

Date

NAME

ORGANIZATION

ADDRESS

CITY, STATE ZIPCODE

Dear,

The Division of Infectious Disease Epidemiology of the Bureau of Public Health, in conjunction with the Centers for Disease Control, is attempting to broaden the network of influenza surveillance providers. Physicians, physician's assistants, and nurse practitioners from internal medicine, family practice, pediatrics and emergency medicine are being sought to participate as sentinel providers.

The purpose of this program is to facilitate a faster recognition of influenza activity, the recognition of new and emerging strains of influenza, to epidemiologically investigate the temporal and geographical progression of influenza, to encourage immunization against influenza and to contribute to the global (WHO) effort to identify appropriate strains of influenza vaccine.

Participation in the Sentinel Program will allow you to be informed of the latest developments and epidemiology of influenza. The program will provide timely feedback on the data submitted, summaries of regional and national influenza data, and a free year-long subscription to CDC's Morbidity and Mortality Weekly Report and the Journal of Emerging Infectious Diseases. In addition Providers receive a certificate of appreciation from CDC at the end of the season.

The time and effort required for your participation is minimal. Two nasopharyngeal swabs per week from patients with influenza-like illness are requested to be sent to the Office of Laboratory Services for testing and strain identification. Data on the number of influenza-like illnesses seen for the week and the total number of patients seen for the week is transmitted to CDC on a weekly basis via the Internet, a touch-tone phone, or fax.

A worksheet, instruction sheet, and free laboratory testing for isolation and identification of samples will be provided by the Centers for Disease Control. Free specimen collection kits with prepaid mailers are mailed from the Office of Laboratory Services to you upon request.

If you are interested in this program, please fill out the accompanying form and mail or fax it to this office; or you can call us and give us the information. Your participation is very important to us and vital for the success of this program.

Sincerely,

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