

Results from the 2001-2002 DoD Influenza Surveillance Program Participants Questionnaire

The following information was compiled from the returned questionnaires regarding the 2001-2002 DoD Global Influenza Surveillance Program. Bulleted statements annotate collective participant feedback. Influenza Program staff responses to the feedback are annotated by sub-bullets with the heading "RESPONSE".

1. Was the Weekly Update helpful?
 - ?? Yes, 100% of the sites reported that it was helpful.
- 1a. Did you receive it from more than one source (MAJCOM, AFIERA, etc.)?
 - ?? No. The majority of the sites received only one copy of the Weekly Update from AFIERA. Several AETC sites indicated that they also received it from MAJCOM level.
- 1b. What changes to the Weekly Update would you recommend?
 - ?? Addition of cumulative totals for each site.
 - ?? RESPONSE: Cumulative totals for each site are presently available on the DoD Influenza Surveillance website. We will also add these totals to the reports.
 - ?? Graphs of positive specimens by MAJCOM as well as service.
 - ?? RESPONSE: Since the majority of sites were Air Force with PACAF sites predominating, individual graphs by service and MAJCOM equivalent may not have enhanced the comparison or interpretation.
2. To whom do you disseminate the Weekly Update or other influenza information on an ongoing basis?
 - ?? Sites reported regularly disseminating the Weekly Update to clinics and providers, PCM teams, Readiness, and Immunizations. Influenza information was also shared at Public Health, Pro-Staff, and Flight Commander meetings.
- 2a. What feedback have you received?
 - ?? Most sites reported not receiving any feedback. Four sites that did receive feedback stated that the feedback was positive.
 - ?? RESPONSE: Those sites that are concerned by the lack of feedback are welcome to contact us for suggestions on how to determine staff satisfaction or dissatisfaction with the program. If any sites feel as though feedback from the program staff at AFIERA is inadequate, they should contact us immediately, so that we can improve communication.
3. Were the program briefings sent out at the beginning of the influenza season helpful?
 - ?? The local Public Health staff found them helpful, but would like an intensive educational campaign aimed at providers included for the upcoming season.
 - ?? RESPONSE: We encourage the base level Public Health staff to meet with the providers in small or large group meetings, such as grand rounds or weekly staff meetings. You should inform them of your sentinel site status, the criteria for Influenza Like Illness (ILI), and how to properly obtain and order the Project Gargle specimens. You may want to include a laboratory representative for the latter. We will be happy to provide all Public Health staff with an updated presentation geared toward the providers. We also encourage you to make "pocket cards" of the ILI criteria to hand out to each provider.

4. Did you have any problems obtaining/shipping the specimen collection kits?
- ?? Almost all sites indicated that there were no problems obtaining/shipping the collection kits. One stateside site indicated the kits were slow to arrive at the beginning of the season.
 - ?? RESPONSE: The virology laboratory will continue to ensure that collection kits are readily available for the participating sites. At times, supplies are slow to arrive at our laboratory, which may in turn delay shipment to the sites. Should this happen in the future, the Epidemiology Surveillance Division will utilize flash messages via its internet result page to notify those with the appropriate telnet access of the delay.
5. What obstacles did you face in participating in the program?
- ?? Fifty-three percent of the sites reported provider participation as the number one obstacle. Sites reported providers were not collecting specimens when the patient met the case definition or were using the supplied kits for chlamydia and herpes testing instead of throat cultures. Many sites also remarked that providers were not filling out the ILI questionnaires.
 - ?? RESPONSE: See number 3 above.
 - ?? Three AF sites reported the urgent reportable status of influenza to be an encumbrance.
 - ?? RESPONSE: Influenza will have a "**routine**" reporting priority this season (2002-2003). The AFRESS programmers are currently creating a new version of AFRESS that will include the routine status, as well as a new category for specimen type (RA for results run via RAPID technology). When this new version is available, we will contact the base PHOs, so that they can visit the AFRESS web site and download the new software.
6. How would you rate the timeliness/value of the communication from AFIERA?
- ?? Sites rated the communication as good to excellent, in general. One site requested that an e-mail confirmation be sent when the collection kits are shipped out.
 - ?? RESPONSE: The laboratory will be happy to send an e-mail notification when the kits are shipped if the requesting laboratory provides an electronic address for the POC. This is best accomplished by ordering kits through the **Virology Customer Service Representative, Ms. Cynthia Osburn** (cynthia.osburn@brooks.af.mil). The Epi Lab asks that the POCs use this routing for kit requests, rather than asking for the request to be passed to virology when ordering kits from other sections.
7. What outside assistance would strengthen the program at your site?
- ?? Larger campaign effort
 - ?? Message from senior leadership emphasizing program importance
 - ?? Site visit from AFIERA staff
 - ?? Tailored process specific to each site
 - ?? Incorporation of influenza surveillance with other surveillance requirements
 - ?? RESPONSE: The Joint (DoD) Influenza Surveillance Working Group recognizes the need to get the program results to top tri-service medical (SG) leadership, so that they are better informed and can foster a more supportive environment from the "top down". We are also starting to spread messages about the program through various venues, such as the Intermediate Executives Course at Sheppard AFB, as well as professional society meetings (both DoD and civilian). We are also trying to improve our visibility to high-level agencies; we briefed the Assistant Secretary of the Department of Health and Human Services and have requested laboratory collaboration with the World Health Organization.

- ?? We are very interested in making site visits. We intend to do so if funding permits, beginning with sites that have had the most difficulty reporting or where there may be evidence of an influenza outbreak (as determined by existing surveillance systems).
 - ?? In the USAF, Influenza is a reportable event, so it has already become incorporated into the AF Reportable Events Surveillance System. It is also addressed in AFI 48-105, *Surveillance, Prevention, and Control of Diseases of Public Health or Military Significance*, which is currently being updated by AF Medical Operations Agency.
 - ?? A standard reporting and collection process ensures that collection, analysis, and interpretation of the data are consistent and lead to unbiased and error-free results. However, if any sites feel that they have unique needs that are not being addressed, we would be more than happy to discuss ways to improve compliance and specimen handling with the applicable sites.
8. Are there any issues related to the program that you would like to address at DoD level?
- ?? See above.
 - ?? RESPONSE: We will ensure that the DoD and Health Affairs leadership obtain a copy of this document, so that they are aware of the issues of concern.
9. Do you ever go to the Influenza Surveillance website?
- ?? Most sites responded that they visited the site weekly.
- 9.a. Would you like to see additional information on the website?
- ?? Graph of the season's activity compared to the previous season
 - ?? Subtype information
 - ?? RESPONSE: After careful review of analyses and graphs that may enhance the presentation of our results, we will consider incorporating such information on the website beginning with the upcoming season. We are currently upgrading our graphing software and analytic routines, so this data may not be immediately available at the beginning of the season.
10. **Air Force only** Do you have any recommendations to improve entry into AFRESS?
- ?? Interviewing patient at the time of visit rather than waiting until result was available
 - ?? Remove status of influenza as an urgent reportable
 - ?? Refine exportation of data - often sites exported data, but changes/additions were not seen at AFIERA
 - ?? RESPONSE: AFIERA/RSRH is investigating ways to make the AFRESS database more accessible, automated, and reliable, to reduce such problems. See response to the second bullet in question number five above. System updates will not be available in time for the beginning of the current flu season.
 - ?? More timely patient interviews may be more fruitful in capturing important information. We encourage the base Public Health staff to discover solutions to this with their individual medical staff.

Thank you for participating in our survey!