

June 16, 2010

CSTE/CDC/APHL Influenza Surveillance Workgroup Call

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1. Introduction
 - a. Goal is to convene forum for discussion on what will be feasible and useful to provide a national picture of influenza surveillance for this fall. Also, we will discuss what data can be released by CDC or may be released due to FOIA. Finally, discussions will include the potential/benefits of having regional influenza calls beginning this fall.
 - b. Last summer, a CSTE/CDC workgroup met to determine what was important and needed for influenza surveillance during the H1N1 pandemic (a lab confirmed and syndromic hospitalizations and deaths reporting system, AHDRA, was created).
 - c. The next step and charge for this workgroup is to determine what will need to be done during the next season in terms of influenza surveillance.
 - d. The goal for CDC is to do what is feasible for states and what will provide quality data. CDC recognizes that not all states will do the same thing.
2. Reporting: Reporting will be weekly.
 - a. CDC is requesting weekly reporting and does not intend to ask states to report more frequently than weekly.
 - b. The influenza division most likely will receive requests for daily reporting. However, consensus on the call is for weekly reporting (and not more frequent).
 - c. CDC anticipates that it will take a week or two to modify surveillance if daily reporting would be needed. CDC prefers weekly reporting unless more frequent reporting becomes absolutely necessary.
 - d. CDC is going to look into accommodating providers the ability for more frequent reporting but CDC would only compile it weekly. CDC will share any changes with CSTE.
3. Gaps in Surveillance:
 - a. Who is going to continue reporting lab confirmed hospitalizations and deaths?

Summary Hospitalizations – 7 states on the call will report Influenza associated hospitalizations (1 will be syndromic, others will be lab confirmed). From informal discussions, about one half states are planning to continue to report influenza associated hospitalizations (which is consistent with discussions on this call).

CDC would like states to continue to report syndromic and lab confirmed hospitalizations if they are collecting the data. CDC will assess each state this fall to determine methods of case ascertainment and population so they can calculate rates. May modify age groups to be consistent with EIP.

Summary Mortality – 2 states on the call will continue lab confirmed reporting; 3 are unsure; and the remaining (6) are not going to collection the information. CDC will reach out to the states who are going to collect this data (if states will collect it - CDC would like to receive it)

The remainder of the topics were discussed briefly – more in depth discussion will occur on subsequent calls.

4. ILI Net spatial visualization on Flu view - by CBSA or state
5. Electronic data streams
6. ELC funding
 - a. Additional money will be sent to states for surveillance including linking of laboratory data to ILINet data and for a part-time coordinator for syndromic surveillance
 - b. Announcement may be out in July – separately from healthcare reform funding

Please contact Jennifer Lemmings at jlemmings@cste.org for more information