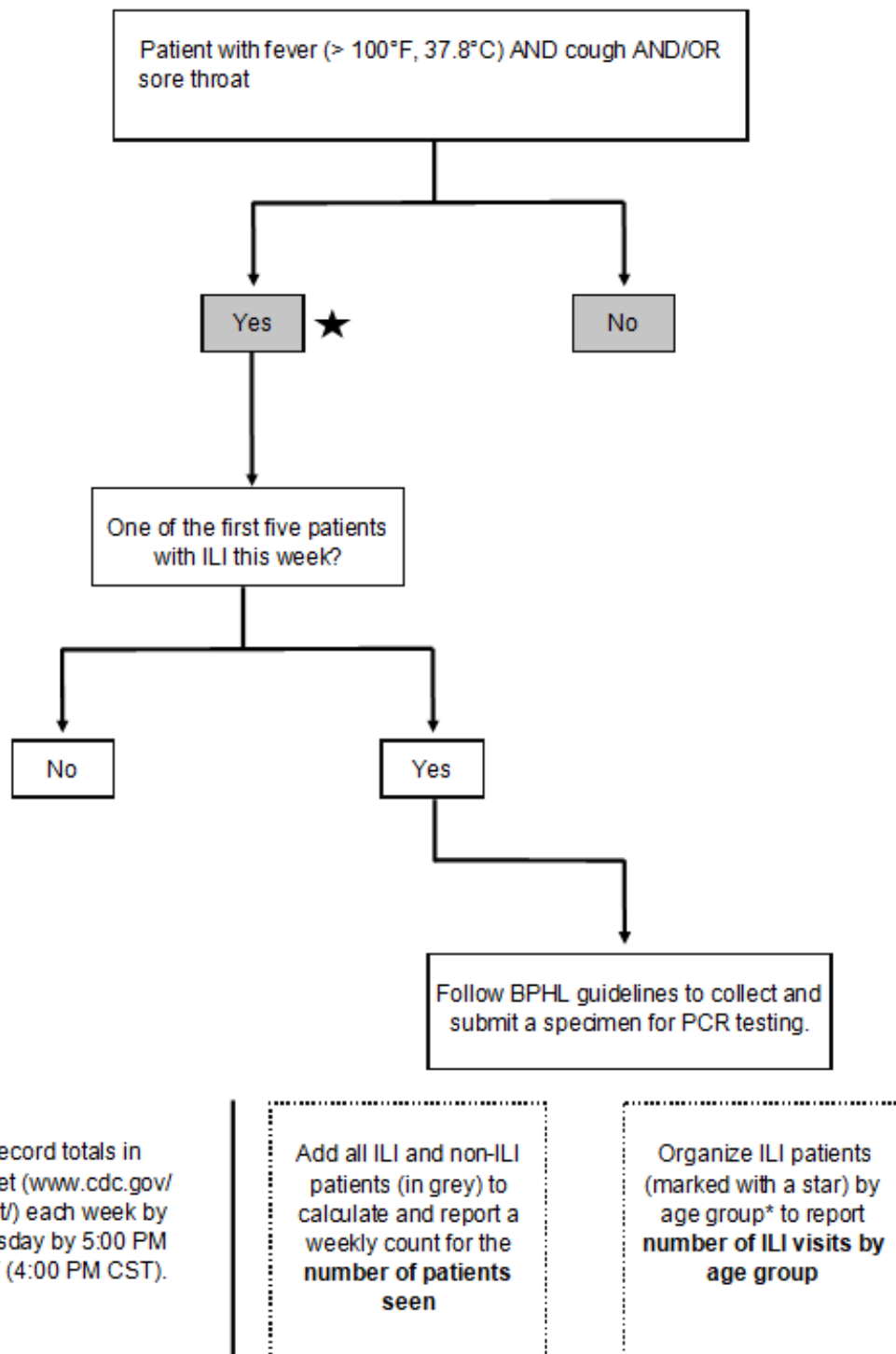
For up to the first five compliant patients with ILI:

- Collect one nasopharyngeal, nasal, or throat swab. (page 5).
- Send the specimen to BPHL for testing (page 5).

Additional steps as needed:

- Request additional collection and shipment supplies before they are exhausted (page 12).
- Contact DOH or BPHL with any questions or concerns (page 7).

ILINet Specimen Collection and Reporting Guide



*Age groups include 0-4, 5-24, 25-49, 50-64, and over 64 years old

Influenza Surveillance Reporting Schedule 2021-2022

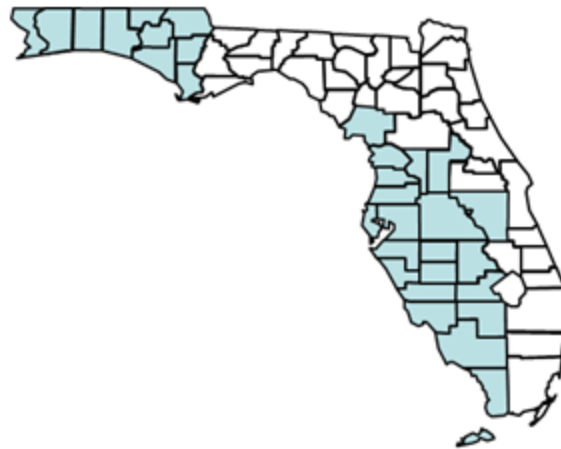
Report Week #	Begin (Sunday)	End (Saturday)	Report No Later than 5:00 p.m. on Tuesday
2021-40	10/3/2021	10/9/2021	10/12/2021
2021-41	10/10/2021	10/16/2021	10/19/2021
2021-42	10/17/2021	10/23/2021	10/26/2021
2021-43	10/24/2021	10/30/2021	11/2/2021
2021-44	10/31/2021	11/6/2021	11/9/2021
2021-45	11/7/2021	11/13/2021	11/16/2021
2021-46	11/14/2021	11/20/2021	11/23/2021
2021-47	11/21/2021	11/27/2021	11/30/2021
2021-48	11/28/2021	12/4/2021	12/7/2021
2021-49	12/5/2021	12/11/2021	12/14/2021
2021-50	12/12/2021	12/18/2021	12/21/2021
2021-51	12/19/2021	12/25/2021	12/28/2021
2021-52	12/26/2021	1/1/2022	1/4/2022
2022-01	1/2/2022	1/8/2022	1/11/2022
2022-02	1/9/2022	1/15/2022	1/18/2022
2022-03	1/16/2022	1/22/2022	1/25/2022
2022-04	1/23/2022	1/29/2022	2/1/2022
2022-05	1/30/2022	2/5/2022	2/8/2022
2022-06	2/6/2022	2/12/2022	2/15/2022
2022-07	2/13/2022	2/19/2022	2/22/2022
2022-08	2/20/2022	2/26/2022	3/1/2022
2022-09	2/27/2022	3/5/2022	3/8/2022
2022-10	3/6/2022	3/12/2022	3/15/2022
2022-11	3/13/2022	3/19/2022	3/22/2022
2022-12	3/20/2022	3/26/2022	3/29/2022
2022-13	3/27/2022	4/2/2022	4/5/2022
2022-14	4/3/2022	4/9/2022	4/12/2022

Report Week #	Begin (Sunday)	End (Saturday)	Report No Later than 5:00 p.m. on Tuesday
2022-15	4/10/2022	4/16/2022	4/19/2022
2022-16	4/17/2022	4/23/2022	4/26/2022
2022-17	4/24/2022	4/30/2022	5/3/2022
2022-18	5/1/2022	5/7/2022	5/10/2022
2022-19	5/8/2022	5/14/2022	5/17/2022
2022-20	5/15/2022	5/21/2022	5/24/2022
2022-21	5/22/2022	5/28/2022	5/31/2022
2022-22	5/29/2022	6/4/2022	6/7/2022
2022-23	6/5/2022	6/11/2022	6/14/2022
2022-24	6/12/2022	6/18/2022	6/21/2022
2022-25	6/19/2022	6/25/2022	6/28/2022
2022-26	6/26/2022	7/2/2022	7/5/2022
2022-27	7/3/2022	7/9/2022	7/12/2022
2022-28	7/10/2022	7/16/2022	7/19/2022
2022-29	7/17/2022	7/23/2022	7/26/2022
2022-30	7/24/2022	7/30/2022	8/2/2022
2022-31	7/31/2022	8/6/2022	8/9/2022
2022-32	8/7/2022	8/13/2022	8/16/2022
2022-33	8/14/2022	8/20/2022	8/23/2022
2022-34	8/21/2022	8/27/2022	8/30/2022
2022-35	8/28/2022	9/3/2022	9/6/2022
2022-36	9/4/2022	9/10/2022	9/13/2022
2022-37	9/11/2022	9/17/2022	9/20/2022
2022-38	9/18/2022	9/24/2022	9/27/2022
2022-39	9/25/2022	10/1/2022	10/4/2022
2022-40	10/2/2022	10/8/2022	10/11/2022

Which BPHL Location Should I Use?

County	Assigned BPHL Location
Alachua	Jacksonville
Baker	Jacksonville
Bay	Tampa
Bradford	Jacksonville
Brevard	Jacksonville
Broward	Jacksonville
Calhoun	Tampa
Charlotte	Tampa
Citrus	Tampa
Clay	Jacksonville
Collier	Tampa
Columbia	Jacksonville
DeSoto	Tampa
Dixie	Jacksonville
Duval	Jacksonville
Escambia	Tampa
Flagler	Jacksonville
Franklin	Jacksonville
Gadsden	Jacksonville
Gilchrist	Jacksonville
Glades	Tampa
Gulf	Tampa
Hamilton	Jacksonville
Hardee	Tampa
Hendry	Tampa
Hernando	Tampa
Highlands	Tampa
Hillsborough	Tampa
Holmes	Tampa
Indian River	Jacksonville
Jackson	Tampa
Jefferson	Jacksonville
Lafayette	Jacksonville
Lake	Tampa
Lee	Tampa
Leon	Jacksonville
Levy	Tampa
Liberty	Jacksonville
Madison	Jacksonville

County continued	Assigned BPHL Location continued
Manatee	Tampa
Marion	Tampa
Martin	Jacksonville
Miami-Dade	Jacksonville
Monroe	Tampa
Nassau	Jacksonville
Okaloosa	Tampa
Okeechobee	Jacksonville
Orange	Jacksonville
Osceola	Tampa
Palm Beach	Jacksonville
Pasco	Tampa
Pinellas	Tampa
Polk	Tampa
Putnam	Jacksonville
Santa Rosa	Tampa
Sarasota	Tampa
Seminole	Jacksonville
St. Johns	Jacksonville
St. Lucie	Jacksonville
Sumter	Tampa
Suwannee	Jacksonville
Taylor	Jacksonville
Union	Jacksonville
Volusia	Jacksonville
Wakulla	Jacksonville
Walton	Tampa
Washington	Tampa



Florida ILINet Provider Enrollment Form

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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 CDC via the ILINet web portal (www.cdc.gov/ILINet/). The ILI case definition used by CDC for national surveillance is fever $\geq 100^{\circ}$ F and cough and/or sore throat. 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 2021 - September 2022? (please circle)	Yes	No
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	Zip
Phone Number		Fax Number	
3.	Please indicate which parts of the program you'd like to participate in (check one):	<input type="checkbox"/> Reporting patient counts weekly in ILINet	<input type="checkbox"/> Collecting and submitting specimens for influenza testing
		<input type="checkbox"/> Both	
4.	Practice Specialty? (please circle)	Family Practice	Pediatrics
		Other (please specify):	Internal Medicine
5.	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	
6.	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	
7.	Please indicate how your practice will be counting ILI patients	<input type="checkbox"/> Electronic case definition	<input type="checkbox"/> Manual case count
		<input type="checkbox"/> Other method (please specify):	
8.	Name of individual we should contact concerning reporting?	Name:	
9.	Name of individual that will submit reports for your practice?	Name:	
10.	What name should go on a certificate of appreciation (Please print exactly how it is to appear on certificate)?	Name:	
11.	What is your email address?		
12.	Would you like to receive Florida weekly influenza reports?	<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 Amy Bogucki at (850) 901-6938.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Influenza Surveillance Supply Order Form

Choose only **one** of these ways to order more supplies:

- 1) Include this form with a shipment of specimens to your **designated*** lab (keep a copy)
- 2) Fax this form to your **designated*** lab: Tampa (813) 233-2380 or Jacksonville (904) 791-1542
- 3) Email this information to your **designated*** lab:
Tampa TampaVirology@flhealth.gov or Jacksonville Valerie.Mock@flhealth.gov

Please use this form **BEFORE** supplies are exhausted. Allow about 1 week for delivery.

Please send the Influenza Surveillance supplies requested below

Complete Kit (swabs, boxes and FedEx labels)

OR

ONE of the following:

Swabs only

Shipping boxes & FedEx labels only

FedEx labels only

Requestor Information

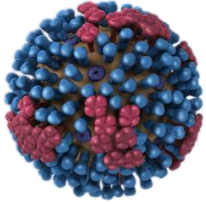
Contact Name:

Practice Name:

Practice Address:

Contact Phone Number:

Guidelines for Weekly Reporting



Influenza-like Illness (ILI) case definition:

fever ($\geq 100^{\circ}\text{F}$, 37.8°C)* AND

cough and/or sore throat

**Temperature MUST BE MEASURED either at home or in the office.*

Report of feeling feverish does not meet the case definition.

- Each week, you should report the counts of ILI using the standard case definition by age group (0-4 years, 5-24 years, 25-49 years, 50-64 years, and >64 years) and **the total number of patients seen for any reason.**
- Please report each week even if **no** patients were seen with influenza-like illness. It is important to know both when you are seeing ILI and when you are not seeing ILI.
- Please report **all** patients that meet the ILI case definition above **even in the event** of diagnostic tests confirming a cause other than influenza. For example, a patient with fever, cough, and vomiting or a patient with fever, cough, and sore throat should be reported as having ILI if a laboratory result confirms another diagnosis (e.g., positive for RSV).
- Please report **only** those patients that meet the ILI case definition. For example, a patient with fever, chills, body aches, and nasal congestion but no cough or sore throat is not considered an ILI case.
- It is important to note that there is no requirement for a positive influenza test (i.e. rapid influenza diagnostic test) when counting the number of patients with ILI.
- The weekly influenza surveillance report is available at <http://www.cdc.gov/flu/weekly/>.

Instructions for Optional Weekly Reporting of Total Patient Visits by Age Group

- There is an **OPTION** for ILINet providers to report the total number of patients seen by age.
- If you choose to provide total patient visits by ILI age group, please submit only one weekly ILINet report each week. It is not necessary to submit a report with and without total patient visits by ILI age group.
- This information will be invaluable in calculating the age-group specific impact of circulating influenza viruses on outpatient visits for ILI.
- If you would like to participate, please review the following instructions :
 1. Login to the ILINet website (<http://wwwn.cdc.gov/ILINet/>) and select the link “**Would you like to report total patient visits by age group?**”
 2. Report the number of patients with ILI AND the number of patients seen for any reason by the ILI age groups (0-4 years, 5-24 years, 25-49 years, 50-64 years, >64 years, and/or unknown) along with the total of patients seen for any reason.
 3. Please ensure that the number of patients seen for any reason by age group **equals** the total patients seen for any reason.
 4. Select **Submit**. If data displayed are incorrect, re-enter the correct report, indicate that this entry is a revision of previously reported data, and select **Submit**.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

Logout

Weekly Data Entry | Download ILINet Data | Other Links

Weekly Data Entry With The Total Number Of Patients Seen By Age Group

Entering ProviderID and Week Ending Date will auto retrieve existing record if it exists, otherwise the report will be empty.

Provider ID Code: Week Ending Date:

	Number of Patients With ILI:	Number of Patients Seen for Any Reason:
Age 0-4:	<input type="text"/>	<input type="text"/>
Age 5-24:	<input type="text"/>	<input type="text"/>
Age 25-49:	<input type="text"/>	<input type="text"/>
Age 50-64:	<input type="text"/>	<input type="text"/>
Age Over 64:	<input type="text"/>	<input type="text"/>
Unknown:		<input type="text"/>
Total Patients Seen for ANY REASON:		<input type="text"/>

Is This a Revision of Data Reported at An Earlier Date? (checked=yes, uncheck=no)