

# **Appendix 3 State Responsibilities for Influenza Surveillance and Response**

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Unless otherwise stated, State-level responsibilities for influenza surveillance and investigation rest with the Infectious Disease Epidemiology Program, located within the Division of Surveillance and Disease Control, located within the Office of Epidemiology and Health Promotion which is in the Bureau for Public Health. Other partners at the state level include:

- The Office of Laboratory Services, co-located with in the Bureau for Public Health
- The West Virginia Health Statistics Center, located within the Office of Epidemiology and Health Promotion in the Bureau for Public Health
- The Office of the Chief Medical Examiner, located within the Bureau for Public Health
- The Division of Threat Preparedness, located within the Bureau for Public Health
- The Department of Agriculture, a separate state agency.
- The West Virginia Health Care Authority, a separate state agency.

## **Seasonal Influenza**

The West Virginia Infectious Disease Epidemiology Program (IDEP) has the following responsibilities:

1. Maintaining a year-round influenza surveillance program, staffed by the Influenza Coordinator with backup from the Director of Infectious Disease Epidemiology or designee.
  - a. Data collected under this surveillance program include:
    - i. Weekly aggregate reports of influenza-like illness from providers.
    - ii. Weekly aggregate reports of positive influenza tests from sentinel laboratories which perform testing by culture or antigen detection by direct immunofluorescence.
    - iii. Sentinel provider reports.
  - b. Data feedback and reporting to CDC:
    - i. All data are updated weekly during influenza season and monthly during summer months.  
See: <http://www.wvidep.org/SurveillanceData/tabid/1718/Default.aspx>
    - ii. Data are summarized weekly during influenza season and monthly during summer months and e-mailed to partners by the Influenza coordinator (electronic flu report).
    - iii. Data are summarized annually and published in the Epi-Log. Data are also shared annually (every August/September) via conference call or during a quarterly training with local health departments.
    - iv. Influenza activity is reported weekly to CDC via NETSS.
  - c. Periodically update historical / baseline data as follows:
    - i. Weekly deaths from influenza and pneumonia from the Center for Health Statistics; and
    - ii. Weekly hospitalizations from the West Virginia Health Care Authority

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2. Maintaining updated surveillance and investigation protocols, investigation forms, information sheets, available through the website at:  
<http://www.wvidep.org/AZIndexofInfectiousDiseases/Influenza/tabid/1518/Default.aspx>  
Guidance includes investigation of seasonal, novel and pandemic influenza.
3. Maintaining 24/7/365 emergency and outbreak response, staffed in rotation by all epidemiologists and nurses in the program. Responsibilities include:
  - a. Responding to urgent consults, assisting local health departments with evaluation of unusual diseases or clusters of disease.
  - b. Assistance with outbreak response.
4. Development of information sheets for providers and the general public.
5. Training of local health departments and other partners to perform effective influenza surveillance and outbreak investigation.
6. Monitoring of international and national surveillance reports to maintain awareness of current influenza epidemiology.
7. Generating provider alerts for significant changes in influenza epidemiology or changes in guidelines for surveillance, prevention, control or treatment of influenza. Provider alerts are posted to the website and disseminated electronically through to local health departments, infection control professionals and other stakeholders. Local health departments further disseminate alerts to local practitioners and local stakeholders.
8. Maintain communication with state-level partners, including Department of Agriculture, Medical Examiner's Office, Vital Registration Office, Threat Preparedness Office, Office of Laboratory Services, including:
  - a. Two-way formal and informal communication continues as needed on a variety of infectious disease and other projects.
  - b. Stakeholders may receive the weekly electronic flu report, as desired.

### **Additional State Responsibilities Related to Avian Influenza**

The West Virginia Infectious Disease Epidemiology Program (IDEP) has the following responsibilities:

1. Maintaining updated surveillance and investigation protocols, investigation forms, information sheets, available through the website at:  
<http://www.wvidep.org/AZIndexofInfectiousDiseases/Influenza/tabid/1518/Default.aspx>
  - a. Resources currently available on the website include:
    - i. Influenza Surveillance and Response Protocol
    - ii. Human Influenza A (H5) Domestic Case Screening Form
    - iii. Human Influenza A (H5) Domestic Case Screening Form Instructions

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- iv. Avian Influenza Primary Contact/Site Worksheet Form
- v. Avian Influenza Contact Tracing Form
- vi. Avian Influenza Contact Surveillance Form
- b. Resources available as needed:
  - i. Domestic Avian Influenza Surveillance Report Form
  - ii. Exposure history for Domestic Avian Influenza Case Investigation
  - iii. Domestic H5N1 Outbreak Management Line List
- 2. Joint planning with stakeholders. Stakeholders include:
  - a. Local health department personnel
  - b. State level epidemiologists
  - c. Regional epidemiologists
  - d. Department of Agriculture officials
  - e. Department of Natural Resources officials
  - f. Laboratory personnel
- 3. Joint training with stakeholders. Training content:
  - a. Occupational health issues for responders
  - b. Epidemiology, surveillance, investigation, prevention and control
  - c. Agency roles and responsibilities
- 4. Planning for enhanced surveillance. Additional surveillance likely to be needed if avian influenza is identified in West Virginia would include:
  - a. Daily reporting of:
    - i. Total cases (persons under isolation)
    - ii. Total contacts
    - iii. Total hospitalizations
    - iv. Total deaths
    - v. Other data and information as available on risk factors, recommendations, suggested control measures.
  - b. Reporting would occur by:
    - i. Regular updates to incident command
    - ii. Publication of numbers to the IDEP website and in a daily electronic flu report.
  - c. Stakeholders who would need daily reports would include:
    - i. Local health departments, infection control professionals and other local stakeholders.
    - ii. State level partners, including Department of Agriculture, Medical Examiner's Office, Vital Registration Office, Threat Preparedness Office, Office of Laboratory Services.
    - iii. CDC.
- 5. Maintaining communication with Department of Agriculture officials about zoonotic disease issues, including avian influenza. Point of contact:

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- a. Infectious Disease Epidemiology Program (24/7/365) = (800)-423-1271.
    - i. Epidemiologist on-call
    - ii. Influenza Coordinator
    - iii. Director of Infectious Disease Epidemiology
    - iv. Director of Surveillance
    - v. Director of Training, Communication and Emergency Response
  - b. Department of Agriculture (24/7/365) = (304)-558-2214:
    - i. State Veterinarian
    - ii. Assistant State Veterinarian
    - iii. Deputy Commissioner
6. Maintaining communication with other state level partners, including Medical Examiner's Office, Vital Registration Office, Threat Preparedness Office, Office of Laboratory Services. This communication is ongoing, both formal and informal on a wide variety of projects.

### **Additional State Responsibilities Related to Pandemic Influenza**

The West Virginia Infectious Disease Epidemiology Program (IDEP) has the following responsibilities:

1. Throughout the pandemic:
  - a. Maintaining the influenza surveillance program.
    - i. Data collected for pandemic influenza surveillance will likely include:
      1. Aggregate reports of influenza-like illness from providers.
      2. Daily reports of positive influenza tests from sentinel laboratories which perform testing by culture, PCR or antigen detection by direct immunofluorescence.
      3. Sentinel provider reports.
      4. Hospital data (see case definitions, Appendix 2). Under 64CSR7, IDEP will request daily reports of:
        - a. Aggregate new admissions for pandemic influenza
        - b. Aggregate new admissions for influenza and pneumonia
        - c. Aggregate new deaths from pandemic strain influenza
      5. Death data (see case definitions, Appendix 2).
        - a. Under 64CSR7, IDEP will request that the commissioner make death from pandemic influenza an immediately reportable event, to be reported by faxing a preliminary copy of the death certificate to West Virginia Vital Registration at (304)-558-1051.
        - b. West Virginia Vital Registration will make entry and updating of pandemic influenza records a priority and will share the data with IDEP.
    - ii. Data feedback, including other information and recommendations:

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1. updated information will be available on the influenza surveillance website: <http://www.wvdep.org/AZIndexofInfectiousDiseases/Influenza/tabid/1518/Default.aspx>  
Circulation of the influenza report (electronic data summary) to stakeholders will continue. Stakeholders include: Local health departments, infection control professionals, laboratories, etc.
2. Regular conference calls will be necessary to keep local health departments and other local stakeholders (e.g., infection control professionals) up to date.
- iii. Daily reporting to CDC will include:
  1. Early outbreak
    - a. Incident cases (isolated persons)
    - b. Incident contacts identified (quarantined persons)
    - c. Incident deaths
    - d. Incident hospitalizations
  2. Established outbreak:
    - a. Number of incident hospitalizations for influenza and pneumonia
    - b. Number of incident hospitalizations for pandemic influenza.
    - c. Number of incident deaths from pandemic influenza.
2. Maintain communications at the state level with:
  - a. Incident command:
    - i. Activity updates as requested
    - ii. Daily data summaries:
      1. Numbers of cases (isolated persons)
      2. Numbers of contacts (quarantined persons)
      3. Number of incident hospitalizations for influenza and pneumonia and hospitalizations for pandemic influenza.
      4. Number of incident deaths
      5. Laboratory results from sentinel laboratories
      6. Aggregate data on influenza-like illness
  - b. Stakeholders, including Department of Agriculture, Medical Examiner's Office, Vital Registration, Threat Preparedness Office, Office of Laboratory Services will exchange information as follows:
    - i. Stakeholders will be on the list for the flu report (electronic data summary)
    - ii. Two-way informal communication by phone will continue.
    - iii. Conference calls will be established if needed.

## Disease Surveillance Systems Under Development

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The Infectious Disease Epidemiology Program is aware of two surveillance systems under development that will impact influenza surveillance in the future:

1. Electronic laboratory reporting (Division of Surveillance and Disease Control). When fully realized, this system should enable daily name-based electronic laboratory reporting of confirmed influenza.
  - a. Authority for reporting: 64 CSR 7-10.3.
  - b. Data to be reported includes:
    - i. Name, address, telephone, date of birth, sex and race
    - ii. Specimen source
    - iii. Date of collection
    - iv. Test result
  - c. Current status of the reporting system: The system is in development.
  
2. Electronic death reporting (West Virginia Vital Registration). When fully realized, this system will receive electronic copies of the death certificate.
  - a. Authority for reporting: 64 CSR 7-11.1
  - b. Data to be reported: copy of the death certificate
  - c. Current status of the reporting system: Bureau for Public Health Vital Registration is preparing to release a request for proposal to design the system.

## **Definition of Influenza Activity Levels (CDC)**

- **No Activity**: No laboratory-confirmed cases of influenza and no reported increase in the number of cases of ILI.
  
- **Sporadic**: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.
  
- **Local**: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.
  
- **Regional**: Outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least 2 but less than half the regions of the state.
  
- **Widespread**: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state