Wyoming Department of Health

Commit to your health.

WYOMING INFLUENZA SURVEILLANCE 2011-2012

PLEASE TAKE A MOMENT TO COMPLETE THIS FORM AND FAX IT TO: (307) 777-5573

The Wyoming Department of Health (WDH) and the Centers for Disease Control and Prevention (CDC) are recruiting health care providers for influenza surveillance. Influenza viruses cause substantial morbidity and mortality almost every winter. Data from sentinel 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. 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 sentinel providers. The sentinel provider program involves two major components, which are described below.

Weekly Influenza-Like Illness (ILI) Reporting: Consists of recording and reporting summary data (total number of patient visits for any reason; number of patient visits for ILI by age group) each week to CDC either via the internet. The ILI case definition used by CDC for national surveillance is fever ($\geq$100 °F or 37.8 °C) AND cough and/or sore throat (in the absence of a known cause other than influenza). Reports are submitted every week, even when no ILI activity, this data will help develop annual epidemic thresholds.

Laboratory Surveillance: Consists of collecting specimens from a small number of patients with influenza-like illness, which are sent to the Wyoming Public Health Laboratory (WPHL) for influenza testing. ***WPHL pays for all associated costs, so there is no charge to the physician or patient.*** Although this information may not be useful for diagnostic purposes, it often provides the earliest identification of circulating virus types, subtypes, and strains during the influenza season.

Please complete the following:

Your Full Name:_____

Department/Office name:_____

Street Address:_____

Mailing Address (if different):_____

City, (WY), Zip:_____

Phone Number:_____ Fax Number:_____

Your Practice Specialty:_____

Who should we contact with reporting concerns?_____

Type of data collected for ILI reporting (check all that apply)

☐ Cases that meet the ILI case definition ☐ ICD-coded ☐ Chief complaint data

☐ Procedure coded ☐ Other_____

Do you need any influenza testing kits (need influenza kits or kits have expired)? ☐ Yes ☐ No

Would you like to receive weekly copies of the Influenza Surveillance Report? ☐ Yes ☐ No

If yes, what is your email address?_____

If you have any questions about influenza surveillance in Wyoming, please call the Infectious Disease Epidemiology Program at 307-777-8640.