

December  
2015

# TARRANT VIRAL WATCH

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## Season's Greetings from the TARRANT Team!

The influenza season is thankfully off to a slow start this year but as the holiday season approaches and gatherings increase, we will likely start seeing spikes in activity. Similar to last year, A(H3N2) is predominating. Overall, non-influenza viruses, particularly enterovirus/rhinovirus are most prevalent at this time.

In this newsletter, we have provided updates on our current projects. We have also featured the Canadian Primary Care Sentinel Surveillance (CPCSSN) project, which is currently recruiting family physicians and nurse practitioners.

We wish all of our sentinels, study partners and stakeholders a wonderful holiday season and a very happy, healthy New Year.

All the best to you, your staff & your families!!

*Jim Dickinson, Elaine Douglas, Virginia Goetz, Kinza Rizvi and Ian Johnston*

## Join Our Colleagues in CPCSSN and Help Improve Primary Care in Canada

**The Canadian Primary Care Sentinel Surveillance Network (CPCSSN)** is a collaboration of practice-based research networks across Canada, which extract anonymized patient data from primary care EMRs for the purpose of research, disease surveillance and clinical quality improvement.

Patient data are extracted bi-annually, de-identified, cleaned and processed before being merged into a local and national data repository. Participating full-service family physicians and nurse practitioners receive regular reports based on their panels and can receive copies of their EMR data for QI purposes.

Currently, **over 800 family** doctors in Canada contribute data from more than **1 million patients**.

EMRs: Wolf, Med Access, Telin, Practice Solutions, (soon) HealthQuest.

There is no cost to participate and no work involved on your part after consent.

Please contact the local network for more information and to **join!**

Contact: [marta.shaw@ucalgary.ca](mailto:marta.shaw@ucalgary.ca)

Website: [www.cpcssn.ca](http://www.cpcssn.ca)



Canadian Primary Care Sentinel Surveillance Network  
Réseau canadien de surveillance sentinelle en soins primaires



TARRANT Viral Watch, Department of Family Medicine, University of Calgary  
G012, Health Sciences Centre, 3330 Hospital Drive NW, Calgary, Alberta, T2N 4N1



Elaine Douglas (Research Coordinator): 403-210-9261  
Kinza Rizvi (Research Assistant): 403-210-7806

Virginia Goetz (Research Assistant): 403-220-2750  
Ian Johnston (Research Assistant): 403-210-7806

Fax: 403.210.9883

Secure Fax: 403.210.9337

[tarrant@ucalgary.ca](mailto:tarrant@ucalgary.ca)

[www.tarrantviralwatch.ca](http://www.tarrantviralwatch.ca)

# Program Updates and Reminders

## Vaccine Effectiveness (VE) Study

- ◆ Swab kits and requisition forms for the new 2015-2016 influenza season were distributed to all sentinel sites in October. Please use only the new **yellow** requisition forms and discard last year's orange forms. If you require additional materials during the season please contact us by phone/email/fax (contact information on front page).
- ◆ ProvLab will no longer be performing non-influenza Respiratory Virus Panels on VE samples. We will continue to report influenza results down to strain type.
- ◆ We hope that each time you see a consenting patient who meets the ILI case definition, you will take a few moments to collect a swab & fill in the VE Study Requisition Form. (And just a reminder, this is the only form you need to send – you do not need to send a ProvLab Form as well.)

### Reminders:

Every sample submitted is very important to our study and it pains us to see your submission rejected! The items listed below will result in guaranteed rejection, so please ensure that you avoid these common mistakes:

1. **Missing PHN** –ProvLab will not process these samples.
2. **Missing Specimen Information** –ProvLab will not process samples that do not indicate specimen type.
- \* 3. **Missing Patient Verbal Consent** –This is one of the most common causes of rejection. If the patient consents, please check the “Yes” box. If they do not consent, please do not use a VE requisition form.
- \* 4. **Not Using a current yellow VE Requisition Form** –Study questions change yearly, so we cannot enter data from prior year forms into the current database. Throw those old forms into the recycling bin!
5. **Improper Specimen Handling** –Incorrect swab types, improperly labeled samples and leaking samples are the most common problems to avoid in this category.

\* **New this year:** ProvLab will not process these samples & will send you a “Cancelled” report.

## TARRANT Weekly ILI and Pediatric Gastroenteritis (CPGS) Monitoring

As of Week 1, 2016 (January 3<sup>rd</sup> -9<sup>th</sup>) reporting will be done online through REDCap. Please see Page 3 for details.

### Reminders:

We request that your data be sent to us by the Monday after the surveillance period ends. The due date will be indicated in the email link. For ILI, if your data is not received by Tuesday morning, it does not make it into TARRANT's report and therefore, doesn't contribute to real-time surveillance which is TARRANT's primary goal. We still accept late TARRANT weekly incident reports for both studies as they contribute to the overall surveillance in Alberta and become part of AH's Seasonal Report which is prepared each summer. However, please note that we **no longer compensate for late reports**.

We realize you and your staff take time out of your busy day to complete these forms and we greatly appreciate this. Please let us know if there are any issues preventing you or your staff from timely submission and we will be happy to help any way we can. If you will be away for short periods, you can send the reports ahead of time indicating “zero patients seen” for those weeks.

## Reports to Sentinels

Starting in January, we will send out the TARRANT Bulletin on a monthly basis. This report summarizes data from both the VE study and the weekly ILI surveillance program. CPGS Bulletins will be distributed sporadically based on available data. We will also continue sending out our Newsletter three times a year, with the next issue arriving May/June.

## Submitting Weekly ILI & CPGS Reports Online

**Starting in Week 1, January 2016** we will have a new system for weekly reporting. Instead of submitting your data by fax or online through our website, we will be automating the process using **REDCap**, a secure web-based application.

We will send you or your designated office representative an e-mail each week on Thursday afternoon, around 4pm. The e-mail will contain a personal link to access your report for that week. If you have not completed your report by the following Monday, we will send one reminder e-mail.

If you are taking part in both studies, once you have submitted your ILI data you will be able to submit your CPGS data using the survey queue which will come up automatically when you submit a report.

Note that the survey queue is unique to you and will allow you to submit the following and subsequent weekly reports in advance if you know you will be away and won't be seeing patients. If you prefer, you may wait for the weekly e-mail link.

You can also save or e-mail yourself a copy of a link to your survey queue by clicking "Get link to my survey queue", you will be able to access and submit reports at anytime from anywhere you have an internet connection. The reports work on all devices we have tested so you should be able to use your smartphone to submit reports if you wish.

If you've submitted a report in advance (because you will be away for example), you should not receive any e-mails until your next uncompleted report is due. Please contact us if you receive unexpected messages.

Once a report has been submitted, you (or your office representative) will receive a confirmatory e-mail. Feel free to save these for your records to ensure you know how many weeks for which to expect payment. This e-mail also has an attachment with a supplies request form, please complete and return this to us whenever you need supplies.

The online report is designed to only ask you questions if the previous answer suggests you need to answer them. If you were away, you would only answer one question. Some offices have an MOA or similar who submits reports for multiple practitioners. Unless you are in this position and submitting multiple reports, you do not need to enter a name when prompted, your reply is electronically linked to your record in our system.

As usual, if we notice that we are not receiving reports (even just to say you are away), one of our research staff will contact your office.

We hope that this is an improvement on the fax system and makes your participation in TARRANT Viral Watch easier. If you are unable to submit your data by this method or encounter any difficulties, please get in touch and we will be happy to assist you.



## Community Pediatric Gastroenteritis Surveillance (CPGS) Update

Data was initially limited due to what ProvLab assured us was a “quiet” winter. Since then, we have continued to see samples submitted throughout the summer and with our increased number of sentinels participating in this study, we are hopeful to have more concrete findings by the spring.

We are collaborating with colleagues at Alberta Children’s Hospital (APPETITE group). Their mainly emergency department-based data will be combined with that submitted by our community based sentinels to answer a number of questions related to pediatric gastroenteritis affecting children in Alberta.

By July, we had sufficient data to determine that bulk stools samples were no longer required and only swabs (either rectal or from a soiled diaper) need to be submitted as they provide adequate viral particles for analysis.

Parent/guardian follow-up is now done online through REDCap whenever possible. This allows caregivers to give us additional information such as disease course and breast feeding information at a time convenient to them. We would encourage you to obtain an e-mail address where possible on the enrollment form as it is the easiest for them and provides the most complete data. We will not use email for ANY other purpose.

If you would like to enrol in this study, please contact us, we’ll be happy to provide further information and send you required materials. The study undertakes viral gastroenteritis diagnosis in children under 6 years. Now that rotavirus vaccination is included in the provincial schedule, we will assess the efficacy of this vaccine whilst furthering understanding viral epidemiology, including the impact on families & health care service.

## Staff Changes

In January, we welcomed a new Research Assistant, Ian Johnston. Ian is a medical graduate from Scotland pursuing family medicine residency training in Alberta and brings a wealth of knowledge and research experience to our program.

In May, we wished farewell to one of our Research Assistants, Salim Ahmed. Salim has left our program to focus on his other research activities and we wish him the very best in his future endeavors.

At the same time, we welcomed Virginia Goetz to our program. Virginia completed her B.Sc. in Biology & Life Sciences at University of British Columbia in May, 2015 with plans to enter the medical profession.

We have already benefited from Virginia’s involvement in our program and look forward to further contributions.

In October, our Research Administrative Assistant Kim Le began her maternity leave. We wish Kim & her family all the best with their new arrival and look forward to Kim returning next fall.

Virginia has taken the dual role of Research Assistant and Administrative Assistant and is currently the main contact person for the project.

Our team is always happy to hear from sentinels and stakeholders. Please contact us at any time with questions, concerns or feedback.



## Antibiotic Conundrum

Family doctors often face difficult conversations when patients present with what is likely a viral respiratory illness yet patients feel they need an antibiotic. Half of all antibiotic prescriptions in primary care are for respiratory tract infections. A recent study published in the British Journal of General Practice highlights this conundrum. It reported results from a national GP patient survey in England and correlated the nearly one million responses to the rate of antibiotic prescribing. Those practices characterised as “frugal” prescribers had lower levels of patient satisfaction. The authors comment on the importance patients place on feeling they have been listened to or have been carefully examined and suggest that this may be an approach to improving satisfaction, without resorting to unnecessary antibiotics.

**Br J Gen Pract 2016; DOI: 10.3399/bjgp15X688105**