

Section III: Influenza Surveillance Reporting

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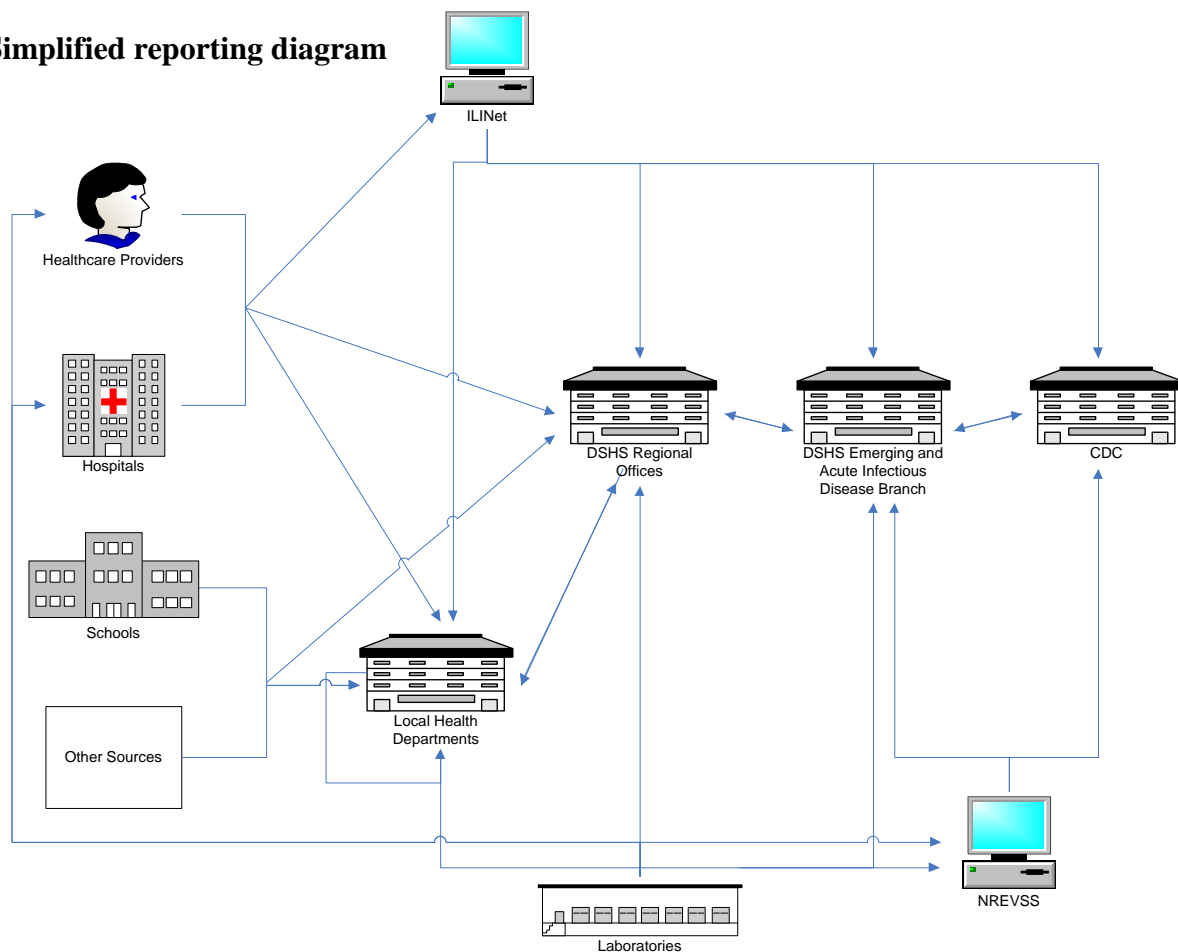
Background

Influenza surveillance occurs year-round. Seasonal influenza surveillance activities occur during the traditional influenza reporting period from Morbidity and Mortality Weekly Report (MMWR) week 40 of one year through week 20 of the next year (i.e., approximately the beginning of October through the third week of May). Week 40 to week 20 corresponds with the annual influenza reporting season in the United States.

Influenza surveillance data are collected and reported on a weekly basis. The reporting week starts on Sunday and ends on the following Saturday. This reporting week is equivalent to the CDC designated MMWR week. Reporting weeks are referred to by their week number or week ending date (e.g., 2010 MMWR week 32 or the week ending August 14, 2010).

Influenza surveillance reporting is a complex process. Healthcare providers and others who interact professionally with potentially ill people report data to their local or regional health departments. Healthcare professionals may also report data to the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet); these data are accessible to local, regional, state and national health departments. Laboratories report results to healthcare professionals and may also report data to health departments. Local, regional, state and national health departments also exchange data. The data collected from these multiple sources are compiled, analyzed and shared in weekly influenza surveillance reports. This section of the handbook presents more detail on the reporting process.

Simplified reporting diagram



Seasonal Influenza Surveillance

DSHS Reporting Process: MMWR Week 40 to MMWR Week 20

The DSHS Emerging and Infectious Disease Branch (EAIDB) requests that two reports—a preliminary report and a final report—be submitted each week by the DSHS Regional Health Departments (RHDs) for MMWR week 40 through MMWR week 20. Each week's report contains information on influenza activity from the previous week; therefore, influenza reports have an approximate 1 week delay.

The preliminary report deadline for the RHDs is by the close of business (COB) on Monday. All preliminary reports are needed by this deadline to determine the Texas Influenza Activity Code (submitted by DSHS EAIDB to CDC each Wednesday by noon). The report should contain answers to the following questions and can be sent via email to flutexas@dshs.state.tx.us:

1. Is ILI occurring in your region(s)?
2. Are there rapid influenza test confirmed cases of influenza in your region(s)?
3. Are there culture or PCR confirmed cases of influenza in your region(s)?
4. Are there any school or institutional outbreaks of influenza or ILI in your region(s)?
5. Has influenza activity in your region(s) increased, decreased or remained the same compared to the previous week?

The final report deadline for the RHDs is by noon on Thursday. This ensures that the DSHS EAIDB Influenza Surveillance Coordinator at Central Office can process and compile all reports to generate the Texas Weekly Flu Report, which is posted on the web on Friday by the close of business. Final report updates sent by the close of business on Thursday will be incorporated into the Texas Weekly Flu Report if time allows. The DSHS EAIDB Influenza Surveillance Coordinator will evaluate the feasibility of incorporating changes for reports or updates sent after the close of business on Thursday. Final and amended reports should be sent to flutexas@dshs.state.tx.us.

DSHS Reporting Process: MMWR Week 21 to MMWR Week 39

During the off season for influenza (MMWR week 21 to MMWR week 39), surveillance efforts continue but may be scaled back. All local and regional health departments are encouraged to continue influenza surveillance activities but may reduce the number of healthcare providers who submit data weekly. RHDs do not have to submit a preliminary report but should continue to submit the final report by noon on Thursday. With the exception of the preliminary report, the reporting time frames are the same.

Timeline for Voluntary Surveillance Reporting

Day	ILINet Reporters	RVSP Reporters	Non-ILINet/IISP Reporters	LHD	RHD	CO
Monday			<u>By 1pm*</u> : Submit influenza or ILI activity reports for previous week to L/RHD	<u>By 3pm*</u> : Submit initial influenza activity report to RHD	<u>By COB</u> : Submit preliminary influenza activity report to DSHS EAIDB	
Tuesday	<u>By noon</u> : Enter ILI report for the previous week into ILINet or fax report form to CDC	<u>By noon</u> : Enter ILI report for the previous week into ILINet or fax report form to CDC				
Wednesday				<u>By COB*</u> : Submit final influenza activity report to RHD		<u>By noon</u> : Texas Influenza Activity Code due to CDC
Thursday					<u>By noon</u> : Submit final influenza activity report to DSHS EAIDB	
Friday						<u>By COB</u> : Post state report on the DSHS website

* These are recommended submission deadlines. The actual deadline is set by each local health department or DSHS region.

Other Reporting Time Frames and Requirements

What	Required by law	Time frame	Mechanism for health departments to share reports with DSHS CO
Influenza-associated pediatric mortality <i>See Section IVf</i>	Yes	Providers should report cases to the health department within 1 working day by phone or fax.	<ol style="list-style-type: none"> 1) Call RHD or DSHS EAIDB to give a preliminary summary when the case is first reported. 2) Fax completed influenza-associated pediatric mortality investigation form to RHD. RHD will forward to EAIDB. 3) Complete investigation in NBS.
Novel influenza <i>See Section IVg</i>	Yes	Providers should report suspected cases to the health department immediately. Laboratories with subtyping capabilities should forward unsubtypeable influenza isolates to the DSHS laboratory as soon as possible.	<ol style="list-style-type: none"> 1) Fax completed general influenza investigation form along with supplemental sections on travel history, animal exposures and contacts to RHD. RHD will forward to EAIDB.
Influenza or ILI outbreaks <i>See Sections IVi and VII</i>	Yes	Providers should report suspected outbreaks to the health department immediately.	<ol style="list-style-type: none"> 1) Call RHD or DSHS EAIDB to give a preliminary summary when the outbreak is first reported. 2) Fax or email the respiratory outbreak summary report or a written summary of the outbreak investigation to RHD. RHD will forward to EAIDB.
Influenza-associated pregnant/postpartum mortality <i>See Section IVh</i>	No, voluntary	Discontinued in May 2011	<ol style="list-style-type: none"> 1) Fax completed CDC influenza-associated pregnant/postpartum investigation form to RHD. RHD will forward to EAIDB.

Surveillance Roles: Local/Regional/State

Level	Person	Responsibility
Local Health Department	Local influenza surveillance coordinator	<ul style="list-style-type: none"> • Recruit and maintain influenza surveillance reporters • Collect influenza activity information from local surveillance partners • Summarize information • Share influenza reporting information with the Regional Influenza Surveillance Coordinator and local surveillance partners
Regional Health Department	Regional influenza surveillance coordinator	<ul style="list-style-type: none"> • Recruit and maintain influenza surveillance reporters • Collect influenza activity information from local health departments and regional surveillance partners • Consolidate and summarize local influenza activity reports • Review ILINet and NREVSS data for the Region • Share influenza reporting information with the State Influenza Surveillance Coordinator and regional surveillance partners • Provide guidance on influenza surveillance to local health departments
DSHS EAIDB Central Office	EAIDB influenza surveillance coordinator	<ul style="list-style-type: none"> • Consolidate and summarize regional influenza activity reports, CDC influenza testing results and other laboratory and agency specific data • Share influenza reporting information on the DSHS website • Facilitate shipping of influenza testing supplies (VTM, swabs and shipping materials) • Provide guidance to regional and local health departments on influenza surveillance and reporting
	ILINet Coordinator	<ul style="list-style-type: none"> • Coordinate ILINet surveillance and review ILINet data for the state • Lead recruitment efforts for ILINet
	Respiratory and invasive diseases epidemiology team lead	<ul style="list-style-type: none"> • Provide guidance to regional and local health departments on respiratory and invasive disease outbreak investigations • Coordinate RVSP surveillance and review RVSP data for the state • Provide guidance to regional and local health departments on influenza surveillance and reporting

National Influenza Surveillance Report

The Influenza Branch at CDC collects and reports information on influenza activity in the United States each week during the national reporting season. The weekly national influenza surveillance report, FluView, is posted each Friday at <http://www.cdc.gov/flu/weekly/>.

The FluView report is based upon data collected from five complementary surveillance sources:

1. Viral surveillance
 - a. World Health Organization (WHO) Collaborating Laboratories
 - b. the National Respiratory and Enteric Virus Surveillance System (NREVSS) and
 - c. Surveillance for Novel A Influenza Viruses
2. Outpatient illness surveillance
 - a. U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)
3. Mortality surveillance
 - a. 122 Cities Mortality Reporting System
 - b. National Center for Health Statistics (NCHS) mortality surveillance data and
 - c. Influenza-Associated Pediatric Mortality Surveillance System
4. Hospitalization surveillance
 - a. FluSurv-NET
5. Geographic spread surveillance
 - a. State and Territorial Epidemiologists Reports

A brief description of these surveillance activities can be found in Section II of this handbook.

The reported information answers the questions of where, when and what influenza viruses are circulating. This information may also be used to determine if influenza activity is increasing or decreasing, but it cannot be used to ascertain how many people have become ill with influenza during the season.

Texas Influenza Surveillance Report

The DSHS Influenza Surveillance Team at Central Office collects and collates reports from the local and regional health departments, participating laboratories and ILINet to produce the Texas Weekly Flu Report. This report is posted each Friday at <http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/> under the link for “Current State Influenza Surveillance Report”.

The Texas Influenza report is based upon data collected from the following sources:

1. The National Respiratory and Enteric Virus Surveillance System (NREVSS), the DSHS Austin Laboratory, and the Laboratory Response Network Laboratories (LRNs)
2. U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)
3. Respiratory Virus Surveillance Project (RVSP)
4. ILI activity reported directly to local and regional health departments
5. Influenza-associated Pediatric Mortality reports
6. Outbreak and school closure investigations and notifications
7. Novel influenza A case investigations
8. DSHS Center for Health Statistics mortality surveillance data

Descriptions of these surveillance activities can be found in Sections II and IV of this handbook.

As with the national influenza report, the surveillance information answers the questions of where, when and what influenza viruses are circulating. It may also be used to determine if influenza activity is increasing or decreasing, but it cannot be used to ascertain how many people have become ill with influenza during the season.

During the influenza off-season (MMWR week 21 to week 39), the Texas Influenza Surveillance Report continues to be posted weekly. However, the report is abbreviated and does not include sections for outbreaks, deaths or comprehensive testing results unless needed.

Regional/Local Influenza Surveillance Report

Influenza surveillance reports that are specific to a regional or local health jurisdiction are beneficial for multiple reasons. The reports can be used to encourage providers to continue reporting since they demonstrate that the information they provide is being utilized. The reports are also good mechanisms to share what is happening with influenza with local leadership, the medical community and the general public. Furthermore, archived reports are helpful for documenting historical influenza trends.

Regional/local influenza surveillance reports should reflect the data that are captured by influenza surveillance in the regional/local jurisdiction. These reports should also include information that is of interest to the local community. Regional/local influenza surveillance reports can range from simple, one-page reports and graphs to extensive reports mirroring information found in the CDC or DSHS influenza reports.

Here are examples of data sources that can be included in a report:

- ILI activity reported directly to health departments
- U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) data
- National Respiratory and Enteric Virus Surveillance System (NREVSS) data
- Other laboratory data
- Influenza-associated hospitalizations data
- Syndromic surveillance data
- School absenteeism data or influenza-like illness data
- Influenza-associated Pediatric Mortality reports
- Outbreak and school closure investigations and notifications
- Novel influenza A case investigations

Some health departments post influenza reports on their websites. Other health departments email or fax the reports to healthcare providers and other public health partners. See Section V of this handbook for an example of an influenza surveillance report that is emailed to stakeholders. Here are some examples of influenza reports that are posted on health department websites:

- <http://www.abilenetx.com/health/epidemiology.htm>
- <http://www.elpasotexas.gov/health/epidemiology.asp>
- <http://www.dshs.state.tx.us/region7/Epidemiology.shtm>
- <http://www.dallascounty.org/departments/hhs/influenza.html>
- <http://access.tarrantcounty.com/en/public-health/epidemiology-and-health-information/influenza-surveillance/flu-reports.html>

References

1. Bekka N., editor. Epi Case Criteria Guide, 2015 [Internet]. Infectious Disease Control Unit, Texas Department of State Health Services; Jan 2015 [21 Sept 2015]. Available from: <https://www.dshs.state.tx.us/idcu/>.
2. Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A, Rule 97.3 (June 5, 2007).