

New Brunswick Sentinel Practitioners Respiratory Network NB SPRN



Department of Health

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Office of the Chief Medical Officer of Health



Respiratory Program and Surveillance

- Suzanne Savoie , Surveillance Officer
- Shannon Leblanc, Epidemiologist
- Paige Paulsen, Research Officer
- Carole Breau, Senior Program Advisor Respiratory Diseases
- Louis-Alexandre Jalbert, Laboratory Technical Liaison Officer

Medical Officers of Health

- Dr. Jennifer Russell
- Dr. Yves Leger
- Dr. Kimberley Barker
- Dr Mark McKelvie
- Dr. Arifur Rahman
- Dr. Rita Gad

Senior Management:


- Mathieu Chalifoux, Chief Epidemiologist, Epidemiology and Surveillance

Overview




- Principles of surveillance
- Restoration of sentinel surveillance in NB
- Distribution of NB SPRN sites
- Procedures

Principles of surveillance



- Epidemiologic surveillance is the ongoing systematic collection, recording, analysis, interpretation, and dissemination of data reflecting the current health status of a community or population
- Sources of surveillance data include sentinel practitioners (clinical and laboratory), hospitalizations and deaths, outbreak reporting (nursing homes, hospitals, schools, workplaces and other settings), and media reports monitoring
- There is no single perfect source of surveillance data! Different types/sources usually complement each other

Principles of surveillance



How to enhance the value of surveillance system?

- Maintain consistency and regularity in reporting
- Build a “longer” baseline (statistics always work better with larger numbers)
- Feedback and dissemination are as important as reporting

NB respiratory surveillance system



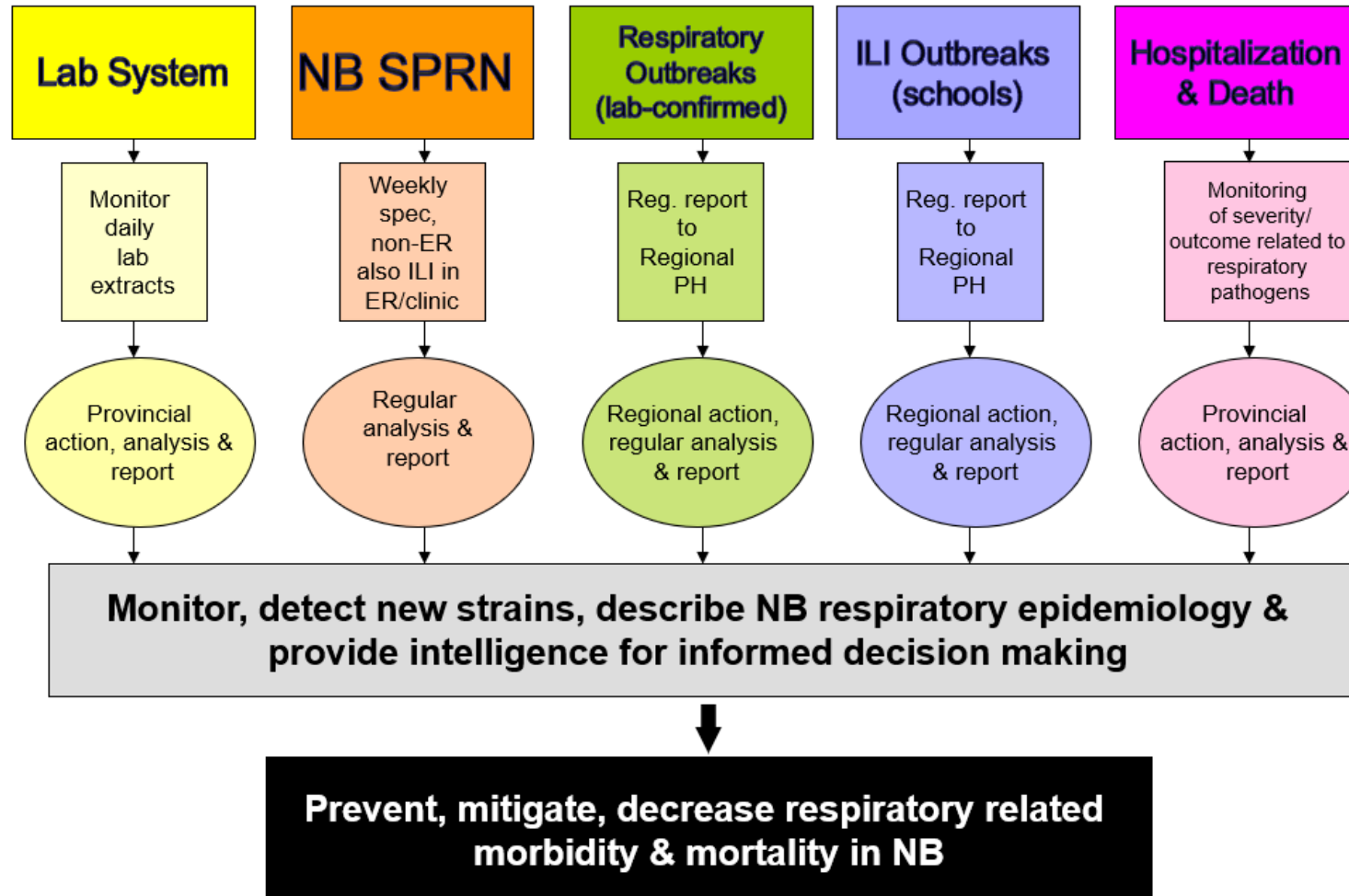
The sentinel system operates under two major components:

1. Syndromic monitoring of influenza-like-illness (ILI), and
2. Submission and analysis of laboratory specimens on patients presenting with influenza-like-illness

Several sources of data:

- Laboratory data from the DGLDHUC Public Health Laboratory and the National Microbiology Laboratory.
- Reports of outbreaks of COVID-19, influenza and influenza-like illness from nursing homes, hospitals, schools and other settings.
- National Severe Outcome Surveillance, a hospital-based surveillance of influenza hospitalizations, ICU admissions and deaths.
- COVID-19 and influenza hospitalization and death surveillance data.
- Epidemiological data obtained from NB sentinel network of clinicians and ER sites.

NB respiratory surveillance system



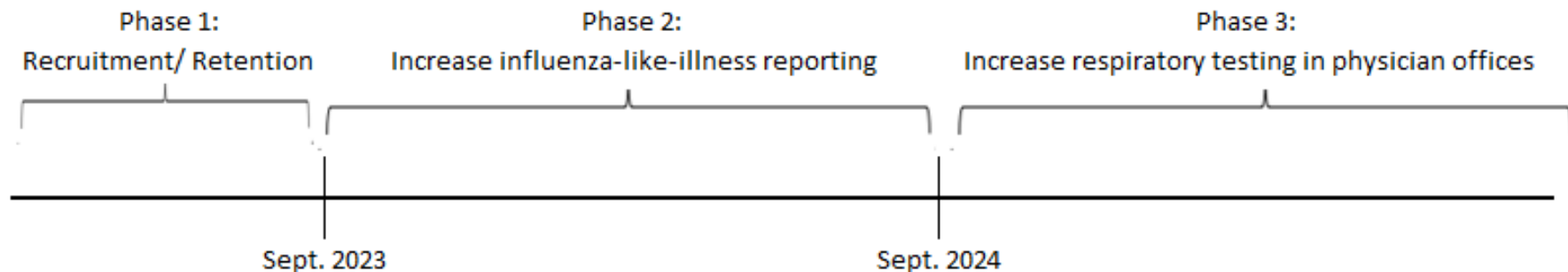
Restoration of sentinel surveillance in NB



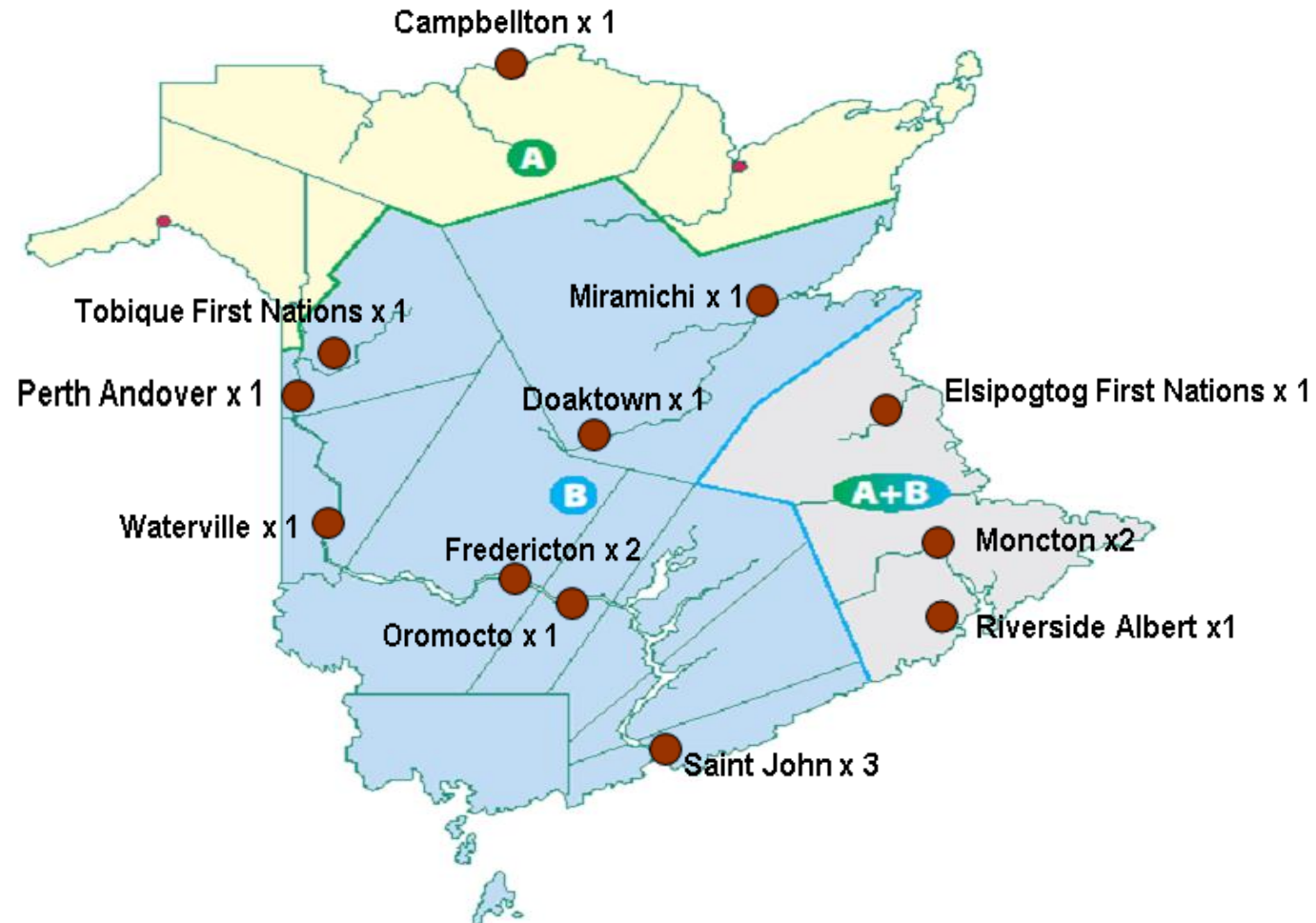
- In 2009, the NB SPIN underwent significant enhancements to better monitor provincial influenza activity within specific sites and Health Regions.
- The onset of the COVID-19 pandemic has severely disrupted provincial sentinel surveillance activities, namely due to participating partner practices moving part of their practice towards virtual consultations for individuals presenting with ILI.
- The sentinel surveillance program suspended its laboratory specimen collection component of the program in 2021, and while syndromic surveillance continues, partner participation has dropped by about 50% since the 2018-2019 respiratory illness season.
- Starting with the 2023-24 respiratory season, the aim is to re-scope and re-launch the sentinel surveillance program to better understand circulating respiratory illness.

Restoration of sentinel surveillance in NB

- As part of a three phased approach, the goal is to better monitor influenza and COVID-19 using ILI and laboratory testing results:
 - Phase 1 targets increased participation from the previously established SPIN program and to consult with Regional Health Authorities to inform them of the process to collect ILI data from emergency rooms using administrative data;
 - Phase 2 aims to initiate the submission of aggregate data from participating facilities and begin collecting data from emergency rooms;
 - Phase 3 includes increasing respiratory testing in the community.



Restoration of sentinel surveillance in NB



NB SPRN collaboration



- Collaboration between several key organizations:
 - Office of the Chief Medical Officer of Health
 - Regional Medical Officers of Health
 - Department of Health; Hospital Services
 - Regional Health Authorities
 - Dr. Georges-L.-Dumont University Hospital Centre Laboratory, Moncton
 - FluWatch, Public Health Agency of Canada
 - Clinicians (NB Physicians, Nurses and Nurse Practitioners)
 - First Nation communities
 - Universities

Recording ILI: definition



- Acute onset of respiratory illness with fever and cough and with one or more of the following:
 - Sore throat
 - Arthralgia
 - Myalgia or prostrationwhich could be due to the influenza virus
- In children under 5 GI symptoms may be present
- In patients under 5 or 65 and older, fever may not be prominent

Recording ILI: procedure



- Sentinel sites are asked to contribute to ILI component every week;
- The site representatives are asked to contact the Office of the Chief Medical Officer of Health if there are any problems, or if the representative determines that their site would not reliably contribute to either the ILI or lab component.

Recording ILI: data entry screen

physid=408&code=ca6961a4 Physician Weekly Report

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

i 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

Lab component update



- For the 2023-24 season, up to four sites will be selected to pilot the laboratory component of the sentinel surveillance program;
- The laboratory component will remain paused for all other SPRN participants;
- The goal of the pilot is to establish any limitations that currently exist ahead of a widespread roll out for the 2024-25 season.