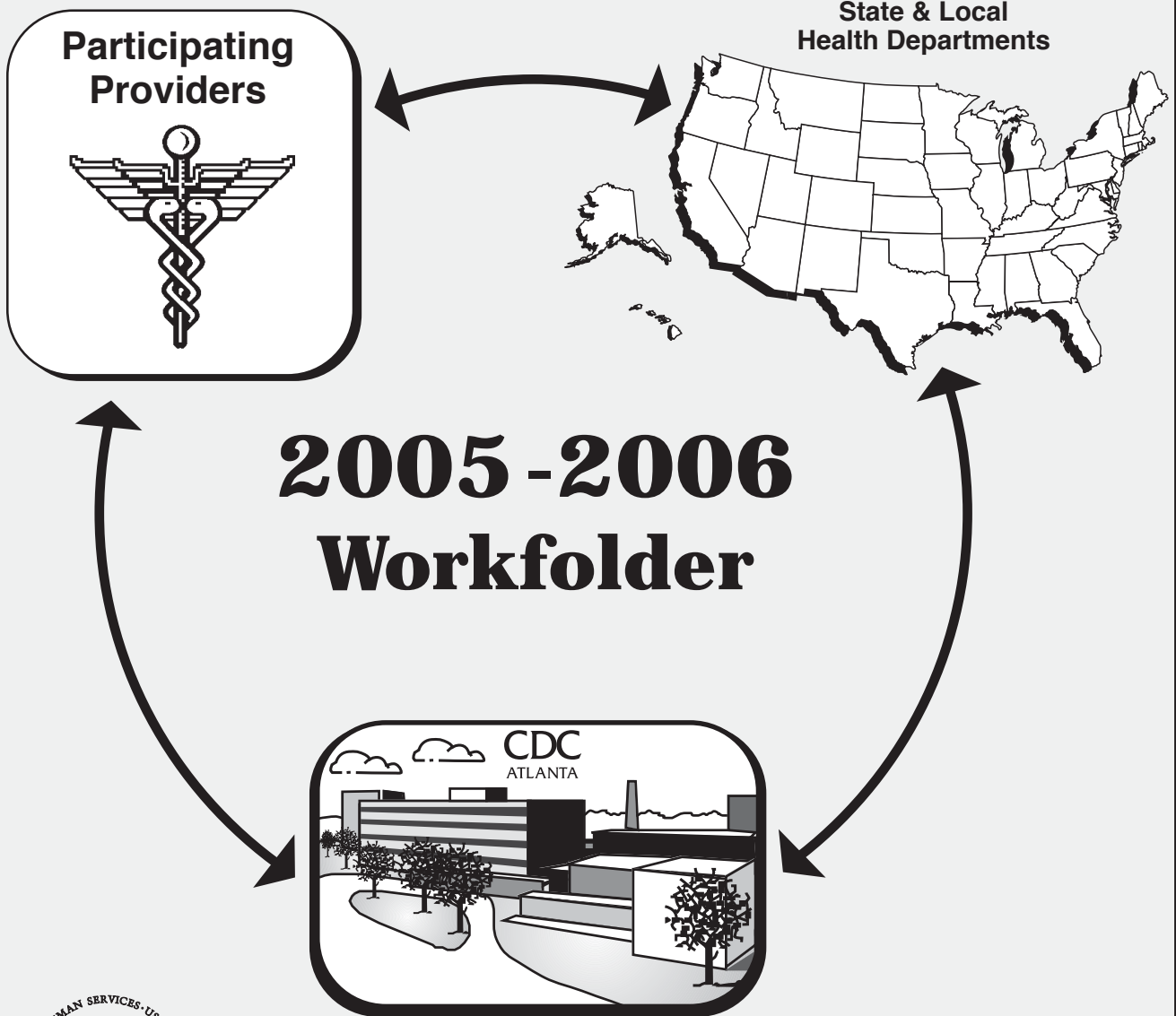


U.S. Influenza Sentinel Provider Surveillance Network



DEPARTMENT OF HEALTH & HUMAN SERVICES • Centers for Disease Control and Prevention



**U.S. INFLUENZA SENTINEL PROVIDER
SURVEILLANCE WORKFOLDER**

October 2, 2005 - September 30, 2006

Form Approved
OMB No. 0920-0004

Provider ID:
Password:

INFLUENZA-LIKE ILLNESS (ILI) is defined as:
Fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore throat
(in the absence of a KNOWN cause other than influenza).

| 2005-06 Season | | | | | | |
|------------------|---------------|----------|-----------|------------|----------|----------------------|
| Week Ending Date | CDC Date Code | 0-4 Yrs. | 5-24 Yrs. | 25-64 Yrs. | >64 Yrs. | Total Patients Seen* |
| OCT 8 | 0540 | | | | | |
| 15 | 0541 | | | | | |
| 22 | 0542 | | | | | |
| 29 | 0543 | | | | | |
| NOV 5 | 0544 | | | | | |
| 12 | 0545 | | | | | |
| 19 | 0546 | | | | | |
| 26 | 0547 | | | | | |
| DEC 3 | 0548 | | | | | |
| 10 | 0549 | | | | | |
| 17 | 0550 | | | | | |
| 24 | 0551 | | | | | |
| 31 | 0552 | | | | | |
| JAN 7 | 0601 | | | | | |
| 14 | 0602 | | | | | |
| 21 | 0603 | | | | | |
| 28 | 0604 | | | | | |
| FEB 4 | 0605 | | | | | |
| 11 | 0606 | | | | | |
| 18 | 0607 | | | | | |
| 25 | 0608 | | | | | |
| MAR 4 | 0609 | | | | | |
| 11 | 0610 | | | | | |
| 18 | 0611 | | | | | |
| 25 | 0612 | | | | | |
| APR 1 | 0613 | | | | | |
| 8 | 0614 | | | | | |
| 15 | 0615 | | | | | |
| 22 | 0616 | | | | | |
| 29 | 0617 | | | | | |
| MAY 6 | 0618 | | | | | |
| 13 | 0619 | | | | | |
| 20 | 0620 | | | | | |
| 27 | 0621 | | | | | |

| Summer 2006 | | | | | | |
|------------------|---------------|----------|-----------|------------|----------|----------------------|
| Week Ending Date | CDC Date Code | 0-4 Yrs. | 5-24 Yrs. | 25-64 Yrs. | >64 Yrs. | Total Patients Seen* |
| JUN 3 | 0622 | | | | | |
| 10 | 0623 | | | | | |
| 17 | 0624 | | | | | |
| 24 | 0625 | | | | | |
| JUL 1 | 0626 | | | | | |
| 8 | 0627 | | | | | |
| 15 | 0628 | | | | | |
| 22 | 0629 | | | | | |
| 29 | 0630 | | | | | |
| AUG 5 | 0631 | | | | | |
| 12 | 0632 | | | | | |
| 19 | 0633 | | | | | |
| 26 | 0634 | | | | | |
| SEP 2 | 0635 | | | | | |
| 9 | 0636 | | | | | |
| 16 | 0637 | | | | | |
| 23 | 0638 | | | | | |
| 30 | 0639 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Total Patients seen for any reason = (non-ILI + ILI)

*Thank you for participating in the
U.S. Influenza Sentinel Provider
Surveillance System.*

Please do not discard this workfolder.

A postage paid envelope will be provided for you to return the workfolder to CDC at the end of the season (or summer if you participate in year-round surveillance).

**INFLUENZA-LIKE ILLNESS (ILI) is defined as:
Fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore throat
(in the absence of a KNOWN cause other than influenza).**

The presence or absence of other symptoms, such as body aches, fatigue, or vomiting, should be disregarded when classifying a patient as having an ILI. Although this clinical definition by itself is very general, when combined with information on circulating viruses, the information on influenza-like illness activity provides an excellent picture of influenza activity in the United States.

INSTRUCTIONS FOR INTERNET REPORTING

The sentinel provider Internet reporting site should be accessible by both Netscape (Version 5.0 and above) and Internet Explorer (Version 5.0 and above) browsers.

To access the influenza sentinel provider Internet reporting system, go to:

<http://www2.ncid.cdc.gov/flu/>

Enter your provider ID code and password which can be found on the previous page and select **Submit**.

You will now be on the Main Menu page. From this page you may either enter or view your data.

To enter data:

1. Select **Enter Data**.
2. Select the four digit date code (e.g. 0540) for the week you wish to report and enter your data. Use the enter or tab key to move from one data field to the next. Indicate if the report is an update from a previously entered report.

Influenza Surveillance Program

Sentinel Provider Internet Reporting System
Data Input Page

| | |
|--|--|
| 1. Provider ID Code: | <input type="text" value="77001"/> |
| 2. Date Code: | <input type="text" value="0540 (Oct 8, 2005)"/> ▼ |
| 3. ILI AGE 0-4: | <input type="text" value="0"/> |
| 4. ILI AGE 5-24: | <input type="text" value="0"/> |
| 5. ILI AGE 25-64: | <input type="text" value="0"/> |
| 6. ILI AGE OVER 64: | <input type="text" value="0"/> |
| 7. TOTAL PATIENTS SEEN: | <input type="text" value="100"/> |
| 8. Is this a revision of data reported on an earlier date? | NO <input type="checkbox"/> YES <input type="checkbox"/> |

3. Select **Submit**. Your data has been transmitted to CDC and will be displayed on the screen. If the data displayed are incorrect, select **Go To Main Menu**, re-enter the correct report, and indicate that this entry is a revision of previously reported data.
4. Select **Go To Main Menu**. This will take you back to the Main Menu page. If you wish to enter data for additional weeks, repeat steps 1 through 4.

In addition to entering and viewing your own data, you can also view the most recent influenza activity update.



FORM APPROVED
OMB NO. 0920-0004

SENTINEL PROVIDER REPORTS OF INFLUENZA-LIKE ILLNESS (ILI) 2005-2006 Influenza Surveillance

ID Number

Report for the 7-day period ending ___/___/___

(Period ends Saturday at midnight)

**Check if
Revised
Report**

Number of Patients with ILI

0-4 yrs.
(Pre-school)

5-24 yrs.
(School age)

25-64 yrs.
(Adults)

>64 yrs.
(Older Adults)

Influenza-like Illness
Fever ($\geq 100^{\circ}$ F [37.8° C], oral or
equivalent)
-AND -
cough and/or sore throat
(in the absence of a known cause other than influenza)

Total Number of Patients Seen For Any Reason

(Total of ILI + Non-ILI cases for all age groups combined)

**DO NOT LEAVE BLANK.
WITHOUT THIS NUMBER, THE REPORT CANNOT BE USED.**

FAX THIS FORM TO 1-888-232-1322

(NO COVER SHEET IS REQUIRED)

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 DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0008); Rm 531H, H. H. Humphrey Bldg.; 200 Independence Ave., SW, Washington, DC 20201.