

**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  |