



Tarrant County Public Health
Division of Epidemiology and Health Information

INFLUENZA SURVEILLANCE ENROLLMENT FORM

Please join Tarrant County Public Health (TCPH) in safeguarding our community through the influenza surveillance program. TCPH asks that your organization consider the following areas of participation:

I. HOSPITALS / CLINICS / SENTINEL PHYSICIANS

- 1) **Passive Surveillance:** Weekly completion and submission of the **Influenza Surveillance Weekly Report Form** to TCPH.
- 1) **Active Surveillance*:** Submission of at least **two clinical specimens** during each of the following periods (for a total of six specimens from the first of October through the end of May):
 - (a) 2 clinical specimens at the beginning of influenza season; first patients presenting with ILI and may have a positive rapid test, usually occurs mid to late October.
 - (b) 2 clinical specimens at the peak of influenza season; ILI is widespread among patients, usually occurs mid-late December through the end of February.
 - (c) 2 clinical specimens at the end of influenza season; ILI is decreasing and sporadic, usually occurs between March and May.

NOTE: Specimens should come from patients with a suspicion of influenza presenting with ILI, they may or may not have a positive rapid test. If influenza cases increase to a point of concern, more samples may be requested. Testing is for surveillance purposes only.

*OPTIONAL: Not all providers participate in Active Surveillance. Please express any interest in submitting specimens to the Influenza Surveillance Specialist when enrolling.

- 2) **Pandemic Influenza Preparedness:** If patient presents with Influenza Like-Illness (ILI, defined as fever $>100^{\circ}\text{F}$ PLUS a cough or sore throat) **AND reports recent travel history to a country affected by novel influenza** (such as avian influenza in Asia, Africa, the Pacific, Eastern Europe, and the Near East) contact the Influenza Surveillance Specialist with Tarrant County Public Health AND collect a sample from the patient using the flu kit provided by Tarrant County Public Health Department (or your own viral transport media).

Please provide the following information:

Facility Name: _____

Influenza Surveillance Point of Contact

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Please complete this form and submit via fax to TCPH Epidemiology and Health Information at (817) 850-2366 or email to Flu@tarrantcounty.com.

Again, thank you for participating in this important public health initiative; your participation is greatly appreciated.