ILINet Sentinel Provider Enrollment Form

2026-2027 Influenza Season

West Virginia Office of Epidemiology and Prevention Services
Immunization Services Division
Phone: (304) 558-2188

Instructions: Please complete all questions on the form. Once complete, return the form by email to sentinelflu@wv.gov. You will receive a confirmation email with more information once your enrollment has been completed in ILINet.

Practice Information

Practice Name: _____

Mailing Address: _____

City, State: _____

Zip: _____

County: _____

Phone Number: _____

Practice Type: _____

Point of Contact Information

Provider Name, Credentials: _____

Email: _____

Primary Point of Contact: _____

Preferred Contact: ☐ Email ☐ Phone

Email: _____

Phone Number _____

Alternate Point of Contact: _____

Preferred Contact: ☐ Email ☐ Phone

Email: _____

Phone Number: _____

Influenza Vaccine Information

Are you interested in receiving free adult influenza vaccine?
(The adult influenza vaccines are capped at 100 doses).
Note: You must still complete the order form and send to the vaccine manager at OEPSimmunize@wv.gov

- ☐ Yes
- ☐ No

How many doses are you requesting? _____

Are you a Vaccines for Children (VFC) provider?

- ☐ Yes
- ☐ No

Additional Information

Have you participated in West Virginia's Influenza-like Illness Surveillance Network before?

- ☐ Yes
- ☐ No

How many patients are seen in the practice on a weekly basis?

- ☐ Less than 500 patients per week
- ☐ 500 or more patients per week

Have you contacted the local health department to inform them of your participation?

- ☐ Yes
- ☐ No