

**NATIONAL INFLUENZA SURVEILLANCE PROGRAM SURVEY**

*Evaluation of Influenza Sentinel Surveillance System Saudi Arabia, 2017-2018*

This survey is to evaluate the national influenza surveillance system performance and require your participation as a member of sentinel site surveillance. Your participation is highly appreciated. This will not take more than 10 minutes.

\*Note: If you faced any question, not from your responsibilities please choose not applicable

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| **A.1 Name of the sentinel site:** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **A.2 City:** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **A.3 Region:** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **A.4 Position within the network (one or more answers possible):**  🞏 Central coordinator 🞏 Regional coordinator 🞏 Regional lab coordinator 🞏 Sentinel site coordinator  🞏 Physician 🞏 Nurse 🞏 Lab personnel 🞏 Data entry |

**Stability**

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| **B.1 For how long have you been in the *Influenza* sentinel surveillance program?**  🞏 <One year  🞏 >One year  **B.2 Have you undergone training in the implementation of *Influenza* sentinel surveillance activities?**  🞏 Yes  🞏 No  **If yes, when you are trained**  🞏 In last 1 years  🞏 More than 1 years  **B.3 Did your site ever experience a shortage in the following supplies?**  **a) Forms:**  🞏 More than 4 times per year  🞏 2-3 times per year  🞏 Once per year  🞏 Never  🞏Not applicable  **b) Influenza sampling (kits & swabs):**  🞏 More than 4 times per year  🞏 2-3 times per year  🞏 Once per year  🞏 Never  🞏Not applicable  **B.4 Did your site experiencing problems with transportation of samples?**  🞏 More than 4 times per year  🞏 2-3 times per year  🞏 Once per year  🞏 Never  🞏Not applicable  **B.5 Patient with cough history, fever and require hospital admission, how to diagnoses him/her?**  🞏 SARI  🞏 ILI  🞏 I don’t know  🞏Not applicable  **B.6 If you can’t send the specimen to the lab within 48 hours, what to do?**  🞏 Keep in refrigerator at 4-8 **˚C**  🞏keep frozen at or below -70**˚C**  🞏 I don’t know  🞏Not applicable  **B.7 Specimen sending and reporting has to be within**  🞏 7 days  🞏 3 days  🞏 24 hours  🞏 I don’t know  🞏Not applicable |

**Simplicity**

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| **D.1 In your opinion How do you find:**  **a) Data/information collection (Completion of forms (individual SSF forms)**  🞏 Very easy  🞏 Easy  🞏 Complicated  🞏 Very complicated  🞏Not applicable  **b) Data/information submission via EMFLU site:**  🞏 Very easy  🞏 Easy  🞏 Complicated  🞏 Very complicated  🞏Not applicable  **c) Sending of forms via email**  🞏 Very easy  🞏 Easy  🞏 Complicated  🞏 Very complicated  🞏Not applicable  **d) Transportation of samples**  🞏 Very easy  🞏 Easy  🞏 Difficult  🞏 Very Difficult  🞏Not applicable  **If the Transportation of samples was “very difficult” or “difficult,” please choose why**  🞏 Lack of transportation  🞏 Shortage of stock  🞏 work overload  🞏 Others ………………………….  **D.2 How often do you analyses your data (data completeness, cleaning)**  🞏 Monthly  🞏 Weekly  🞏 Daily  🞏 Never  **If yes, how did you find data management process?**  🞏 Very easy  🞏 Easy  🞏 Complicated  🞏 Very complicated  **D.3 With regards to your daily activities, how much time do you dedicate to *Influenza* sentinel surveillance activities … hour(s) per day** |

**Utility**

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| **E.1 Did you receive information/feedback regarding the following:**  **a) Biological test results:**  🞏 Regularly  🞏 Sometimes  🞏 Rarely  🞏 Not at all  **b) Weekly feedback**  🞏 Regularly  🞏 Sometimes  🞏 Rarely  🞏 Not at all  **E.2 What action have been taken by the influenza sentinel surveillance data?**  🞏 No action 🞏 Change in patient management  🞏 Isolation precautions 🞏 Reviewing the data  🞏 Conduct specific training 🞏 Improve supervision activities  🞏 Researches or scientific papers 🞏 Others … |

**Acceptability**

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| **F.1 Are you satisfied with the feedback provided regarding the following?**  **a) Reception of biological test results:**  🞏 Very Satisfied  🞏 Satisfied  🞏 Poorly satisfied  🞏 Not satisfied  **b) Telephone and other forms of communication**  🞏 Very Satisfied  🞏 Satisfied  🞏 Poorly satisfied  🞏 Not satisfied  **F.2 What do you feel about the time spent for the daily sentinel surveillance activities?**  🞏 Plenty of time  🞏 Just about right  🞏 Not enough time  **F.3 Have you provide any suggestion or recommendation to improve the system?**  🞏 Yes  🞏 No  **If yes, did you get any feedback?**  🞏 Yes  🞏 No |