

Section V: Recruitment and Retention of Influenza Surveillance Reporters

Table of Contents

• Recruitment and Retention of Influenza Surveillance Reporters Overview	V.2
• Reporters to Consider for Recruitment	V.3
○ Healthcare providers	V.3
○ Hospitals	V.4
○ Laboratories	V.4
○ Schools	V.5
• Steps for Recruiting	V.6
• ILINet Recruitment	V. 10
○ ILINet recruitment process	V. 10
• Retention of Influenza Surveillance Reporters	V.11
• Sample Tools	V.12
○ Example healthcare provider/hospital letter	V.12
○ Example of ILINet recruitment handout	V.13
○ Example NREVSS recruitment handout	V.14
○ Example Influenza Reports	V.15

Recruitment and Retention of Influenza Surveillance Reporters Overview

Recruiting and retaining reporters is an important aspect of maintaining a comprehensive and cohesive influenza surveillance system. The following section outlines tips for identifying potential influenza reporters, recruiting them and encouraging them to continue reporting.

Before recruiting new reporters, it is a good idea to:

1. Identify who currently submits regular influenza reports to you.
 - a. Where are your current reporters located? What types of entities do they represent (e.g., hospital, large clinic, private physician's office, school, etc.)? Do you have regular reporters in each of your counties and major population centers? Use the information to help prioritize your search for new reporters.
2. Consider geographic and population coverage in your jurisdiction
 - a. You may want to consider how well and how often your reporters are reporting. Do they submit reports every week, most weeks or just some weeks? Use this information to identify which reporters may need encouragement or reminders that reports are due.

Section IVa provides the number of recommended ILINet providers for counties with a population over 100,000 in Texas. The DSHS ILINet Coordinator has created a plan for systematic ILINet recruiting in each DSHS Region based on recent population estimates and study data from the University of Texas. These recruitment plans are available upon request from flutexas@dshs.state.tx.us.

Health jurisdictions are welcome to increase the number of ILI reporters in their jurisdiction above what is recommended for ILINet. If health jurisdictions want to increase representativeness, consider a minimum goal of one reporter for every major population center in addition to the number of ILINet providers recommended for the county. The additional reporters may be ILINet providers or may report ILI directly to the health department; however, it is important to communicate that ILINet data providers reports ILI counts for outpatients only by five age groupings with a figure for Total Patients Seen for any reason.

Reporters to Consider for Recruitment

Healthcare providers

In the context of influenza surveillance, a healthcare provider (HCP) is defined as a medical professional who delivers healthcare services that may include diagnosis of or treatment for influenza and ILI. Healthcare providers may be physicians, nurses, physician assistants or nurse practitioners. The following practices are the ones most likely to see persons with ILI:

- Primary care
- Family practice
- General practice
- Pediatrics
- Internal medicine
- Acute / Urgent care
- Student health centers

There are several opportunities for healthcare providers to contribute to influenza surveillance in Texas. The following table outlines the activities in which healthcare providers are eligible to participate.

Activity	Description of HCP participation
ILINet	HCPs report weekly on the total number of patients seen in their practice and the number of patients by age group seen with ILI. HCPs submit reports online or by fax directly to the CDC. Upon approval from the DSHS ILINet Coordinator, data for multiple sites may be emailed as spreadsheet to flutexas@dshs.state.tx.us .
ILI Activity	This activity is more flexible as far as the types of data that are reported by the HCP. HCPs usually report rapid influenza test results, number of patients seen with ILI and total number of patients seen. The data are submitted by fax, email or phone directly to the health department.
Laboratory Surveillance	HCPs may submit nasopharyngeal swabs collected from patients with suspected influenza to the DSHS Laboratory in Austin or a participating LRN laboratory in Texas. Specimen collection supplies, testing and shipping are provided free of charge to the provider. Results are not for diagnostic purposes.
ILINet Extended	HCPs report weekly on the number of patients seen with ILI by age group and the total number of patients seen in their practice by age group. HCPs may also report rapid influenza test results and submit five specimens per week for influenza testing. HCPs submit reports weekly by fax or email directly to the DSHS ILINet Coordinator. Data for sites may be emailed in a spreadsheet to flutexas@dshs.state.tx.us .

Hospitals

Hospitals are another good source of influenza data. Many hospitals are part of expansive medical systems in a community. The hospital may have access to information on patients seen in affiliated clinics as well as at the hospital. In these instances, one person may be able to submit influenza reports for multiple locations. Here is a list of possible elements from which a hospital could report influenza data:

- Patients seen in emergency room with ILI
- Outpatients with ILI seen at affiliated clinics co-located with hospital and away from the hospital
- Patients admitted to the hospital with ILI
- Tests ordered for influenza and test results

Hospitals can participate in the same activities for influenza surveillance as healthcare providers. The following table outlines the activities in which hospitals are eligible to participate.

Activity	Description of hospital participation
ILINet	Hospitals report weekly on the total number of patients seen in their facility and the number of patients by age group seen with ILI. Hospitals submit reports online.
ILI Activity	This activity is more flexible as far as the types of data that are reported by the hospital. Hospitals usually report rapid influenza test results, number of patients seen with ILI and total number of patients seen. The data are submitted by fax, email or phone directly to the health department.
Laboratory Surveillance	Hospitals may submit nasopharyngeal swabs collected from patients with suspected influenza to the DSHS Laboratory in Austin or a participating LRN laboratory in Texas. Specimen collection supplies, testing and shipping are provided free of charge to the hospital. Results are not for diagnostic purposes.

Laboratories

Laboratories are another potential source for influenza surveillance data. Laboratories may be independent commercial facilities or may be part of a hospital. Public health laboratories in Texas that are part of the Laboratory Response Network (LRN) already participate in influenza surveillance. Data from these laboratories tend to be shared directly with the affiliated health department.

Laboratories are not the best source of ILI data; however, they are a good source of influenza data. The number of influenza tests conducted can be an estimate of ILI. It is an imperfect estimate because laboratories usually do not have information on the symptoms of the patients, and therefore it is unknown if the patient symptoms meet a standard definition of ILI. The strength of laboratories is identifying confirmed influenza. Laboratory data can also be used to calculate the percentage of tests positive for influenza.

The following table outlines the activities in which laboratories are eligible to participate.

Activity	Description of laboratory participation
ILI Activity	Laboratories may report the total number of influenza tests conducted and the number that are positive for influenza A, influenza B and/or a subtype of influenza A or lineage of influenza B. The data are submitted by fax, email or phone directly to the health department.
Laboratory Surveillance	Laboratories may submit nasopharyngeal swabs collected from patients with suspected influenza to the DSHS Laboratory in Austin or a participating LRN laboratory in Texas. Specimen collection supplies, testing and shipping are provided free of charge to the laboratory. Results are not for diagnostic purposes.
National Respiratory and Enteric Virus Surveillance System (NREVSS)	Laboratories that conduct testing for influenza and other respiratory and enteric viruses may submit weekly reports online to NREVSS. Laboratories report the type of test, the number of tests performed and the number of positive tests for influenza virus, parainfluenza viruses, coronaviruses, respiratory and enteric adenoviruses, rhinovirus, human metapneumovirus, respiratory syncytial virus, rotavirus and enterovirus.
Electronic Laboratory Reporting (ELR)	Laboratories can work with the DSHS NBS Project Office to submit electronic reports of notifiable conditions directly to NBS. However, since influenza is not a reportable condition, it is not routinely uploaded into NBS at this time.

Schools (primary and secondary)

Illness and absenteeism data from schools can be a good indicator of the impact of influenza in a community. Depending on how the school tracks absenteeism, it may be difficult for a school to report ILI activity. However, many schools are able to report good estimates of ILI.

Activity	Description of school participation
ILI Activity	Schools may be able to report the total number of students seen by the school nurse and the number of students seen by the school nurse with ILI. Some schools may also be able to report the total number of students absent and the number of students reported as absent with ILI (reported by parent). The data are submitted by fax, email or phone directly to the health department.
School Surveillance System (examples: TALHO's Roll Call, Tarrant County APC system, other school-specific online system)	Various school surveillance systems are in place throughout Texas. Each of these systems allows schools to log in to an online website to report data. The types of data collected may vary from system to system.

Steps for Recruiting

1. Identify potential reporters

There are several methods for identifying potential reporters in your jurisdiction. One of the best ways is to review which providers currently report notifiable conditions to your health department. These reporters already have an established relationship with public health and may be agreeable to supporting voluntary influenza surveillance as well.

Phone book and internet searches are also good tools to locate potential reporters in your jurisdiction. For example, internet searches may help you to locate large clinic networks in your area that may be able to assist with influenza surveillance by providing electronic data feeds from multiple providers who see patients with ILI.

The Texas Medical Board (TMB) website can be used to identify healthcare providers in your jurisdiction. You can search by city and specialty on the website. Alternatively, more extensive data is available for purchase. The TMB website is <http://www.tmb.state.tx.us/>.

Insurance company provider finders (example: Blue Cross Blue Shield) can also be used to identify healthcare providers in your jurisdiction. This resource only identifies providers who accept a particular type of insurance; however, the contact information is updated frequently and the user can sort by practice types.

Two resources for hospitals are the Texas Hospital Association website at <http://www.tha.org/Services/Consumer-Information/Public-List-of-Texas-Hospitals> and the “Find a License- Health Facilities” DSHS website at <http://www.dshs.texas.gov/facilities/find-a-licensee.aspx#hosp>.

To identify laboratories, check with local hospitals and healthcare providers to see which laboratories they typically use. Some hospital laboratories may act as reference laboratories for area clinics and smaller hospitals.

Searchable information on public schools is available on the Texas Education Agency website at <http://tea.texas.gov/>. Accredited private school information is available on the Texas Private School Accreditation Commission website at <http://www.tepsac.org/>.

2. Approach potential reporters

Once you have identified the provider or entity you would like to recruit, start by calling the provider’s office. Identify yourself as calling from the health department. Ask if you can schedule a time to call and speak with someone about influenza surveillance.

The best contact at a private physician’s office or clinic is usually the lead physician or lead nurse. For hospitals, the infection preventionist (IP) (formerly referred to as the infection control practitioner) is a good first contact. The IP is typically the primary hospital staff member responsible for reporting notifiable conditions to health departments. The IP is familiar with the hospital setting and may be able to help assess the types of data that the hospital will be able to provide. Other potential contacts in a hospital are the laboratory director and the emergency department director. The school

nurse is a good contact at grade schools. School nurses often already have established relationships with public health. You may also want to approach the school principal or superintendent to obtain administrative support from the school.

When you speak with your contact, review the purpose of influenza surveillance. Explain what amount and type of information is preferred from the reporter, the approximate amount of time the reporting activity is expected to take (if known) and what the health department does with the data. If the contact indicates interest in participating in influenza surveillance, identify who will be responsible for reporting.

Here are sample talking points:

- Purpose of influenza surveillance
 - Monitor influenza and ILI activity in our communities
- Information collected
 - We would like a weekly report with an aggregate count of patients you see with ILI.
 - We would also like a weekly aggregate count of any influenza testing results including rapid influenza test results and other influenza tests.
 - We do not collect patient identifiers.
- How information is used
 - To target recommendations for influenza prevention and control to communities
 - To target vaccination campaigns to communities that are seeing higher levels of influenza activity
 - To determine if circulating influenza viruses are covered by the current seasonal influenza vaccine
- Benefits to public health
 - Increased ability to determine when and where influenza activity is occurring
- Benefits to the reporter
 - Supporting public health activities that benefit the entire community
 - Establish communication channels between your practice and public health

Faxing or mailing a recruiting letter can be done in addition to or as an alternative to calling a potential reporter. See the sample letters at the end of this section.

3. Identify the best activity for the reporter's participation

During the initial conversation with your contact, you should be able to gauge what level of participation the reporter is willing to support. For healthcare providers and hospitals, it will be important to decide if they are better suited for ILINet or ILI activity reporting.

Use the decision tree on the following page to help select the best activity for healthcare providers and hospitals.

-
- i Is the provider willing to report the total number of patients seen for any reason and the number of patients seen with ILI each week?
- If yes, go to # ii
If no, go to #iii
-
- ii Is the provider willing to break down the number of patients seen with ILI by age group?
- If yes, go to # iv
If no, go to # v
-
- iii Thank the provider for his interest and explain that those are the minimum expectations for participating in influenza reporting. Remind the provider to contact you at any time in the future if he has questions about influenza or wants to report unusual increases in influenza activity at his practice. If the provider wants to submit specimens periodically for influenza testing, consider using the provider in laboratory surveillance.
-
- iv Consider recruiting the provider for participation in ILINet or have the provider report directly to you and share the data with the DSHS ILINet Coordinator so it can also be incorporated into ILINet. If the provider reports directly to you, you can ask for information that is not collected in ILINet such as rapid influenza test results. The DSHS ILINet Coordinator can assist with cross-jurisdictional recruitment for large clinic systems with centralized data administration.
- Go to # viii
-
- v Is the provider willing to report the number of rapid influenza tests performed and their results each week?
- If yes, go to # vi
If no, go to # vii
-
- vi Provide a report template that includes rapid influenza test results
- Go to # viii
-
- vii Provide a report template that does not include rapid influenza test results
- Go to # viii
-
- viii Is the provider interested in submitting nasopharyngeal swabs on a subset of patients with suspected influenza for surveillance testing?
- If yes, go to # ix
If no, go to # x
-
- ix Consider using this provider in laboratory surveillance if additional submissions are needed from the Health Service Region.
- Go to #x
-
- x Thank the provider for agreeing to participate and remind him to contact you at any time in the future if he has questions about influenza or wants to report unusual increases in influenza activity at his practice.
-

4. Provide the reporter with instructions and materials

Send appropriate reporting forms, a letter of appreciation and information on the reporting process and deadlines. Examples of report forms can be found in Section IVc of this handbook.

5. Initiate and monitor reporting

After a reporter agrees to participate, it is still necessary to monitor the reporter's participation. You should follow up with any new reporters after they submit their first reports to see if they have any questions or concerns about the process. Periodically monitor all of your reporters to see if they are submitting reports on a regular basis. If any provider misses more than 1 week, call the provider to follow up and address any reporting barriers.

ILINet Recruitment

Local health departments may recruit providers to report directly to the local health department or to report through ILINet. Identification and initial recruitment of providers is essentially the same process and is described in-depth under Steps for Recruiting. The overall process showing the responsibilities of the local health department and the recruited provider is below.

ILINet Recruitment Process

- 1) The local/regional health department identifies a provider who is interested in participating in ILINet surveillance.
 - a. See section on Steps for Recruiting starting on page V.6.
- 2) The local/regional health department gives the provider information on ILINet and an ILINet application form.
 - a. See example handout on ILINet on page V.13.
 - b. The ILINet application form is available on the bottom of the page at <http://www.dshs.texas.gov/idcu/disease/influenza/surveillance/ilinet/>.
- 3) The provider submits the completed application to DSHS in Austin by fax (512-776-7616) or by email (flutexas@dshs.state.tx.us).
- 4) DSHS EAIDB Influenza Surveillance Team coordinates with the CDC to get the provider a provider ID and password to access the ILINet website.
- 5) The provider ID and password are emailed to the provider. A work folder with instructions for reporting is also mailed to the provider. This takes from 1 to 2 weeks.
- 6) The provider starts collecting data and reporting each Tuesday.

Retention of Influenza Surveillance Reporters

Retention of consistent reporters is a key facet of a strong influenza surveillance system. Most influenza surveillance is voluntary. Reporters take time out of their busy schedules to share information with public health because they believe the surveillance is worthwhile and they have a desire to support public health. As with any volunteer activity, if participants see value in the work they are doing, they are more likely to continue.

Retention efforts can be divided roughly into three major categories: feedback, recognition and incentives.

Feedback activities simultaneously inform the reporters that their data are being used by public health as well as provide them an indication of how they are performing. Examples of feedback include:

- Calling the reporter when a report is not submitted
- Calling the reporter to verify large increases or decreases in reporting numbers
- Providing midseason and end of season summary reports showing the number of weeks that reports were submitted by the provider

Recognition activities provide a mechanism for the health department to thank the reporter and highlight the importance of reporter participation. Examples of recognition include:

- Sending a formal letter of appreciation for agreeing to participate in influenza surveillance
- Sending a formal letter of appreciation for having submitted reports ___% of weeks during the previous influenza season

Incentives are methods to motivate reporting. Examples of incentives include:

- Providing free shipping and testing of some influenza specimens (through laboratory surveillance programs)
- Providing testing or shipping supplies that will help the providers in their practices

For example, current incentives for ILINet participants include:

- A certificate of appreciation signed by the State Epidemiologist of Texas for providers who report for at least half of the weeks during influenza season
- A subscription to the *Morbidity and Mortality Weekly Report*
- A subscription to *Emerging Infectious Diseases*
- Free specimen collection supplies, testing and shipping for a limited number of influenza surveillance specimens at the DSHS Austin Laboratory

One of the best methods to encourage continued reporting is to demonstrate to reporters how their work is benefiting public health. If reporters believe that the work they are doing is being used in a meaningful manner then they are more likely to continue doing it. One way to accomplish this is to provide the reporters a copy of the Texas Weekly Flu Report in a format they prefer. Reports may be emailed, faxed or mailed to their practice. Providers will appreciate a report highlighting influenza and ILI activity in their local areas in addition to the state report.

Sample Tools

Example influenza surveillance recruitment letter for a healthcare provider or hospital

Dear healthcare provider,

The [insert name of health department] is enhancing the surveillance for influenza morbidity in [insert jurisdiction]. Continually changing influenza viruses cause substantial disease in the United States, resulting in 200,000 hospital admissions and approximately 23,000 deaths every year.

As influenza illness is not a reportable condition in Texas, **your participation** in influenza surveillance is critical for monitoring the annual impact of influenza. The information obtained from influenza surveillance guides prevention and control activities, vaccine strain selection, patient care decisions and epidemic severity assessment. Influenza surveillance is also an important tool in the early detection of new viral strains that could have pandemic implications. Participating in influenza surveillance activities helps protect public health in our community, Texas and the nation.

Participants in influenza surveillance are asked to report once a week on the total number of patient visits and the number of patient visits for influenza-like illness (ILI). The information can be reported directly to the health department by fax, phone or email. Another option is to report via the internet using the Centers for Disease Control and Prevention's ILINet surveillance system. Most providers report that it takes them less than 30 minutes a week to compile and report their data; the reported data are made available to health departments for analysis.

The cost to you is less than 30 minutes of your time each week. Influenza reporters receive feedback on the data submitted and summaries of regional, state and national influenza data. **Providers may also submit some specimens for influenza testing to the Texas Department of State Health Services Laboratory at no charge.**

If you would like more information about participation in influenza surveillance, please contact me at (###) ###-####.

Thank you for your consideration to Help Protect Texas!

Sincerely,

[Insert contact person's information]

Now You Can Help With...

Influenza Surveillance

...In Only a Few Minutes a Week!

What is an ILINet provider?

An ILINet provider conducts surveillance for influenza-like illness (ILI) in collaboration with the state health department and the Centers for Disease Control and Prevention (CDC). Data reported by ILINet providers, in combination with other influenza surveillance data, provide a national picture of influenza virus and ILI activity in the U.S.

What data do ILINet providers collect? How and to whom are data reported?

ILINet providers report the total number of patient visits each week and the number of patient visits for influenza-like illness by age group (0-4 years, 5-24 years, 25-49 years, 50-64 years and ≥ 65 years). These data are transmitted once a week via the Internet or fax to a central data repository at CDC. Most providers report that it takes them **less than 30 minutes a week** to compile and report their data. In addition, ILINet providers can submit specimens from a subset of patients for influenza testing **free of charge**.

Who can be an ILINet Provider?

Healthcare 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. 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.

Why volunteer?

Influenza viruses are constantly evolving and cause substantial morbidity and mortality (approximately 23,000 deaths) almost every winter. Data from ILINet providers are critical for monitoring the impact of influenza and, in combination with other influenza surveillance data, can be used to guide prevention and control activities, vaccine strain selection, and patient care. ILINet providers receive feedback on the data submitted, summaries of state and national influenza data, and a free subscription to CDC's *Morbidity and Mortality Weekly Report* and *Emerging Infectious Diseases* journal. The most important consideration is that the data provided are critical for protecting the public's health.

For more information on influenza surveillance through ILINet, please contact the Texas Department of State Health Services Influenza Surveillance Team at flutexas@dshs.state.tx.us



**What is NREVSS?**

NREVSS is an online laboratory reporting system created by the Centers for Disease Control and Prevention (CDC) for a variety of respiratory and enteric viruses, including influenza virus, parainfluenza viruses, respiratory and enteric adenoviruses, rhinovirus, human metapneumovirus, respiratory syncytial virus, rotavirus, and enterovirus. Data entered in NREVSS are used to track temporal and geographic patterns of these viruses and make public health decisions.

What kind of information is entered in NREVSS?

Weekly counts of the number of tests performed and the number of positive tests are entered for any or all of the viruses for which NREVSS collects data. The type of test (i.e., antigen detection test, viral culture, electron microscopy, or PCR) is also captured in the system. Reporting laboratories enter their data from the previous week by noon each Tuesday. The data reported weekly are a summary of the previous week's laboratory data, and the reporting weeks follow the CDC's MMWR week format.

Who can volunteer?

Volunteer laboratories must

- Perform acceptable testing types for any of the viruses for which NREVSS collects data AND
- Enter their data into the NREVSS system on a weekly basis, preferably year-round

In Texas, there is a great need for volunteer laboratories in the West Texas/Midland/El Paso area, in the northern "Panhandle" area and in the eastern/northeastern areas of the state. Laboratories from other areas of the state are also encouraged to volunteer.

Why volunteer?

Your laboratory's participation in NREVSS allows valuable data to be shared with public health partners across the state and the nation. Data entered in NREVSS are reviewed weekly by several epidemiologists throughout Texas and at the national level for use in weekly reports and to monitor virus trends in the state. In Texas, the RSV data also help inform the annual Medicaid coverage of palivizumab injections for high-risk children.

How do I sign up?

Contact the CDC NREVSS program coordinators for access to enter NREVSS data. The coordinators are:

Amber Haynes (vtj2@cdc.gov)

Mila Prill (gik8@cdc.gov)

Thank you for your contribution to influenza viral surveillance in Texas!

Example Influenza Reports

Links to additional influenza report examples can be found in Section III of this manual.

This influenza report was emailed out by Health Service Region 4/5N:

Health Service Region 4/5

Department of State Health Services





Influenza Surveillance Weekly Summary Report

Start of School Year Sees "Quiet" Flu Activity

The influenza (flu) activity for Health Service Region 4/5 for the "pre-flu season" week ending August 28, 2010 was "sporadic" with **minimal** flu activity. During week 34, we received 27 reports from healthcare professionals and 27 reports from schools and daycares. Reports were received from 18 of 35 counties in the health service region. Though flu season officially starts in October, Texas continues to collect flu data in order to detect problems as early as possible.

MMWR Week 34 (Aug 22-28)



Reports from Healthcare Professionals

56% of facilities reported no flu activity, while 88% of healthcare facilities that previously reported activity reported that flu or influenza-like activity has either stayed the same or decreased since the last reporting week. Lab confirmed flu cases were reported in only one county (Angelina) which reported a case of influenza type B. Six counties reported influenza-like activity only. *[see "definitions" below]*

Disease Reporting Hotline
1-866-310-9698

Spotlight: Daycares

This year, the influenza surveillance program has included daycares in flu surveillance efforts. Daycares are encouraged to submit weekly reports. To submit the weekly daycare report, click [HERE](#).



SENTINEL SITES WANTED
DSHS and CDC are looking for dedicated hospitals, clinics and providers to serve as Sentinel Surveillance Sites. Interested? Click [HERE](#).

Please remember to submit your online flu reports on Mondays!!



Proper hygiene and hand washing is our greatest weapon

Reports from Schools and Daycares

Following the end of the first official week of public school, we received 27 school reports compared to an average of 89 reports during the peak of flu season in 2009-2010. Unlike 2009's "fast start flu season," flu-related absenteeism reported during the first week of school was minimal with a median rate of 5% compared to better than 15% absenteeism at the start of the 2009 school year. 85% of schools reported no influenza or influenza-like activity. The median population for reporting schools was 410 students.

Useful Web Links

[Statewide Weekly Influenza Report](#)

[Prevention and Control of Influenza with Vaccines](#)

[Healthcare Professionals Online Report Form](#)

[Online Report Form for Schools](#)

[Daycare Online Report Form](#)

Influenza Definitions

ILI: [Influenza-Like Illness] is illness with fever >100° AND cough or sore throat

Confirmed Case: a person with ILI AND laboratory confirmed influenza by rapid test, PCR or viral culture.



To subscribe to the weekly flu surveillance newsletter [click here](#).
Questions or Comments? [Email us](#) or call 1-866-310-9698

This influenza report was emailed out by Health Service Region 2/3:

Flu Report for HSR 2/3

CDC Week 38 (Sept. 19, 2010– Sept. 25, 2010) in 2009/2010 flu season

The “regular” influenza season ended on Week 20, week ending May 22, 2010. However, HSR 2/3 is still monitoring influenza from a few influenza reporting partners that have agreed or want to continue to report influenza activity throughout the summer months. At least 3 different influenza reporters from HSR 2 and HSR 3 have agreed to report influenza activity to DSHS HSR 2/3 Regional Office in Arlington.

The level of reported flu activity **increased** when compared to last week. The level of reported influenza-like illness and rapid flu tests (influenza A, B, or non-differentiated) **increased** when compared to last week. Influenza activity for week 38 of the 2009-2010 influenza season is **lower** when compared to the same time period last year. Influenza activity will be defined as having influenza-like illness symptoms, rapid test positive results or having positive flu cultures or PCR testing.

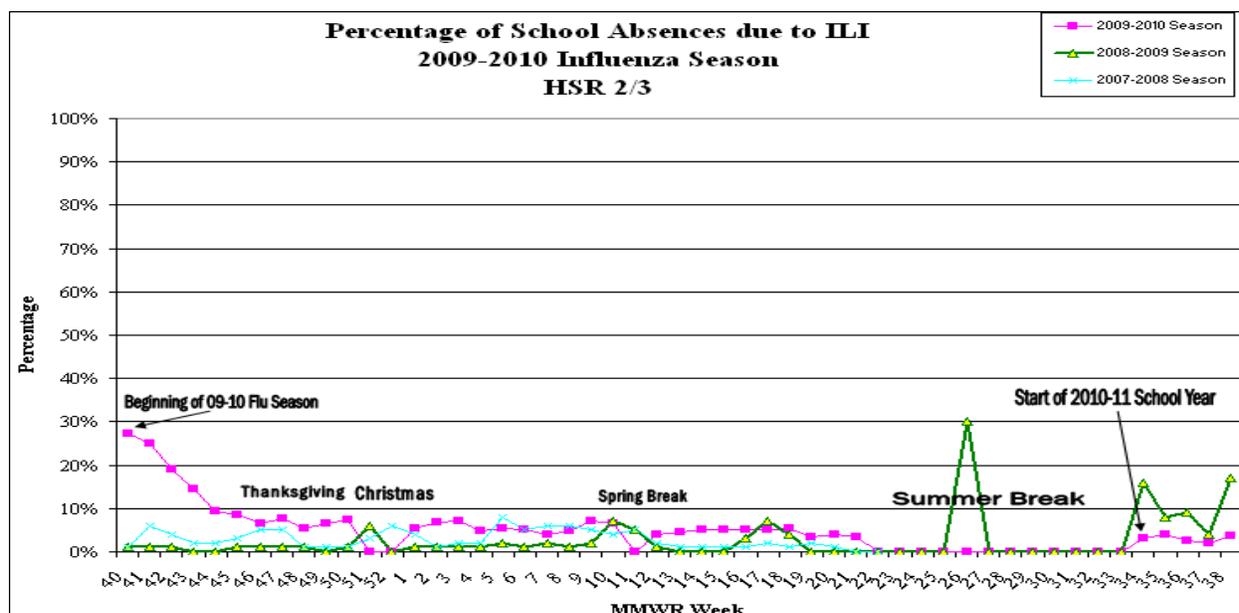
- 15 of 49 counties (31%) in the region reported influenza activity for CDC Week 38.
 - 6 of 30 counties (20%) in Region 2 reported influenza activity.
 - 9 of 19 counties (47%) in Region 3 reported influenza activity.
- Flu A was detected via rapid flu test in 3 counties in HSR 2/3.
 - Collin, Nolan and Tarrant Counties
- Flu B was detected via rapid flu test in 1 county in HSR 2/3.
 - Tarrant County
- Flu A was not detected via culture or PCR in HSR 2/3.
- Flu B was not detected via culture or PCR in HSR 2/3.
- ILI only was reported in 12 counties in HSR 2/3.
 - Coleman, Erath, Foard, Hood, Hunt, Jack, Knox, Mitchell, Palo Pinto, Parker, Somervell and Wise Counties
- Non-differentiated flu was not detected via rapid flu test in HSR 2/3.
- There were no reported institutional outbreaks or school closures in HSR 2/3 during Week 38.

Table 1. DSHS HSR 2/3 Flu Data Summary by Week

DSHS HSR 2/3 Flu Data Summary By Week						
2009-2010 Influenza Season						
CDC Week	# of ILI	# of Flu A Rapid Positive	# of Flu B Rapid Positive	# Undifferentiated	# of Flu A Culture or PCR Positive	# of Flu B Culture or PCR Positive
40 (Oct. 04-Oct. 10)	7563	5493	18	171	26	0
41 (Oct. 11-Oct. 17)	4834	4357	31	115	23	0
42 (Oct. 18-Oct. 24)	4490	1499	22	198	21	0
43 (Oct. 25-Oct. 31)	2958	1475	12	127	11	0
44 (Nov. 01-Nov. 07)	2685	606	20	68	10	0
45 (Nov. 08-Nov. 14)	1830	464	13	39	4	0

46 (Nov. 15-Nov. 21)	1366	153	2	93	0	0
47 (Nov. 22-Nov. 28)	1199	86	11	7	1	0
48 (Nov. 29-Dec. 05)	812	130	5	9	1	0
49 (Dec. 06-Dec. 12)	911	107	11	27	5	0
50 (Dec. 13-Dec. 19)	898	97	13	27	4	0
51 (Dec. 20-Dec. 26)	385	45	2	11	3	0
52 (Dec. 27-Jan. 02)	999	36	6	6	2	0
01 (Jan. 03-Jan. 09)	1077	65	9	6	3	0
02 (Jan. 10-Jan. 16)	1011	106	15	15	2	0
03 (Jan. 17-Jan. 23)	1032	83	6	22	3	0
04 (Jan. 24-Jan. 30)	858	57	16	12	3	0
05 (Jan. 31-Feb. 06)	1039	32	11	17	1	0
06 (Feb. 07-Feb. 13)	881	78	10	7	2	0
07 (Feb. 14-Feb. 20)	664	52	4	7	2	0
08 (Feb. 21-Feb. 27)	664	51	8	10	0	0
09 (Feb. 28-Mar. 06)	678	98	4	0	3	0
10 (Mar. 07-Mar. 13)	464	78	2	14	0	0
11 (Mar. 14-Mar. 20)	370	13	3	3	0	0
12 (Mar. 21-Mar. 27)	416	36	4	3	1	0
13 (Mar. 28-Apr. 03)	385	22	2	3	0	0
14 (Apr. 04-Apr. 10)	331	20	1	2	0	0
15 (Apr. 11-Apr. 17)	310	17	2	1	2	0
16 (Apr. 18-Apr. 24)	278	15	3	1	1	0
17 (Apr. 25-May 01)	324	2	0	1	0	0
18 (May 02-May 08)	303	7	0	0	0	0
19 (May 09-May 15)	272	1	0	1	0	0
20 (May 16-May 22)	321	1	0	1	0	0
21 (May 23- May 29)	184	1	1	0	0	0
22 (May 30-June 05)	197	0	1	0	1	0
23 (June 06-June 12)	202	0	1	0	0	0
24 (June 13-June 19)	137	0	0	0	0	0
25 (June 20-June 26)	116	0	0	0	0	0
26 (June 27-July 03)	107	0	0	0	0	0
27 (July 04-July 10)	111	0	0	0	0	0
28 (July 11-July 17)	117	1	0	0	0	0
29 (July 18-July 24)	105	0	0	0	0	0
30 (July 25-July 31)	99	0	0	0	0	0
31 (Aug. 01-Aug. 07)	106	0	1	0	0	0
32 (Aug. 08-Aug. 14)	83	1	1	0	0	0
33 (Aug. 15-Aug. 21)	71	2	0	0	0	0
34 (Aug. 22-Aug. 28)	99	1	0	1	0	0
35 (Aug. 29-Sept. 04)	137	1	0	0	0	0
36 (Sept. 05-Sept. 11)	164	2	0	1	0	0
37 (Sept. 12-Sept. 18)	158	1	0	0	0	0
38 (Sept. 19-Sept. 25)	190	8	2	0	0	0
Grand Total	44991	15400	273	1026	135	0

Table 2. Percentages of School Absences due to ILI 2009-2010 Influenza Season HSR 2/3.
(Because this data is taken from only those counties that provide us both total absences as well as ILI absences it does not represent a complete total of all counties in Region 2/3.)



State of Texas

The abbreviated Week 38 state report from DSHS is not available at the time of this report. During week 37, week ending Sept. 18, 2010, in Texas:

- Two (0.99%) specimens tested by NREVSS laboratories in Texas were positive for influenza A; one of these was collected from a Texas resident returning from Germany and was identified as 2009 influenza A (H1N1) by PCR testing.
- Percentage of visits for influenza-like illness as reported by ILINet providers in Texas was below the regional baseline.
- Influenza reports were received from all Health Service Regions (HSRs) for week 37. For a map of Health Service Regions please visit the following website:
<http://www.dshs.state.tx.us/regions/state.shtm>.
 - HSR 7 reported an increased level of flu activity compared to week 36.
 - HSRs 2/3, 4/5N, 6/5S, 8, 9/10, and 11 reported the same level of flu activity compared to week 36.
 - HSR 1 did not determine a flu activity level for week 37 compared to week 36.
 - Eight hospital laboratories and public health agencies across Texas reported conducting a total of 202 influenza tests (antigen, culture, and PCR) to the National Respiratory and Enteric Virus Surveillance System (NREVSS) sponsored by the Centers for Disease Control and Prevention (CDC).
 - Forty-seven percent of the influenza tests reported to NREVSS were antigen detection tests; these tests cannot identify the subtype of influenza detected.

The complete detailed weekly report for the state can be found at:
<http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/2010/>.

United States

CDC is no longer publishing a weekly national flu report for the 2009-2010 Season. The first weekly influenza surveillance report of the 2010-2011 Season (week 40, week ending October 9, 2010) will be published on October 15, 2010.

For past reports, please visit: <http://www.cdc.gov/flu/weekly/>.

For questions or concerns relating to this report or flu surveillance in Region 2/3, please call or contact Johnathan Ledbetter, Epidemiologist, at 817-264-4512.