

WG1 – data and outputs

From WG 2

Braulia Caetano

Improving FluMart to address end-user requirements

	Problem / challenges	Improvements
Accessing FluMart	Initial access with ADS	Use Yahoo or Google account
Uploading RSV data	Lack of feed back on completeness or data entry	-Data dictionary provided -Flag of missing data or completeness score
Browsing data	No issues	
Error log file	User must check file	Email error log to user
Resolution of errors	Lack of user guide	Develop FAQ and continue updating
Upload frequency	Timely uploads	Upload monthly/fortnitly

Improving the surveillance dashboard

	Improvements
Dashboard 1 – Specimens tested	No improvement
Dashboard 1 – Seasonal trends	-Add subtype data -Influenza data from FluNet
Dashboard 2 – Year-wise trends	No improvement
Dashboard 2 – Age-specific trends	No improvement
Dashboard 2 – Age distribution, RSV % positivity	Finer granularity by month of age up to 5 years
Dashboard 3 – ICU admission	Introduce?
Any other panel to monitor data missingness	Publicly accessible to essential scientific data
Any other panel to monitor prop. of specimens, RSV positives from patients w/out fever	Review value up to 12 months

Publishing outputs

Options	Countries that agree	Why (not)?	Solution?
Anonymized case-based data and outputs on public domain	No pilot countries agree	-Publish country specific data -Potential ethical issues	No solution
Aggregated data and outputs on public domain	All pilot countries agree	More informative	Finalize the output format options
Restricted access to data; Outputs on public domain			

WG2 – estimating costs

From WG 2

Florette Treurnicht

Scope of costing (until RSV vaccine available)

- At sentinel site level
 - Increased number of swabs (up to 50%)
 - Shipping
 - Increased data management
 - Taking samples daily, every other day
 - Increase number of sites?
 - Training
- At laboratory level
 - Increased number of samples-tests (up to 50%)
 - Increased data entry
 - RT-PCR reagents for RSV if not supplied by CDC
 - EQAP panels for RSV if not supplied by CDC
 - Subtyping if required
 - Increased storage capacity

Endpoints for costing

- At sentinel site level
 - E.g. incremental cost per year for sampling XXX specimens
- At laboratory level
 - E.g. incremental cost per year for testing X number of viruses (influenza A, B, RSV)

Objective of costing

- Overall
- Specific

WG3 – revisit surveillance strategy

From WG 2

Ian Barr

	Current strategy	Adjustment, if any
Case definition	Extended SARI	<ul style="list-style-type: none"> - Add wheezing to maximize RSV case inclusion - Add age specific case definitions
	ARI	
Target group at risk		<p>Prioritize 0 – 5 years</p> <p>Secondary priority: fragile elderly, elderly</p>
Algorithm for selection of patients and specimens for RSV testing	Refer to algorithm in strategy document	<ul style="list-style-type: none"> - Patient selected by modified case definition - Test all 20 specimen for RSV and fluid - Selected sites to subtype RSV
Sampling strategy	All-year round	<ul style="list-style-type: none"> - Continue all year round - Specimens continue 20 per week - Hospital based priority
Reporting periodicity	Weekly	<ul style="list-style-type: none"> - Preferred weekly, minimum fortnightly
Need for additional clinical variables		Admission to ICU
Additional laboratory data	RSV	

	Current strategy	Adjustment, if any
Denominator data	optional	Collect age stratified data on total hospitalizations
RSV typing		Selected sites to subtype RSV
RSV sequencing		Limited to reference labs , using sample supply from all sites, age and time stratified