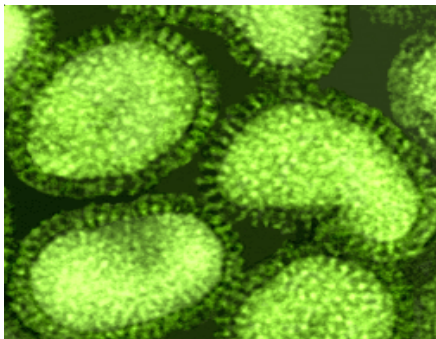


SURVEILLANCE NETWORK OVERVIEW

Seasonal influenza surveillance is conducted October through March every year. The overall goal of surveillance is to be able to characterize the impact of seasonal influenza to create and design interventions that might reduce the burden of disease. The objectives of the surveillance network are the following:

- Determine which age groups are being impacted by influenza
- Determine which geographic locations within Iowa are being affected
- Assess the age-specific mortality of influenza and pneumonia secondary to influenza
- Catalogue and compare the strains circulating in Iowa to those contained in the seasonal influenza vaccine
- Measure the severity of the most prominently circulating influenza strains
- Develop intervention methods that target the appropriate population groups and locations



PROGRAMS

SENTINEL PHYSICIAN SURVEILLANCE

This program is conducted by the Center for Disease Control and Prevention (CDC). To participate, every state is required to have one sentinel site for every 250,000 residents. Therefore Iowa is asked to have at least 11 sites.

Site participation requirements include the following:

- 1) A minimum of one health care provider must be registered from each site (may be a nurse, physician, PA, ARNP or other licensed health care provider). Entire clinics are encouraged to participate, but there must be one designated contact for each site.
- 2) The health care provider or clinic should routinely see patients that may have influenza (e.g. family practice, internal medicine, etc.)
- 3) Sites are asked to track the total number of patients seen by the health care provider or clinic weekly by the following age groups:
 - 0-4
 - 5-18
 - 19-65
 - >65
- 4) Sites are asked to track the total number of patients seen by the health care provider or clinic by age group who have influenza-like illness (ILI). ILI is defined as:
 - A fever >100 degrees F and a cough AND/OR a sore throat in the absence of another known cause.



- 5) Periodically submit patient specimens for testing to the University Hygienic Laboratory (UHL).
- 6) Sites are asked to report data to an on-line reporting web site hosted by CDC. Once a health care provider or facility agrees to participate, they are provided with a program folder and several other resources from the state influenza coordinator.

Each site will receive the following for their participation:

- Free test kits for influenza and will have their tests conducted for free at UHL (does not include rapid influenza tests)
- Quick, web-based access to test results from UHL
- Free subscriptions to the MMWR and Emerging Infectious Diseases journals
- Weekly statewide activity reports
- Ongoing consultation and materials from the State Influenza Coordinator
- Certificate of appreciation from the State of Iowa and the CDC

SCHOOL, CHILD CARE AND BUSINESS SURVEILLANCE

School, child care center, and business surveillance provides a very accurate measure of when influenza activity is at its peak and which age groups are being impacted by influenza.

Participation requirements are the following:

- 1) School, child care center, or business with at least 50 children enrolled or employed
- 2) The ability to track weekly average enrollment/employment
- 3) The ability to track absences due to illness
- 4) The ability to report data into a web-based reporting survey maintained by the Iowa Department of Public Health (IDPH)

HOSPITAL AND LONG TERM CARE FACILITY SURVEILLANCE

Hospital-based surveillance was a successful addition to the IISN in 2006. Surveillance data helped determine which age groups of Iowans were experiencing severe influenza disease.

Hospital participants will be asked to do the following:

- 1) Designate one person from their facility to track and report hospitalizations due to influenza
- 2) Track the following:
 - a) Hospitalizations due to influenza or pneumonia with a positive influenza laboratory test at a maximum of two weeks prior to the hospitalization. Laboratory tests may include rapid influenza tests, cultures and PCR. Specimens may be sent to UHL for confirmation but that is not required.
 - b) Average weekly occupied bed count
- 3) Facilities are also asked to report weekly into a web-based reporting system maintained by IDPH

Hospital participants will be provided with the following incentives:

- Free laboratory supplies and testing conducted by UHL (does not include rapid influenza testing supplies)
- Access to quick, on-line test results
- Weekly statewide activity reports
- Ongoing consultation and materials from the state influenza coordinator
- End of the season customized activity report
- Certificate of appreciation from the State of Iowa

Long term care facilities are also an important part of the surveillance network. These facilities are asked to track outbreaks (when greater than or equal to 10% of residents have ILI) of influenza-like illness on a weekly basis. They are asked to report into a web-based reporting system maintained by IDPH.

TO ENROLL IN THE PROGRAM, CONTACT:

Meghan Harris, MPH

Epidemiologist

IOWA INFLUENZA SURVEILLANCE NETWORK COORDINATOR

Iowa Department of Public Health

mharris@idph.state.ia.us

515-281-7134

OR

Sandy Jirsa

Molecular Biology and Virology

University Hygienic Laboratory

Sandy-Jirsa@uiowa.edu

319-335-4500

ADDITIONAL RESOURCES

Iowa Department of Public Health influenza web page:

<http://www.idph.state.ia.us/adper/flu.asp>

University Hygienic Laboratory

<http://www.uhl.uiowa.edu/>

Iowa Department of Public Health Pandemic Influenza web page:

<http://www.idph.state.ia.us/pandemic/>

200720082007

IOWA INFLUENZA SURVEILLANCE NETWORK 2007-2008

PROGRAM DESCRIPTION

IOWA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR ACUTE DISEASE EPIDEMIOLOGY



ADVANCING HEALTH THROUGH THE GENERATIONS

CHESTER J. CULVER, GOVERNOR

PATTY JUDGE, LT. GOVERNOR

THOMAS NEWTON, MPP, RHES, DIRECTOR