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CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH

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To: Kentucky's Influenza-Like Illness (ILI) Surveillance Sites

From: Carrie Tuggle

Influenza Surveillance Coordinator

Subject: 2023-2024 Influenza-Like Illness (ILI) Surveillance

Date: September 26, 2023

Welcome to the 2023-2024 Influenza Surveillance Network (ILINet)! This letter has additional instructions to ensure timeliness, consistency, and uniformity in reporting during this influenza season.

Enclosed you will find your 2023-2024 ILINet reporting work folder along with the CDC guidelines for defining Influenza-Like Illness (ILI), data collection, and reporting. Surveillance weeks will run from Sunday through Saturday with reports due to the CDC on the ILINet Website by noon the following Tuesday. The 2023-2024 Influenza Season officially begins Week 40 (Sunday, October 1, 2023 through Saturday, October 7, 2023).

To report, use the Internet reporting site (https://wwwn.cdc.gov/ILINet/). Your reporting work folder contains your provider ID code and password (located in the upper left corner on the first page) needed for Internet reporting as well as complete instructions on how to use the reporting system. The reporting season ends Week 20 (Sunday, May 12, 2024 through Saturday, May 18, 2024).

Please note that the passwords are assigned to the practice and not to the individual reporting. Therefore, the password remains the same even if the original person reporting is no longer with your practice. If you lose your password, please contact our office for assistance.

To generate a comprehensive picture of the antigenic, genetic, and antiviral properties of influenza viruses that are emerging and/or actively circulating in the U.S. and worldwide, it is required that DLS submit a specified number of virus surveillance specimens to the CDC. Therefore, it is imperative that virus specimens be submitted to DLS to identify optimal vaccine candidates in the upcoming influenza season.



To best determine circulating strains of influenza and their geographic distribution throughout the season, the Kentucky Department for Public Health (KDPH) is requesting that respiratory swab specimens for polymerase chain reaction (PCR) assays be collected on random patients presenting with ILI symptoms, i.e., fever ($\geq 100^{\circ}F$, 37.8°C) AND cough and/or a sore throat.

Most of the rapid influenza diagnostic tests are approximately 50-70% sensitive for detecting influenza and have greater than 90% specificity. *Therefore, false negative results are more common than false positive results, especially during peak influenza activity.* The PCR assay is a sensitive method for detecting influenza types, subtypes, and lineages such as A(H1N1) 2009, A(H3N2) and B viruses. The PCR assay is increasingly used for routine seasonal influenza surveillance and diagnosis.

Rapid Influenza diagnostic (RIDT) and PCR testing may be used to help with diagnostic and treatment decisions for patients in clinical settings, such as whether to prescribe antiviral medications. However, please send respiratory specimens that have been reported as positive at the local level to DLS for influenza testing by RT-PCR using the following criteria:

- Submit up to 5 influenza virus-positive specimens per week, regardless of test method performed.
- A patient tests negative by RIDT when community influenza activity is high and laboratory confirmation of influenza is desired.
- A patient tests positive by RIDT and the community prevalence of influenza is low, and a false positive result is a consideration.
- A patient has had recent close exposure to pigs or poultry, or other animals, and novel
 influenza A virus infection is possible (e.g., influenza viruses circulate widely among
 swine and birds, including poultry, and can infect other animals such as horses and
 dogs).
- **Hospitalized patients** with suspected influenza. Influenza testing is recommended for hospitalized patients. However, empiric antiviral treatment should be initiated as soon as possible without the need to wait for any influenza testing results.

More information from CDC can be found at:

https://www.cdc.gov/flu/professionals/diagnosis/index.htm and https://www.cdc.gov/flu/professionals/info-for-labs.html

Also, please remind facilities about the importance of continued surveillance and reporting of certain types of influenza events:

- All influenza deaths, regardless of patient's age, should be reported to public health authorities.
- Providers should also notify the local health department or the State Influenza Coordinator immediately of outbreaks of two or more cases of influenza or influenzalike-illness (ILI) in a long-term care facility in accordance with 902 KAR 2:065.
- Please continue to notify the state of any information regarding pregnant women with severe complications from influenza, including ICU admission or death.

Flu kits along with pre-paid mailers are available from DLS free of charge. Specimens can be shipped via the DLS funded courier (<u>preferred</u> – also used for pickup of Newborn Screening specimens), or by FedEx overnight delivery. The requisition form for ordering lab kits, as well as collection and shipping guidance, can be accessed via this web link: https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx.

For additional questions regarding flu test kit requests and shipping options contact Leigh Ann Bates (<u>LeighAnn.Bates@ky.gov</u>; 502-782-7703 or 502-564-4446). For additional guidance on specimen collection, handling, and testing, please contact Teresa Fields (<u>Teresa.Fields@ky.gov</u>; 502-782-7718 or 502-564-4446).

Your contribution to this important public health effort is appreciated. If you have any questions regarding influenza surveillance, please contact Carrie Tuggle (<u>Carrie.Tuggle@ky.gov</u>; 502-352-5800).

Thank you for your partnership,

Carrie Tuggle
Carrie Tuggle

Influenza Surveillance Coordinator

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