

## New Brunswick Sentinel Practitioner Respiratory Network (NB SPRN):

### Respiratory Surveillance Instructions 2023-2024 Season

#### Overview of Respiratory surveillance

The New Brunswick Respiratory Surveillance System is used to monitor respiratory activity, severity, changes with circulating viruses (including vaccine match), detect novel viruses, and detect a pandemic. This information is instrumental in the development of evidence-based strategies and guidelines for Public Health and other Health Care Professionals, advice to the Public, and the development of effective vaccines.

#### Sentinel respiratory surveillance in New Brunswick

The Office of the Chief Medical Officer of Health aims to re-scope and re-launch its Sentinel Surveillance System to better understand circulating respiratory illnesses within the province and its associated Health Regions. The objective of this project is to estimate population level underlying trends of ILI (influenza-like illness) within the province as well as facilitate respiratory specimen collection across the province to adequately characterize circulating strains as well as monitor for severity. In effort to increase population representation and generalizability of results, the Office of the Chief Medical Officer of Health is proposing to recruit emergency departments across the province as sentinel sites for reporting of individuals with ILI. Phase 1 and Phase 2 of this project (2023-2024) will aim to increase ILI syndromic surveillance at various sites in the province, while Phase 3 (2024-2025) will aim to increase respiratory testing in the community (i.e. physicians' offices, clinics, Health Centers, etc).

#### Reporting Requirements: ILI patient consultation

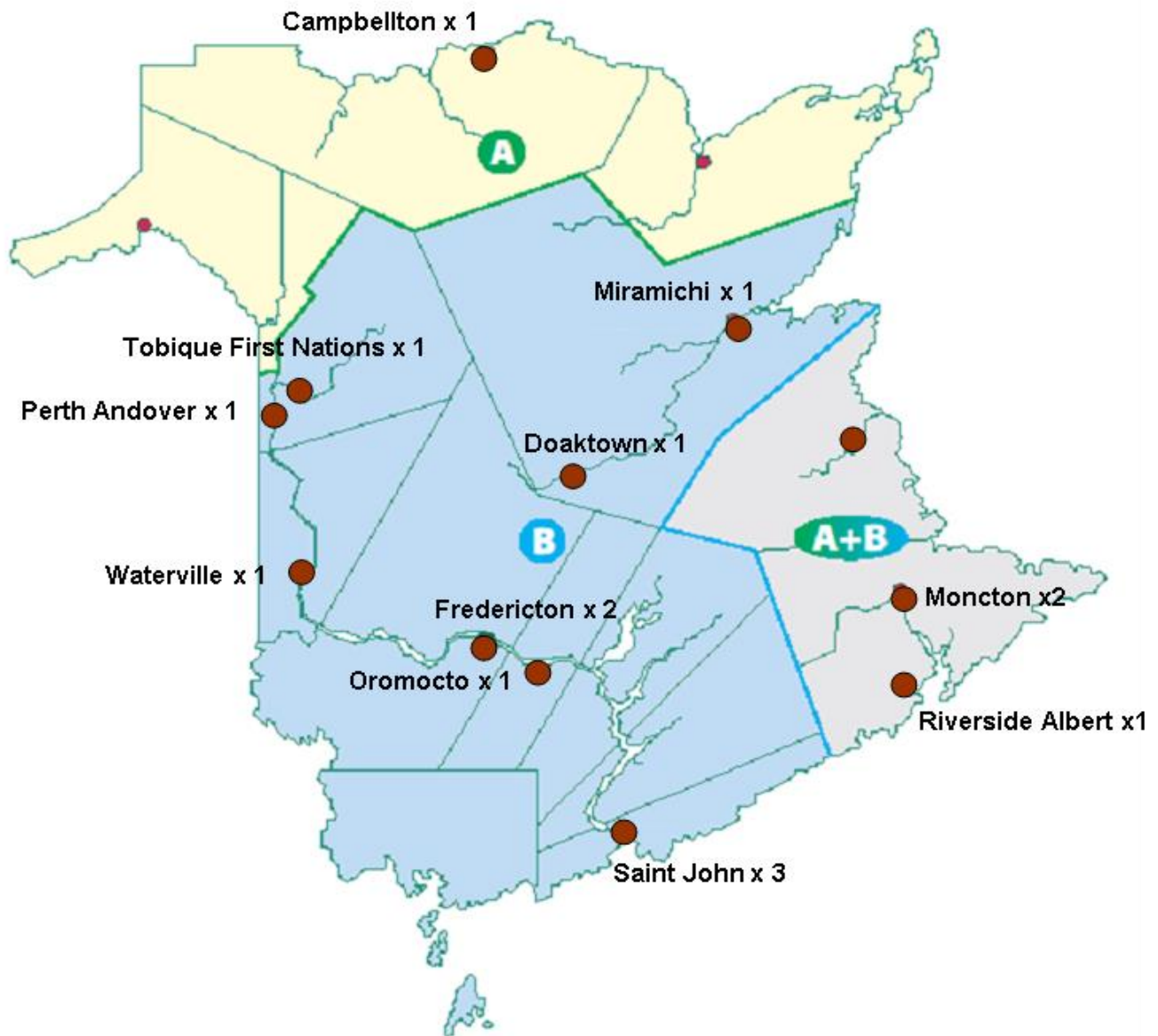
- Participating Emergency Room sites are instructed to enter the code "I-L-I" within their electronic system for reason for consultation of any person presenting to ER with influenza-like symptoms (no differentiation between influenza-like-illness and COVID-like illness).
- For existing, non-ER, NB SPRN practitioners that collects information on ILI, you will continue to receive a weekly email from CNPHI (Canadian Network for Public Health Intelligence) each Monday with a link active until Sunday 11:59pm of the same week. Practitioners are asked to fill in the data entry site (see Appendix B) with the number of ILI cases seen by age group out of the total number of patients seen for one day during the week.

#### Reporting Requirements: Lab specimen submission

Sites participating in the 2023-2024 specimen collection pilot may refer to the '*NB SPRN Spec Collection\_2023-24*' for detailed instructions on the specimen collection procedure.



### Appendix A: NB SPRN Site Map for 2023-2024 (As of July 2023)





# Appendix B: CNPHI Sentinel Physician ILI Reporting Form

physid=408&code=ca6901e4

Physician Weekly Report

Physician Name: Liza Lee  
 Sentinel #: 9999999  
 Report Week Code: 21  
 For week ending: Sat May 30  
 Report Date: Mon May 25

**Report week begins Sunday and goes through to Saturday.**

### ILI Data Entry

No Data to Report

Number of ILI cases for each age group must be less than the total patients seen by age group.  
 Total Patients must be provided if there are any Cases of ILI reported for that age group.

Age Group	Total Patients seen by Age Group	Cases of ILI (as per case definition)
Age < 5	<input type="text"/>	<input type="text"/>
Age 5-19	<input type="text"/>	<input type="text"/>
Age 20-64	<input type="text"/>	<input type="text"/>
Age 65+	<input type="text"/>	<input type="text"/>

### Practice Setting \*

Your practice setting on your report day was

- Mostly by pre-scheduled appointment
- Mostly walk-in appointments
- Mostly emergency room visits
- Mix of pre-scheduled and walk-in appointments
- Mix of pre-scheduled appointments and emergency room visits
- Other, explain

## Appendix C: NB SPRN Lab Requisition Form



### NEW BRUNSWICK SENTINEL PRACTITIONER RESPIRATORY NETWORK (NB SPRN) LAB REQUISITION

**INSTRUCTIONS FOR SENTINEL SITE:** Send completed requisition and refrigerated specimen to your laboratory as soon as possible. Specimen and requisition must be identified with patient's full name and Medicare number.

**INSTRUCTIONS FOR REGIONAL LAB:** Send refrigerated specimen to the Dr. G. L. Dumont University Hospital Centre Virology Laboratory  
330 University avenue, Moncton, N.B. E1C 2Z3  
PH: (506) 862-4140 Fax: (506) 862-4827

**NOTE:** All sentinel surveillance specimens will be tested for all 3 respiratory infections (influenza, COVID-19 and RSV). Sentinel sites submitting specimens will be informed of the results of these 3 infections.

Referred Hospital: _____		Specimen #: _____	
Site: <input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Doctor's office	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> ER
<input type="checkbox"/> First Nations Health Centre	<input type="checkbox"/> University	<input type="checkbox"/> Clinic	<input type="checkbox"/> Other, specify type: _____
Specify site name: _____			
Patient Information			
Patient name: _____		Unit #: _____	Sex: _____
Date of Birth (dd/mm/yyyy): _____		Medicare number: _____	
Address: _____		Attending Physician: _____	
_____		Ordering Physician: _____	
Collection date (dd/mm/yyyy): _____		Collection Time: _____	Completed by: _____
Test			
Test required for surveillance: <input checked="" type="checkbox"/> PCR surveillance Tri-panel (Influenza, COVID-19, RSV)			
Specimen Source			
<input type="checkbox"/> Nasopharyngeal swab	<input type="checkbox"/> Nasopharyngeal aspiration	<input type="checkbox"/> Nasal swab	<input type="checkbox"/> Throat/Nasal swab
<input type="checkbox"/> Other: _____			
Relevant clinical and epidemiological information			
Received antivirals for influenza (Oselta/Zanamivir):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received current seasonal COVID-19 vaccine <sup>1</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received antivirals for COVID-19 (Paxlovid):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received current seasonal influenza vaccine <sup>1</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travelled in the last 14 days:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Received current seasonal RSV vaccine <sup>1</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to swine or poultry in the last 10 days:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
Laboratory Use Only		Date and hour received at G.L.-Dumont: _____	

<sup>1</sup> A seasonal vaccine is defined as having received a COVID-19, influenza or RSV vaccine anytime after the start of the current respiratory season (after September 1st).