DEPARTMENT OF HEALTH & HUMAN SERVICES



Centers for Disease Control and Prevention (CDC) Atlanta, GA 30329

September 19, 2022

Dear ILINet participant:

Welcome to the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) for the 2022-2023 season, which begins October 2, 2022 and ends September 30, 2023. Please begin collecting data during week 40 (October 2-8, 2022) and submit your report to CDC by noon the following Tuesday (October 11, 2022). To report, use the Internet reporting site (http://wwwn.cdc.gov/ILINet/).

We would like to thank you for participating as an ILINet influenza surveillance provider. The ILINet system is an essential component of seasonal and pandemic influenza surveillance and is invaluable in monitoring the impact of influenza-like illness on the outpatient health care system, as well as informing policy and resource allocation decisions throughout the 2022-2023 season.

Your participation is even more invaluable during the unprecedented times of the COVID-19 pandemic. Although the primary purpose of ILINet is to ascertain influenza activity, we are aware of the potential of the network to detect COVID-19 circulation as well as circulation of other respiratory viruses. Therefore, it is of the utmost importance to report in a timely fashion this season and every season.

Enclosed you will find your reporting kit which should include the items listed below. If anything is missing, please contact your influenza surveillance coordinator.

- 1. 2022-2023 ILINet Workfolder. The workfolder contains your reporting record and complete instructions for using the Internet site for data entry. The provider ID code and password needed for Internet reporting are located on first page (upper left corner).
- 2. Case Definition and Reporting Guidelines. Please review this page as it contains basic information about the case definition for influenza-like illness (ILI) this season, how to accurately count ILI cases, and guidelines for reporting and retrieving the weekly influenza surveillance report (FluView).
- **3.** There is an option for ILINet providers to voluntarily report the total number of patient visits by ILI age group. Please review these guidelines if you are interested in participating.

As a benefit of participating as an ILINet provider, please visit the *Morbidity and Mortality Weekly Report (MMWR)* website (http://www.cdc.gov/mmwr/mmwrsubscribe.html) to sign up to receive an electronic subscription to the *MMWR* series. To receive your copy of the *Emerging Infectious Diseases* journal, please visit their website (http://wwwnc.cdc.gov/eid/subscriptions) where you can choose whether to receive an electronic or paper copy of the journal.

If you have any questions, please contact your influenza surveillance coordinator or call 404-662-1686. We look forward to working with you this season. Thank you for participating in influenza surveillance.

Sincerely,

Arielle Colón, MPH Epidemiologist Influenza Division

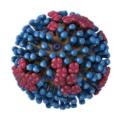
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Guidelines for Weekly Reporting



Influenza-like Illness (ILI) case definition:

fever (≥ 100°F, 37.8°C)* AND

cough and/or sore throat

*Temperature MUST BE MEASURED either at home or in the office. Report of feeling feverish does not meet the case definition.

- Each week, you should report the counts of ILI using the standard case definition by age group (0-4 years, 5-24 years, 25-49 years, 50-64 years, and >64 years) and **the total number of patients seen for any reason**.
- Please report each week even if **no** patients were seen with influenza-like illness. It is important to know both when you are seeing ILI and when you are not seeing ILI.
- Please report <u>all</u> patients that meet the ILI case definition above <u>even in the event</u> of diagnostic tests confirming a cause other than influenza. For example, a patient with fever, cough, and vomiting or a patient with fever, cough, and sore throat should be reported as having ILI if a laboratory result confirms another diagnosis (e.g., positive for RSV).
- Please report <u>only</u> those patients that meet the ILI case definition. For example, a patient with fever, chills, body aches, and nasal congestion but no cough or sore throat is not considered an ILI case.
- It is important to note that there is no requirement for a positive influenza test (i.e. rapid influenza diagnostic test) when counting the number of patients with ILI.
- The weekly influenza surveillance report is available at http://www.cdc.gov/flu/weekly/.

Instructions for Optional Weekly Reporting of Total Patient Visits by Age Group

- There is an option for ILINet providers to report the total number of patients seen by age.
- If you choose to provide total patient visits by ILI age group, please submit only one weekly ILINet report each week. It is not necessary to submit a report with and without total patient visits by ILI age group.
- This information will be invaluable in calculating the age-group specific impact of circulating influenza viruses on outpatient visits for ILI.
- If you would like to participate, please review the following instructions:
 - 1. Login to the ILINet website (http://wwwn.cdc.gov/ILINet/) and select the link "Would you like to report total patient visits by age group?"
 - 2. Report the number of patients with ILI AND the number of patients seen for any reason by the ILI age groups (0-4 years, 5-24 years, 25-49 years, 50-64 years, >64 years, and/or unknown) along with the total of patients seen for any reason.
 - 3. Please ensure that the number of patients seen for any reason by age group **equals** the total patients seen for any reason.
 - 4. Select **Submit**. If data displayed are incorrect, re-enter the correct report, indicate that this entry is a revision of previously reported data, and select **Submit**.

