

**U.S. WHO Influenza Collaborating Laboratories
Address Update and Testing/Reporting Methods Assessment**

Name: _____ **Title:** _____

Address Update

Please supply the following contact information for your laboratory.

Lab ID #: 83 **Contact Name:** _____

Institution: _____

Department: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail address: _____

Phone number: _____ **Fax number:** _____

Influenza Testing Methods

Please fax completed survey to 1-888-232-1322 by October 18, 2002.

1. What type of influenza testing does your lab perform? Check all that apply AND indicate method used most frequently by circling.
 - Antigen detection from original clinical material
 - Culture
 - PCR
 - Other, please specify: _____

2. If your lab is culturing virus, how is the virus type identified?
 - HAI
 - Using WHO kit reagents? Yes No
 - Fluorescent antibody test
 - Using WHO kit reagents? Yes No
 - Using commercially available reagents? Yes No
 - PCR
 - Other, please specify: _____

3. Does your lab subtype influenza A viruses?
 - Yes (approximate percentage of isolates subtyped _____)
 - No

4. If your lab subtypes influenza A viruses, which method is used?
 - HAI
 - Using WHO kit reagents? Yes No
 - Fluorescent antibody test
 - Using WHO kit reagents? Yes No
 - PCR
 - Other, please specify: _____

5. If your lab does not routinely subtype influenza A viruses, why not?
 - Lack of staff
 - Lack of resources (other than staff)
 - Not a lab priority
 - Other, please specify: _____

6. What determines if an isolate is subtyped?
 - Characteristics of the patient (i.e., age, immune status etc.)
 - Time of influenza season (i.e., early, peak)
 - Extenuating Circumstances (i.e., work load of lab, part of an outbreak, etc.)
 - All influenza A viruses are subtyped
 - Other, please specify: _____

7. How confident are you that your lab would recognize an unusual subtype of influenza A?
 - Very confident
 - Somewhat confident
 - Not at all confident

8. Does your lab conduct year-round influenza surveillance?
 - Yes
 - No

9. If your lab does not conduct year round surveillance, why not?
 - Lack of necessary personnel
 - Lack of necessary supplies
 - No requests submitted
 - Other, please specify: _____

10. What is the highest bio-safety level available at your lab?
 - BSL 2
 - BSL 3
 - BSL 3+

11. What best describes the origin of specimens your lab receives? Please rank order the following sources from 1 (source from which you obtain the most specimens) to 6 (source from which you receive the least specimens).
 - ____ Sentinel surveillance sites
 - ____ Local health departments
 - ____ Managed care
 - ____ Private physicians
 - ____ Hospitals
 - ____ Other, please specify: _____

Influenza Reporting Methods

12. During which weekly reporting period does your lab report specimens tested to CDC?
 - Week the specimen was collected
 - Week specimen was received
 - Week test result was determined
 - Other, please specify: _____

13. During which weekly reporting period does your lab report isolates (positive) to CDC?
 - Other, please specify: _____

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- Week the specimen was collected
- Week specimen was received
- Week test result was determined
- Other, please specify: _____

14. Does your lab report positive isolates during the same weekly reporting period as the corresponding specimen (are the positives reported for a given week a subset of the reported specimens tested for that same week)?

- Yes
- No

15. Does your lab maintain a computerized database of specimens received and tested?

- Yes
- No

16. Does your lab report influenza surveillance data to CDC electronically (PHLIS)?

- Yes
- No

a. If no, why not: _____

17. If an Internet data entry site for influenza surveillance were created, would your lab use it to report influenza surveillance?

- Yes
- No, because: _____

CDC 55.31A 9-95 Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0004).

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