

DPHHS HAN ADVISORY



Cover Sheet

DATE: January 16, 2013

**SUBJECT: REVISED INFLUENZA REPORTING FORM
FOR PUBLIC HEALTH AGENCIES**

INSTRUCTIONS: Please report your jurisdictions confirmed and suspected cases of influenza to the Communicable Disease Epidemiology Section weekly.

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**For LOCAL HEALTH
DEPARTMENT reference only**

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS CDCP
Epidemiology Section
1-406-444-0273**

**DPHHS Health Alert Hotline:
1-800-701-5769**

**DPHHS HAN Website:
www.han.mt.gov**

Remove this cover sheet before redistributing and replace it with your own.

Please ensure that DPHHS is included on your HAN distribution list.

Categories of Health Alert Messages:

Alert: conveys the highest level of importance; warrants immediate action or attention.

Advisory: provides important information for a specific incident or situation; may not require immediate action.

Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please call DPHHS to update contact information at 444-0919

DPHHS policy is to forward all HAN messages from the Centers for Disease Control and Prevention (CDC)

Information Sheet

Date: January 16, 2013

Subject: INFLUENZA UPDATE AND REPORTING INSTRUCTION PUBLIC HEALTH AGENCIES

Information: Influenza cases continue to increase in Montana and we are asking your assistance in collecting accurate data regarding confirmed and suspected cases reported by health care providers. We anticipate continued interest by the media at both a state level and a local level and need your assistance with timely and accurate reporting to monitor influenza activity.

Recommendations for Local Health Jurisdictions:

- 1) Report the numbers of lab confirmed and suspected influenza cases reported locally. The worksheet has been simplified to help ensure consistent data collection at the state level. Below is a quick snapshot of the three elements that we must collect each week:

Week Ending Saturday	Lab confirmed cases	Suspected by clinical diagnosis* (No laboratory test performed)	TOTAL (Confirmed + Suspected)
Ex: Sept 22, 2012	5	11	16
Oct 6, 2012			

Confirmed cases are rapid positives or confirmed by culture or PCR. *Suspected* cases are those presenting with symptoms that your local health care providers consider consistent with influenza. Please do not count all negative influenza laboratory results as suspected cases. In most cases, a negative test will have ruled out influenza. However, due to test limitations, a clinician diagnosis based on clinical signs and symptoms may still be counted as a suspect case even in the event of a negative test.

- 2) **We are asking all jurisdictions to submit an updated reporting sheet detailing reports to your offices to DPHHS weekly – even if your counts are zero.** Fax your weekly update to DPHHS no later than the following Tuesday by 5 PM. To help us determine the completeness of reporting, please remember we are asking for a report regardless of cases.
- 3) Please contact your key surveillance partners per contract deliverables and reinforce the need for reporting. Administrative rules require each suspected or confirmed influenza case to be reported to the local public health jurisdiction. DPHHS suggests maintaining a simple line-listing of cases that includes, at a minimum, name, age, gender, date of report, reporting provider and whether the case is confirmed or suspected.
- 4) We are requesting individual reports related to influenza-related hospitalizations and deaths. Please work with your contacts to ensure these cases are reported to you for your review and transmission to us. We are simplifying the “Severe Influenza Case Reporting Form” and will send it out soon.

Influenza Reporting Form, 2012-2013
Total Weekly Cases and Laboratory Counts

The Administrative Rules of Montana require health care providers and laboratories to report individual influenza cases to local health agencies, including the name and age of each case.

Reporting from your agency to DPHHS requires only weekly totals be reported for influenza cases and we are providing this form to assist local health agencies. Thank you for your assistance!

The form must be updated weekly and faxed to 800-616-7460. For more information call the CDEpi Program at 406-444-0273.

County/Jurisdiction: _____ Submitted by: _____

Week Ending Saturday	Lab confirmed cases	Suspected by clinical diagnosis* (No laboratory test performed)	TOTAL (Confirmed + Suspected)
Ex: Sept 22, 2012	5	11	16
Oct 6, 2012			
Oct 13			
Oct 20			
Oct 27			
Nov 3			
Nov 10			
Nov 17			
Nov 24			
Dec 1			
Dec 8			
Dec 15			
Dec 22			
Dec 29			
Jan 5, 2013			
Jan 12			
Jan 19			
Jan 26			
Feb 2			
Feb 9			
Feb 16			
Feb 23			
Mar 2			
Mar 9			
Mar 16			
Mar 23			
Mar 30			
Apr 6			
Apr 13			
Apr 20			
Apr 27			
May 4			
May 11			
May 18			
May 25			

*Suspected by Clinical Diagnosis: Defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. Individuals who are tested and had negative results are NOT suspected cases.