



Data linkage and flow: Influenza-SARS-CoV-2

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Before Pandemic: Influenza Surveillance



- *National Communicable Diseases (CD) mandatory reporting system:
- * 800 physicians report the weekly number of patients seen with influenza-like illness (ILI) or acute respiratory infection (ARI) or both to the Health Board (Department of Communicable Diseases) through national information system for reporting of infectious diseases and laboratory data (NAKIS)
- * All laboratories report to the Health Board through national information system for reporting of infectious diseases and laboratory data (NAKIS) weekly number of PCR positive tests of FluA/B, RSV, parainfluenza, adenovirus, hMPV, rhinovirus, enterovirus, bocavirus, coronavirus
- *****General Practitioners (GP) Sentinel Network
- * 88 **GP-s weekly report number of patients with ILI to National Influenza Centre** (Health Board, Department of Communicable Diseases), the system covers 10,5% of the population
- * A subset of specimens from sentinel ILI and ARI patients are tested for FluA, FluB, RSV, parainfluenza, hMPV, adenovirus and rhinovirus (multiplex real-time RT-PCR) at the Health Board laboratory (Laboratory of Communicable Diseases). And the FluA and FluB positive samples are further subtyped (real-time RT-PCR).
- * Weakness of the data flow: double reporting of GP-s and laboratories, time consuming process



During COVID-19 Pandemic





- *Sentinel surveillance system was interrupted; GP-s were overloaded
- *It was necessary to develop new aim-oriented system for testing and reporting:

It needed to be secured that people with COVID-19 symptoms are tested within 24 hours and were notified of the test result no later than 24 hours after the test result was given

- *Solution: the system which allowed GP-s to make requests and recieve results of the analyses digitally within 24 hours was worked out through the MEDIPOST software (Medisoft). GP center was able to send a patient to the testing center for PCR test.
- *The testing center was also able to contact the patient and inform about the time and place of sampling



During Pandemic (cont.)



- *Results needed to be transmitted through E-Health system to GP-s and patient's digital clinical records during 24 hours as well as to CD registry.
 - ***Solution**: laboratory information system **TALIS** was developed and connected to the patient's digital clinical records E-health (**TIS**) for the direct result transmitting
 - *Positive and negative results were reported to the Department of Communicable Diseases of Health Board through TALIS
- ***Since January 2022 the same system was enlarged for Influnza and RSV**



Ongoing: Sentinel Integrated System

- *A comprehensive sentinel system which collects data from all regions of Estonia is established (covers ~10% of the population)
- *Specimens from patients with **ILI** and **ARI** are tested for Influenza virus A/B and further subtyping (real-time RT- PCR), SARS-CoV-2, RSV, parainfluenza, hMPV, adenovirus, rhinovirus

*In process:

- * Specimens from sentinel sites will be additionally sequenced for SARS-CoV-2 variants
- * To achieve faster and more convinient reporting mechanisms of positive/negative results of sentinel samples the laboratory information system TALIS is being improved as well as MEDIPOST system is being integrated now for sentinel providers







Thank you!

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