

Introduction

Influenza surveillance is a multi-component surveillance network with local, regional, state and national contributions. The majority of influenza surveillance activities are dependent upon healthcare professionals and laboratorians volunteering their time to collect and report data to public health. Influenza surveillance coordinators at local and regional health departments devote energy and time to maintaining these volunteer reporters and improving influenza surveillance activities. Influenza surveillance is often one of many competing responsibilities of the epidemiologist, surveillance investigator or nurse acting as the influenza surveillance coordinator in local and regional health departments.

The purpose of this handbook is to provide a centralized resource for influenza surveillance coordinators at the local and regional levels in Texas. This handbook is intended as a tool to help local and regional influenza surveillance coordinators with their surveillance activities. It is also intended as a starting point for public health staff new to influenza surveillance activities and as a reference for experienced influenza surveillance coordinators. Our hope is that this handbook will continue to grow over the years and highlight some of the best influenza surveillance practices in the state.

This handbook will be updated annually by the Texas Department of State Health Services (DSHS) Influenza Surveillance Team. If you have suggestions for improving this handbook, please let us know by sending an email to flutexas@dshs.state.tx.us.

The DSHS Influenza Surveillance Team
Lesley, Johnathan and Bob

Contributors

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All attendees of the 2010 DSHS Influenza Surveillance Coordinators Conference

Record of Revisions

Month / Year	Sections Revised
October 2010	First edition of handbook released
September 2011	Several minor editorial changes made primarily for clarity throughout the handbook. Combined reporting and surveillance information for each activity (section III and IV). Added information on IISP (section II, III, IVb), BISON (section II, IVg), reporting timeframes (section III), specimen collection instructions (section VI, appendix), Epi curves (section VII), line lists (section VII), case definitions (section VII), case confirmation (section VII), outbreak definitions (section VII) and references/links to investigation forms (appendix). Updated diagrams and tables throughout the handbook to reflect current year and processes.
May 2012	Several minor editorial changes made primarily for clarity throughout the handbook. Added information on antiviral treatment (section I and VII), the Texas Medical Board website (section V), recruiting process for ILINet (section V), commercial VTM (section VI), new CDC flu outbreak definition (section VII), and fever in the elderly (section VII). Updated diagrams, tables, phone numbers, web links and names throughout the handbook to reflect current year and processes. Changed references from nosocomial to healthcare-associated.
September 2013	Several minor editorial changes made primarily for clarity throughout the handbook. Added information on flu vaccine abbreviations and quadrivalent vaccine (Section I); novel flu as a reportable condition (Section II); reporting details for IISP in 2013-2014 (Section III); the ILINet recruiting plan, Microsoft Excel 2010 PivotTable instructions for ILINet and NREVSS, Right Size project, surveillance methods (Section IV); ILINet recruiting plans (Section V); testing information for outbreak specimens, instructions for the new G-2V form (Section VI); interaction with regulatory agencies, when to submit an outbreak summary

	<p>form, outbreak specimens, school closures (Section VII); and acronyms (Section VIII). Updated diagrams, graphs, tables, phone numbers, web links and names throughout the handbook to reflect the current year and processes.</p>
September 2014	<p>Several minor editorial changes made primarily for clarity throughout the handbook. Updated DSHS Influenza Team members (Introduction); Renamed a subsection under the “Testing” section (Section I); Changed IISP to RVSP since DSHS is not participating in the CDC/CSTE IISP program for 2014-2015 (Section III); Added information about the Respiratory Virus Surveillance Project (RVSP), Updated the NREVSS Data Dictionary with new variables and deleted a variable, Updated Microsoft Excel 2010 Pivot Table instructions for NREVSS (Section IV); Added information about ILINet Extended Surveillance activity (Section V); Deleted Wichita Falls as a city with an LRN laboratory, Updated the G2-V submission form (Section VI); Changed the source for outbreak and cluster definitions, Updated school exclusion criteria (section VII); Added RVSP acronym (section VIII) . Updated graphs, tables, phone numbers, web links, references and names throughout the handbook to reflect the current year and processes.</p>
September 2015	<p>Several minor editorial changes made primarily for clarity throughout the handbook. Added information about peramivir, the acronym RIDT and updated information about rapid influenza testing of novel influenza (Section I); Added information about CHS Mortality Surveillance Data (Section II); Changed the deadline for submitting the Texas Influenza Activity Code to the CDC and added additional surveillance activities/data sources for the Viral and Mortality Surveillance Sections of the FluView Report (Section III); Updated ILINet information, added 2015-2016 RVSP season information, added coronavirus to the list of respiratory and enteric viruses reported into NREVSS, updated information about novel influenza testing, updated information about</p>

	<p>Google Flu Trends and added additional information about influenza surveillance along the Mexico border (Section IV); Updated ILINet information (Section V); Added DSHS recommendations for disposing of unused expired VTM and updated information about RVP assay test results (Section VI); Added infection prevention guidance for healthcare and other settings web addresses and added a recommendation on who should get chemoprophylaxis in long-term care facilities during an influenza outbreak (Section VII); Added CHS, PHL and RVP to the list of acronyms/abbreviations (Section VIII); Deleted Google Flu Trends as a source to find influenza data (Appendix). Updated graphs, tables, phone numbers, web links, “how-to” instructions, references and names throughout the handbook to reflect the current year and processes.</p>
October 2016	<p>Several minor editorial changes made primarily for clarity throughout the handbook. Added information about a new influenza type, added signs and symptoms information to the “Testing” subsection and updated information on who should or should not get the influenza vaccine (section I); Added that 122 Cities has been discontinued, updated information about ILINet and added that Texas is not participating in IISP for the 2016-17 flu season (section II); Deleted information regarding RVSP since RVSP was discontinued (section III); Updated information about ILINet, added that RVSP was discontinued, updated areas of Texas where more laboratory participation in NREVSS is needed, updated information about novel influenza virus testing results, added information about Flu Near You and deleted information that the DSHS Office of Border Health BIDS program received funding from the CDC for enhancing ILI and SARI surveillance (Section IV); Added coronaviruses to the list of viruses that laboratories may report in NREVSS (Section V); Added information that viral isolation will only be conducted for CDC purposes at the DSHS laboratory, added information about having an alternative</p>

	<p>approved secondary identifier if date of birth is not provided on the DSHS G-2V form and updated the instructions for completing the DSHS G-2V form for influenza laboratory surveillance (Section VI); Updated an example of a state that uses some of the CDC’s former definitions for respiratory outbreaks and provided information on how a certain state’s guidance defines an AFRI or ILI outbreak differently in different settings (Section VII). Updated graphs, tables, phone numbers, web links, “how-to” instructions, references and names throughout the handbook to reflect the current year and processes.</p>
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