Q: What is an ILINet sentinel provider?
Unlike that of many other diseases, influenza surveillance is not focused on determining and quantifying cases with clear cut definitions. Instead, a variety of different surveillance indicators are collected by state and national influenza surveillance programs to determine the timing and relative severity of each influenza season. **ILINet sentinel providers are healthcare providers who report how many visits they have weekly for influenza-like illness (ILI) into a CDC-run system called ILINet.** Nationwide, more than 2,000 providers participate as ILINet sentinel providers every year. In recent years, West Virginia has 50-60 sentinel providers participate in this effort.

Q: Who is eligible to be an ILINet sentinel provider?
ILINet sentinel providers can be healthcare providers of any specialty, but it is preferred they are primary care providers or providers who would likely see patients for respiratory illnesses throughout the year.

Hospital emergency departments (EDs) used to be ILINet sentinel providers, but the emergence of syndromic surveillance and a national syndromic surveillance system called ESSENCE (previously BioSense) made it unnecessary for EDs to manually report ILI into ILINet and thus serve as sentinel providers. Even still this 2021-2022 influenza season, the percentages of visits for ILI are still reported out separately for ILINet sentinel providers and for EDs in West Virginia.

For the past couple of seasons, the CDC Influenza Division has made available the opportunity for EDs to serve as ILINet sentinel providers again. Under this new mechanism, EDs reporting their syndromic surveillance data to ESSENCE will have their data pulled by CDC staff and migrated into ILINet. Therefore, hospital EDs would no longer need to manually report data into ILINet to participate as ILINet sentinel providers. However, each EDs’ previously reported ESSENCE data must be evaluated and pass the CDC’s data validation process before they can become ILINet sentinel providers.

**Laboratories of any kind are not eligible.** As required by the West Virginia Reportable Disease Rule, they must report certain influenza laboratory results weekly to the West Virginia Influenza Surveillance Coordinator. If your facility has a laboratory with questions about this process, please contact Margret.A.Watkins@wv.gov.

Q: What are the responsibilities of an ILINet sentinel provider?
1. Keep reporting facility electronic data to the West Virginia Health Information Network and/or ESSENCE. CDC staff will pull facilities’ data from ESSENCE weekly, so there should be little additional effort required of facility to participate in this effort.

2. Collect respiratory specimens from patients with ILI and submit up to five per week to the state public health laboratory (Office of Laboratory Services) for influenza testing and characterization.

3. Communicate with local health department and/or influenza surveillance program about important matters (e.g. technical issues, changes in point of contact, local ILI outbreaks of which the sentinel provider is aware or is managing).
Q: **What are the incentives of being a sentinel provider?**
- Free specimen collection kits and shipping materials to submit respiratory specimens to the state public health laboratory, as supply and funding are available.
- Distribution of the West Virginia Weekly Influenza Surveillance Report.
- Traditional ILINet sentinel providers can request free doses of adult influenza vaccine distributed by the West Virginia Division of Immunization Services (DIS). The number of doses provided is based on sentinel provider’s staff size, with an ability to justify additional doses. If interested, these entities are encouraged to make a request for this incentive upon enrollment, and DIS staff will take requests under consideration.

Q: **How does a healthcare provider officially become a sentinel provider?**
Healthcare providers need to enroll as sentinel providers every year, regardless of whether they participated last year or in previous years. Please enroll by completing the [Sentinel Provider Enrollment Form](https://oeps.wv.gov/flu/pages/default.aspx). Due to previous issues and to the “new normal” created by the COVID-19 pandemic, **provider enrollments by fax or e-mail will no longer be accepted.** Once a provider has filled out the online enrollment form, the influenza surveillance program will distribute communications and other materials to them in a timely manner.

The CDC Influenza Division does not have a specific Data Use Agreement for this effort, citing that it falls under “appropriate public health use” of ESSENCE data.

This FAQ should only be going to hospital EDs who have passed the CDC’s ESSENCE data validation. Facilities who have not passed validation will have their enrollment rejected.

Q: **Will there be changes to the sentinel provider program this year because of COVID-19?**

**CDC has not changed what data is reported to ILINet every week**

A major change to not only the sentinel provider program but to the influenza surveillance program at large is how we conduct our virologic surveillance at the state public health laboratory. The program will be finalizing a testing algorithm and process very soon that will account for the differences in testing for COVID-19 (diagnostic) and influenza (surveillance) at the laboratory as well as biosafety concerns.

Q: **Are there opportunities to learn more about this program or influenza surveillance in general?**

The West Virginia influenza surveillance program holds an annual webinar. This year, the West Virginia Immunization Network will host "The 2021-2022 Influenza Season & The Future of Respiratory Disease Prevention" webinar in September. The presentation will be available for viewing at [https://wvruralhealth.org](https://wvruralhealth.org).

Thank you for your consideration of this program! If you have further questions, please contact the Influenza Surveillance Coordinator via email at Margret.A.Watkins@wv.gov.