

What is an ILI (Influenza Like Illness)?

It is an acute onset of respiratory illness with **fever and cough** and **with one or more** of the following - sore throat, arthralgia, myalgia or prostration. **In patients 65+ fever may not be prominent and flu may present as exacerbation of chronic lung disease. In children 5 years and younger fever may also not be prominent and in addition gastrointestinal symptoms may be present.**

Who is Eligible?

Consenting Ontario residents presenting with ILI and are within 7 days of first ILI-symptoms.

Did patient give oral consent?



Please proceed with collecting the specimen and filling out the patient requisition

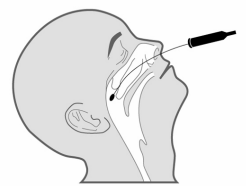


Thank You!!
Continue with regular clinical care without completing study questionnaire.

Collecting patient sample



Nasal Swab



OR

Nasopharyngeal Swab

A demonstration of NP swab collection is available at the following web link:
<http://youtu.be/DVJNWefmHjE>

Please label Tube with the following information:
Patient FULL NAME and DATE OF BIRTH.

The Requisition

Please fill out the Requisition and the Sentinel Vaccine Effectiveness Study Questionnaire 2011-2012.

SENTINEL VACCINE EFFECTIVENESS (VE) STUDY QUESTIONNAIRE 2011-12

(Only to be completed by designated sentinel sites for vaccine effectiveness study, else omit this section.)

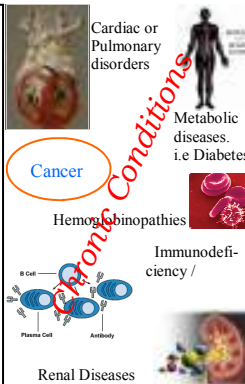
1. Patient/guardian (verbal) consent to be included in VE study? Y / N → If "No" Do not complete this section
2. Does patient meet ILI* case definition? Y / N → If "No" Do not complete questionnaire

*ILI = Acute onset of respiratory illness with fever + cough + one or more of (sore throat, myalgia, arthralgia OR prostration). Fever not required for ILI in the elderly (65+ years of age) where influenza may otherwise be suspected.

3. Specify date of first ILI symptom onset: ___/___/___ (DDMMM/YYYY)
4. 2011-12 seasonal trivalent influenza vaccine:
Did this patient receive the 2011-12 seasonal influenza vaccine? Y / N / Unknown
Was the last dose of 2011-12 flu vaccine given at least 2 weeks before the start of ILI symptoms? Y / N / Unk/NA
Month/Year of last dose of 2011-12 influenza vaccine: ___/___ (MM/YY) / Unk / NA
How was the 2011-12 influenza vaccine given? 1. By injection or 2. By nasal spray or Unk / NA
For elderly patients (65+ years), was the 2011-12 vaccine. Adjuvanted (FLUAD™) / Non-adjuvanted / Unk / NA
5. Did patient receive the seasonal trivalent influenza vaccine in 2010-11? Y / N / Unk
6. Did patient receive the pandemic influenza H1N1 (swine flu) vaccine in 2009-10? Y / N / Unk
7. Did patient receive the seasonal trivalent influenza vaccine in 2009-10? Y / N / Unk
8. Does patient have one of the chronic medical conditions** in the list below? Y / N / Unk

Medical conditions include one or more of: heart/ pulmonary (including asthma)/ renal/ metabolic (such as diabetes)/ blood/ cancer/immune compromising conditions/ conditions that compromise the management of respiratory secretions & increase risk of aspiration/ or morbid obesity (BMI ≥40).

NOTE: Age should not be considered as a chronic medical condition in responding to this question.



If patient has **any** of the above conditions please mark the "Y" checkbox. (Please note that we **DO NOT** ask for condition to be specified)

In addition to your contact information (Full Name, Address) please pay particular attention to the following critical elements:
Specimen collection date, Date of ILI onset and Vaccine history.

Packaging the Specimens

Assemble the cardboard box and ship the specimen along with the following items:

- completed requisition
- Ice pack



Call FedEx to book a pick-up :
1 (800) GoFedEx
1 (800) 463-3339

Please NO "Same day delivery"

Please DO NOT ship on a Friday
Please hold Friday samples in the fridge and call for pick up on Monday.

See back for more details

We would appreciate it if you could please thank your patient on our behalf for participating in our study.

We also thank you for taking the time to complete the study requirements and sending us the specimen.

Your participation is greatly appreciated.

If you have any questions / comments, please feel free to contact us:

Romy Olsha—Romy.Olsha@oahpp.ca
416 235 6242

Elizabeth Balogun—Elizabeth.Balogun@oahpp.ca
416 235 5965

For a more detailed outline of sample packaging and shipping instructions, please see the back of this sheet.

Detailed outline for Specimen handling and shipping.

We'd like to thank you for choosing to participate in the 2011-2012 VE study.

We look forward to working with you in the future,

If you have any questions or concerns about the study please feel free to contact us:

Romy Olsha @ 416 235 6264

Elizabeth Balogun @ 416 235 5695

Upon receiving your sentinel study kit

Please freeze at least one ice pack so they are ready when needed.

Store the other contents of the kit in a cool dry place.

- Please note that all but one of the specimen kits has been pre-assembled for you. If you have any questions about assembling the kit, don't hesitate to call Elizabeth at 416 235 5965.

When collecting specimen from patient

Take a specimen kit with requisition, swab and biohazard bag—all in the specimen shipping box.

Complete the requisition including the patient demographic information and questionnaire and place in the document area of the biohazard bag.

Take a nasal / nasopharyngeal swab from a consented patient .

Place swab in tube with transport media, close cap tightly and put in the specimen compartment of the biohazard bag.

Place specimen in the fridge until ready to ship.

On the day of shipping fill out the provided shipping waybill and call FedEx 1 (800) GoFedEx for pick up.

Before shipping please obtain one **frozen icepack** from the freezer and put in the box with the specimen and requisition.

Please be sure to send no more than 2 specimens per box AND please ensure that each specimen is in a separate biohazard bag

If specimens are collected on a Friday, weekend or before a holiday, or you are not ready to send the specimens, please store in the fridge until ready to ship. Note that **specimens** should not be frozen, please do not store in freezer.

Please note that our courier this season will be FedEx.

The phone number to call FedEx for pick up is: **1 (800) GoFedEx or 1 (800) 463-3339**

Please see below for an example of the waybill you will be receiving. Please ONLY use these for shipping VE study samples for testing. Other samples sent to the Public Health Lab should be sent following usual procedures.

This is the section you will need to fill out. Please make sure to fill it out accurately to avoid any confusion

This section has already been filled for you. You do not need to enter an account number. It has already been done for you.