

## What is Influenza Like Illness (ILI)?

ILI 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 (extreme fatigue).

Note: In patients ≥65, fever may not be prominent. Children <5 years old may also have gastrointestinal symptoms.

## Who is Eligible to participate in the SPSN?

Consenting **Ontario residents** presenting with **ILI** and are **within 7 days** of symptoms onset.

## The Requisition

Fill out the **entire** Requisition and SPSN-VE Evaluation Questionnaire 2019-2020.

**SENTINEL INFLUENZA VACCINE EFFECTIVENESS (IVE) EVALUATION QUESTIONNAIRE 2019-20**  
(Only to be completed by designated sentinel sites for VE study; ensure MSC number is included on form above)

**PARTICIPANT ELIGIBILITY**

- Was verbal consent obtained from the patient/guardian?  Y  N **IF YES, must check Y to be included; IF NO, skip to Question 6**
- Does patient meet ILI case definition?  Y  N **IF YES, must check Y to be included; IF NO, skip to Question 6**

**SYMPTOMS**

- Date of first ILI symptom onset\*:  Day /  Month /  Year:  2019  2020 **OR**  OUnk  
\*Symptom onset must occur within 7 days of specimen collection to be eligible
- Check any of the following symptoms that the patient reports as part of this illness episode:
 

<input type="checkbox"/> Fever	<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Prostration (extreme fatigue)
<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Conjunctivitis (red eyes)

**INFLUENZA VACCINATION HISTORY**

- Did patient receive the 2019-20 seasonal influenza vaccine?  Y  N  OUnk **IF NO → skip to Question 6**
  - Was (last dose of) 2019-20 influenza vaccine given at least 2 weeks before onset of the current ILI illness?
    - YES, it has been 2 or more weeks between vaccination & onset of the current illness
    - NO, it has been less than 2 weeks between vaccination & onset of the current illness
    - Unknown
  - Month of (last dose of) 2019-20 influenza vaccine: 2019:  Oct  Nov  Dec 2020:  Jan  Feb  Mar  Apr
- Did patient receive the 2018-19 seasonal influenza vaccine (i.e. last season's vaccine)?  Y  N  OUnk
- Did patient receive the 2017-18 seasonal influenza vaccine (i.e. the season before last)?  Y  N  OUnk

**CHRONIC MEDICAL CONDITIONS**

- Does patient have any of the chronic medical conditions in the list below? (do NOT specify which condition)  Y  N

Chronic Conditions: Hemoglobinopathies, Cardiac or Pulmonary disorders, Cancer, Immunodeficiency/immunosuppression, Renal Diseases, Metabolic diseases, e.g. Diabetes.

Y: Yes; N: No; Unk: Unknown; NA: Not Applicable

If the patient has **any** of the listed chronic conditions please mark the **"Y"** checkbox. (Please **DO NOT** specify the condition.)

In addition to the patient's and your contact information (full name and address) pay particular attention to the following critical elements:

- ⇒ **Specimen collection date**
- ⇒ **Date of ILI onset**
- ⇒ **Vaccination history.**

Note: Specimens with incomplete requisition may be rejected.

## Did patient/guardian give verbal consent?



No



• Give consent page to the patient/guardian for their records.

• Proceed with filling out the requisition and collecting the specimen.

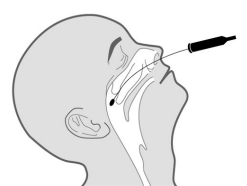
• Droplet and contact precautions must be initiated, including use of gloves, surgical mask with facial protection and possibly a gown.

Thank You!!  
Continue with routine clinical care, without completing the SPSN questionnaire.

## Collecting patient specimen



OR



Nasal Swab

Nasopharyngeal Swab

A demonstration of NP swab collection is available at the following web link:

<http://youtu.be/DVJNWefmHjE>

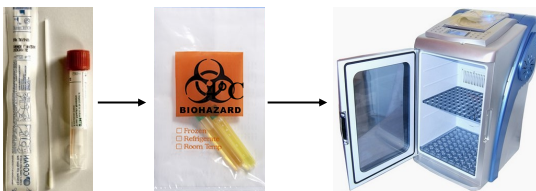


**Label the tube** with the following 2 identifiers:

**Patient's FULL NAME and DATE OF BIRTH** (Note: specimens not fulfilling these criteria will be rejected)

## Packaging the Specimens

Place the tube in a bio-hazard bag and seal the bag. Insert the completed SPSN requisition to the outer pocket of the bio-hazard bag.



**Keep the specimen refrigerated @ 4°C until ready to send.**  
**Send the specimen to your local Public Health Ontario Laboratory using routine procedures.**

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 or comments, please feel free to contact us:

**email: SPSN.ON @ oahpp.ca**

**phone: 647-792-3187**

**web: www.publichealthontario.ca/VE**

# Detailed outline for Specimen handling and shipping.

We'd like to thank you for choosing to participate in the 2019-2020 SPSN.  
If you have any questions or concerns about the program please feel free to contact  
[Romy Olsha by phone \(647.792.3187\)](tel:647.792.3187) or email ([SPSN.ON@oahpp.ca](mailto:SPSN.ON@oahpp.ca))

## **Upon receiving your sentinel kit**

Place the SPSN requisitions and patient consent forms in an accessible location.  
Store the swabs in a cool dry place.

## **Collecting a specimen from your patient**

Obtain the patient or guardian's consent.  
Take a specimen kit, including a VE requisition and consent, swab and biohazard bag.  
Check the **expiration date** of the swab **and** transport media (it may not be the same!) Discard if expired.  
Fill out the requisition and patient questionnaire and place it in the document pocket of the biohazard bag.  
Collect a nasal or nasopharyngeal swab, place the swab in the media tube, break off the handle side of the swab and close the tube's cap tightly. Leaky specimens will be rejected.  
Place the closed tube in the biohazard bag and seal the bag.

## **Shipping the specimen**

Store the specimen in the fridge @ 4°C until ready to ship.  
Submit the specimen together with the completed SPSN requisition to your local Public Health Ontario Laboratory following your office's routine specimen submission procedures.  
Please contact Romy by phone or email with any question or concern, or to order more SPSN supplies.