Indiana State Department of Health
Epidemiology Resource Center

Customized Influenza Surveillance Report
XOXOXO Pediatrics
2012-2013

The purpose of this customized report is to provide your facility with the past seasons influenza data and set out clear expectations for the upcoming season. Your facility was ranked by ISDH based on the surveillance requirements you agreed upon as a sentinel site program participant.

Influenza Reporting	**GOLD**
Influenza Specimen Submission	**GREEN**
Overall Program Goal of Reporting/Submission	**GREEN**

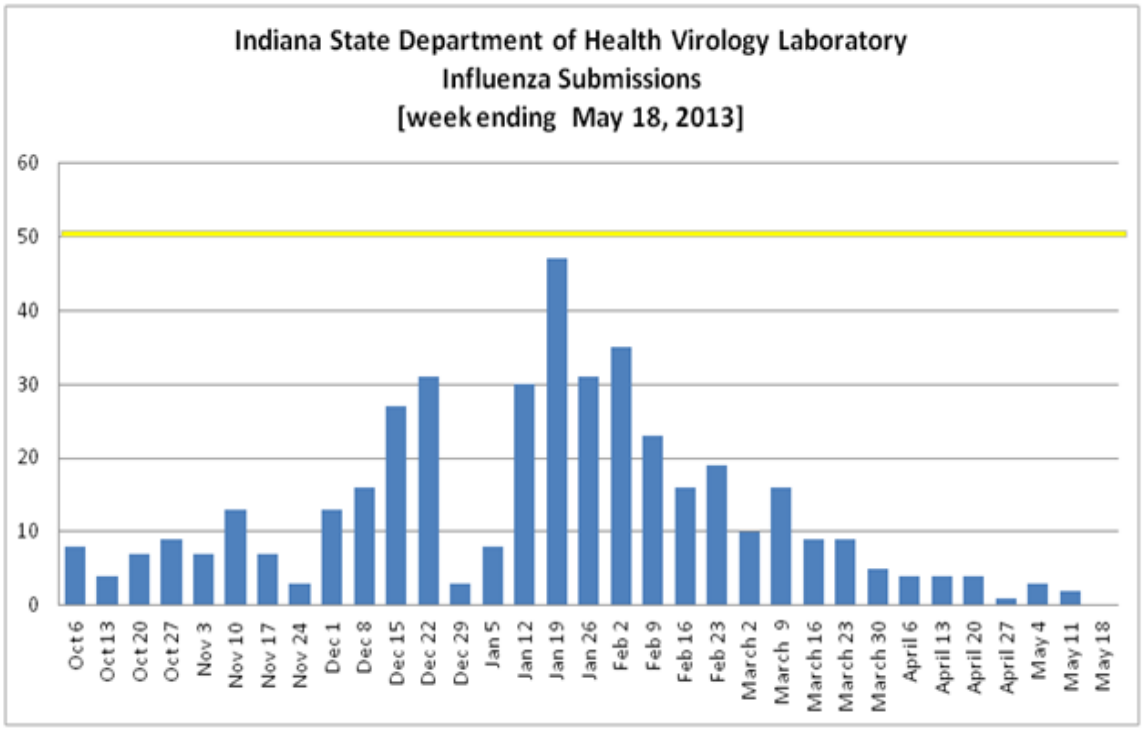
Table1: *Individual Ranking during the 2012-2013 influenza season.*

- A **Gold Level** Ranking indicates that your facility is exceeding surveillance requirements and demonstrating exemplary efforts.
- A **Blue Level** Ranking indicates that your facility is meeting surveillance requirements.
- A **Green Level** Ranking indicates that your facility is close to meeting surveillance requirements.
- A **Purple Level** Ranking indicates that your facility is meeting requirements at least 50% of the time.
- An **Orange Level** Ranking indicates that your facility is meeting requirements less than 50% of the time.

The primary goals of influenza surveillance are to detect rare/novel influenza events, provide viruses for vaccine strain selection and gain a broad understanding of influenza activity within the State as well as nationally. An adequate number of specimens should be tested to provide reliable data to meet the surveillance objectives at the recommended thresholds of detection. Specimen sampling should be designed to enhance detection of rare/novel influenza events, while at the same time collecting a representative sample of routine influenza cases for overall seasonal situational awareness [1].

The Indiana State Department of Health has determined that to meet the recommended threshold for surveillance at least 50 specimens, collectively, from ILINet providers should be sent in **EVERY WEEK** for testing at the ISDH Laboratories. Additionally, your facility should be reporting your influenza data every week.

During the 2012-2013 influenza season, data from all Indiana ILINet providers was collected to use as a baseline for surveillance. Of the 32 influenza reporting weeks (Oct-May), the goal of 50 specimen submissions/week was not met. We need your help to meet this important surveillance goal! Graph 1 below shows the cumulative weekly totals.



Graph 1: *This graph shows specimen submissions per week from all active influenza ILINet sites.*

Surveillance/Reporting

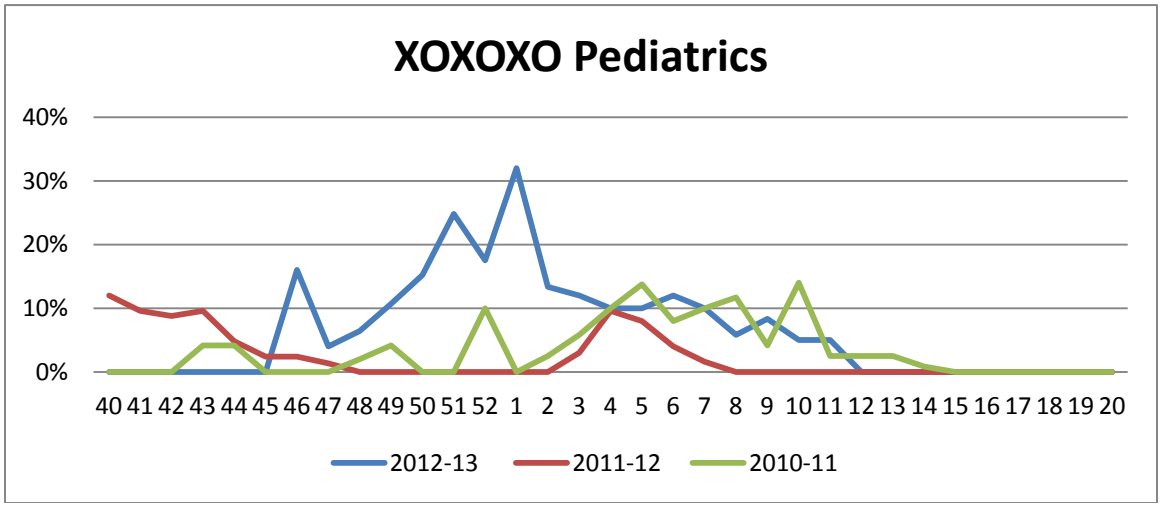
The following tables and graphs display your facilities information in regards to surveillance and reporting as well as laboratory testing during the 2012-2013 influenza season.

Year	Number of Weeks Reporting	Percentage of Weeks Reported	Desired Percentage
2012-13	33/33	100%	No change
2011-12	33/33	100%	No change
2010-12	33/33	1005	No change

Table 2: *Influenza Like Illness Outpatient Surveillance Report*

Year	Average Number of Specimens/Week	Average Number Needed for Right Size Surveillance	Desired Change/Recommendations
2012-13	2	8	Submit 8 specimens every week
2011-12	1	8	Right Size not applicable for this year
2010-12	0	8	Right Size not applicable for this year

Table 3: *Influenza Specimen Submission Report*

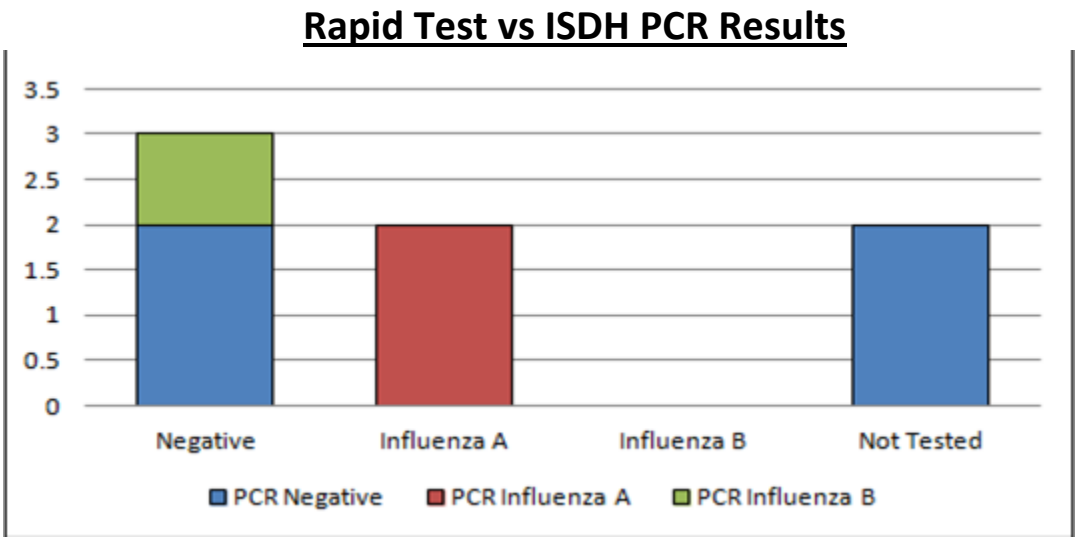


Graph 2: *The graph above shows XOXOXO Pediatrics % of patients seen with ILI by week starting with reporting week 40, the first week of October through week 20, the last week of the following May.*

Year	Average Number of Patients/Week
2012-2013	96
2011-2012	105
2010-2011	101

Table 4: *Average number of patients seen in office per year*

Laboratory Testing



Graph 3: *Of the 7 specimens sent in from your facility, 5 were reported as being tested by RIDT. While rapid tests are simple to use and produce results quickly, they have limited sensitivity to detect influenza virus infection. In order to minimize false results, it is important to follow the manufacturer's instructions carefully as well as to follow-up negative results with confirmatory testing (viral culture or RT-PCR), especially if a laboratory-confirmed influenza diagnosis is desired. The occurrence of false positives, especially during periods of low influenza activity, emphasizes the significance of confirming positives by a more accurate test.*

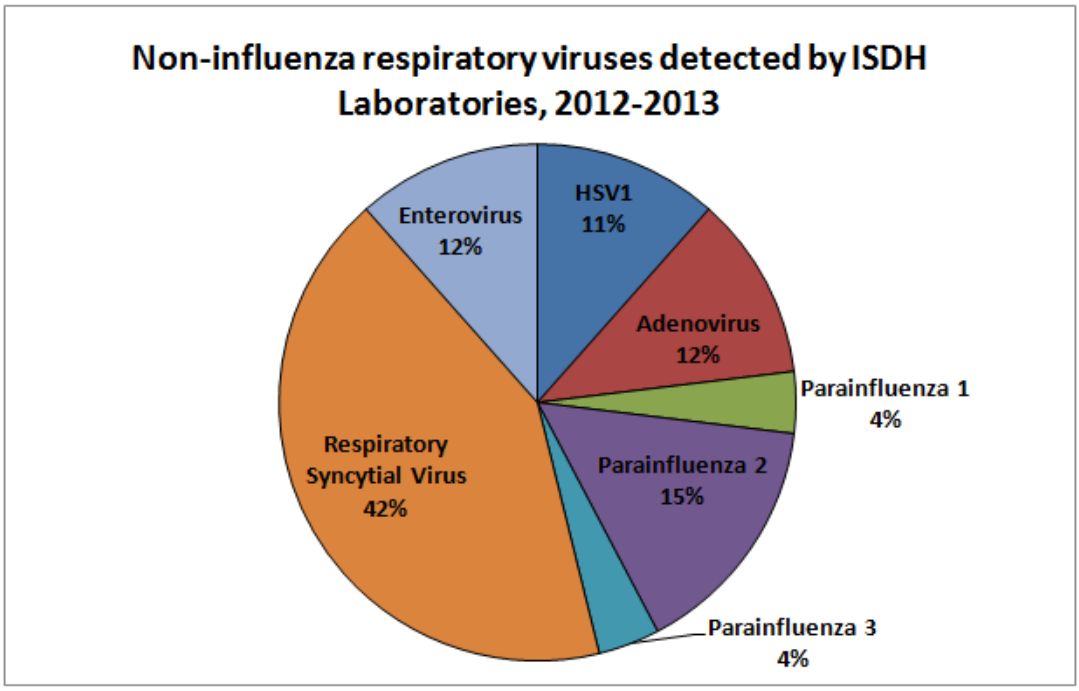
Year	Number of Weeks Participating in Specimen Submission	Percentage of Weeks Participating in Specimen Submission	Desired Percentage
2012-2013	2	6.3%	75% - submit specimen 24/32 weeks of the reporting season

Table 5: *Last year, your facility submitted specimens 2 of the 32 reporting weeks. In an effort to increase specimen submission, the ISDH would like your facility to increase the number of weeks during the influenza season that specimens are collected and sent in for testing at the ISDH Laboratories.*

Average Specimen Transport Time (from collection to date received by ISDH Laboratories)

Year	Average Transport Time (in days)	Desired Transport Time
2012-2013	2.9	< 3 days

Table 6: *Of the 7 specimens submitted, the average time between specimen collection and receipt at ISDH Laboratories was 2.9 days. That falls within the desired transport time of less than 3 days. Optimal performance is met when specimens are received and tested at the ISDH Laboratories within 72 hours of collection.*



Graph 4: *In addition to PCR, virus isolation staining methods and advanced molecular methods were used to determine that strains of parafinfluenza virus, adenovirus, respiratory syncytial virus (RSV) and rhinovirus/enterovirus were also co-circulating with influenza virus. Specimens submitted from your facility help provide us with this very important surveillance data!*

The 2012-2013 influenza season has ended and though the 2013-2014 has yet to begin, surveillance for seasonal and novel strains of influenza virus continues year round. Your facility plays an essential role in both influenza virologic and outpatient surveillance. By submitting specimens to the ISDH Laboratories from patients experiencing influenza-like illness, you are helping ISDH and the CDC monitor the prevalence and spread of influenza viruses throughout the year. This is especially important in light of the 154 cases of influenza A(H3N2)v virus detected in Indiana in the summers of 2011, 2012 and 2013 as well as the human cases of a novel strain of avain influenza A(H7N9) detected in China earlier this year. By reporting your influenza like illness data, you are assisting ISDH and the CDC in understanding the burden and severity of disease in your community.

Thank you for your continued participation in this sentinel influenza program! You have greatly enhanced our understanding of circulating strains and increased Indiana's contribution to the national influenza database

We sincerely thank you for your dedication to public health and your enrollment in this important influenza program!

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[1]Influenza Virologic Surveillance Right Size Roadmap (1st ed). *APHL.org* (2013), from http://www.aphl.org/aphlprograms/infectious/influenza/Pages/Influenza-Virologic-Surveillance-Right-Size-Roadmap.aspx