The purpose of this customized report is to provide your facility with this season’s influenza data and outline goals to work towards for the 2014-2015 influenza season. Your facility was ranked by IDPH based on the surveillance recommendations for our sentinel site program participants.

<table>
<thead>
<tr>
<th>Influenza Reporting</th>
<th>Gold Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Specimen Submission</td>
<td>Green Level</td>
</tr>
</tbody>
</table>

Table1: Individual ranking during the 2013-2014 influenza season.

- A **Gold Level** Ranking indicates that your facility is exceeding surveillance requirements by having a reporting record greater than 90% and demonstrating exemplary efforts.
- A **Green Level** Ranking indicates that your facility is meeting surveillance requirements by having a reporting record between 50% and 90%.
- A **Red Level** Ranking indicates that your facility is meeting requirements less than 50% of the time.

The primary goal of influenza surveillance in Illinois is to collect, compile and analyze information on influenza activity year round in Illinois through ILINet reporting and influenza specimen submissions submitted from our sentinel provider sites. This information aids in identifying when and where influenza activity is occurring, track influenza-related illness, determine what influenza viruses are circulating, detect changes in influenza viruses, and measure the impact influenza is having on hospitalizations and deaths in Illinois. Additionally, ILINet data, in combination with other influenza surveillance data, can be used to guide prevention and control activities, vaccine strain selection, and patient care in Illinois and the U.S.

For the virologic component of surveillance, an adequate number of specimens should be tested to provide reliable data that meet the surveillance objectives at the recommended thresholds of detection. Specimen sampling should be designed to enhance detection of rare/novel influenza events, while at the same time collecting a representative sample of routine influenza cases for overall seasonal situational awareness.

The Illinois Department of Public Health has determined that in order to meet the recommended threshold for surveillance set forth by the Center for Disease Control and Prevention, at least 137 specimens, collectively, from ILINet providers should be sent in **EVERY WEEK** when observing patients with ILI for testing at the IDPH Laboratories. Additionally, your facility should be reporting your influenza ILI data every week into ILINet.
Of the 33 influenza reporting weeks this season (October- mid May), the CDC’s goal of testing 137 influenza specimen per week has not been met by IDPH. Although we did not meet CDC’s goal, we made great improvements in Illinois’s virologic surveillance program with an over 813% increase in total influenza laboratory specimen submission and testing from our Sentinel Participants compared to last season!

Thank you so much for all of your hard work because without you we wouldn’t be capable of making such improvements in our influenza surveillance. Graph 1 below shows the cumulative weekly totals.

![Graph 1: IDPH Influenza Laboratory Surveillance Testing 2012-2013 vs 2013-2014 Influenza Seasons](image)

**Surveillance/Reporting**

The following tables and graphs display your facility’s information in regards to surveillance and reporting as well as laboratory testing during the 2013-2014 influenza season.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Weeks Reporting</th>
<th>Percentage of Weeks Reported</th>
<th>Desired Minimum Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>33/33</td>
<td>100%</td>
<td>16 (50%)</td>
</tr>
</tbody>
</table>

*Table 2: Influenza like Illness Outpatient Surveillance Reporting*

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Number of ILI Patients/Week</th>
<th>Average Percent ILI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>9</td>
<td>0.76%</td>
</tr>
</tbody>
</table>

*Table 3: Average number of patients seen with ILI in office per week and average total ILI percentage.*
Graph 2: The graph above shows XXX Medical Center’s proportion of weekly ILI office visits by age group during the 2013-2014 influenza season.

Laboratory Testing

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Weeks Participating in Specimen Submission</th>
<th>Percentage of Weeks Participating in Specimen Submission</th>
<th>Desired Minimum Participation Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>22/33</td>
<td>67%</td>
<td>50% (of weeks reporting ILI)</td>
</tr>
</tbody>
</table>

Table 4: This season, your facility submitted specimens 22 of the 33 reporting weeks. Your facility did a wonderful job in specimen submission! *This data is only calculated during weeks that your facility reported cases of ILI.

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Number of Specimens/Weeks Participating in Specimen Submission</th>
<th>Average Number Requested</th>
<th>Overall Desired Change/Recommendations for next season</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>5.5</td>
<td>5-7</td>
<td>None</td>
</tr>
</tbody>
</table>

Table 5: Influenza Specimen Submission Report. *This data is only calculated during weeks that your facility reported cases of ILI.
Graph 3: Specimen Submissions

We have strived to increase our influenza surveillance efforts in Illinois starting in the 2013-2014 season with the understanding that surveillance for seasonal and novel strains of influenza virus continues year round. Your facility plays an essential role in both influenza virologic and outpatient surveillance. By submitting specimens to the IDPH Laboratories from patients experiencing influenza-like illness, you are helping IDPH and the CDC monitor the prevalence and spread of influenza viruses throughout the year. This is especially important in light of the 5 cases of influenza A(H3N2)v virus detected in Illinois in the summers of 2012 and 2013 as well as the human cases of a novel strain of avian influenza A(H7N9) detected in China earlier this year. By reporting your influenza-like illness data, you are assisting IDPH and the CDC in understanding the burden and severity of disease in your community.

Thank you for your continued participation in this sentinel influenza program! You have greatly enhanced our understanding of circulating strains and increased Illinois’s contribution to the national influenza database.

*We sincerely thank you for your participation and dedication to influenza surveillance in Illinois!*
IDPH Communicable Disease, Influenza Surveillance/Vaccine Preventable Disease Program

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