
2026 – 2027

INFLUENZA

SENTINEL PROVIDER NETWORK

TENNESSEE PROTOCOL FOR PROVIDERS

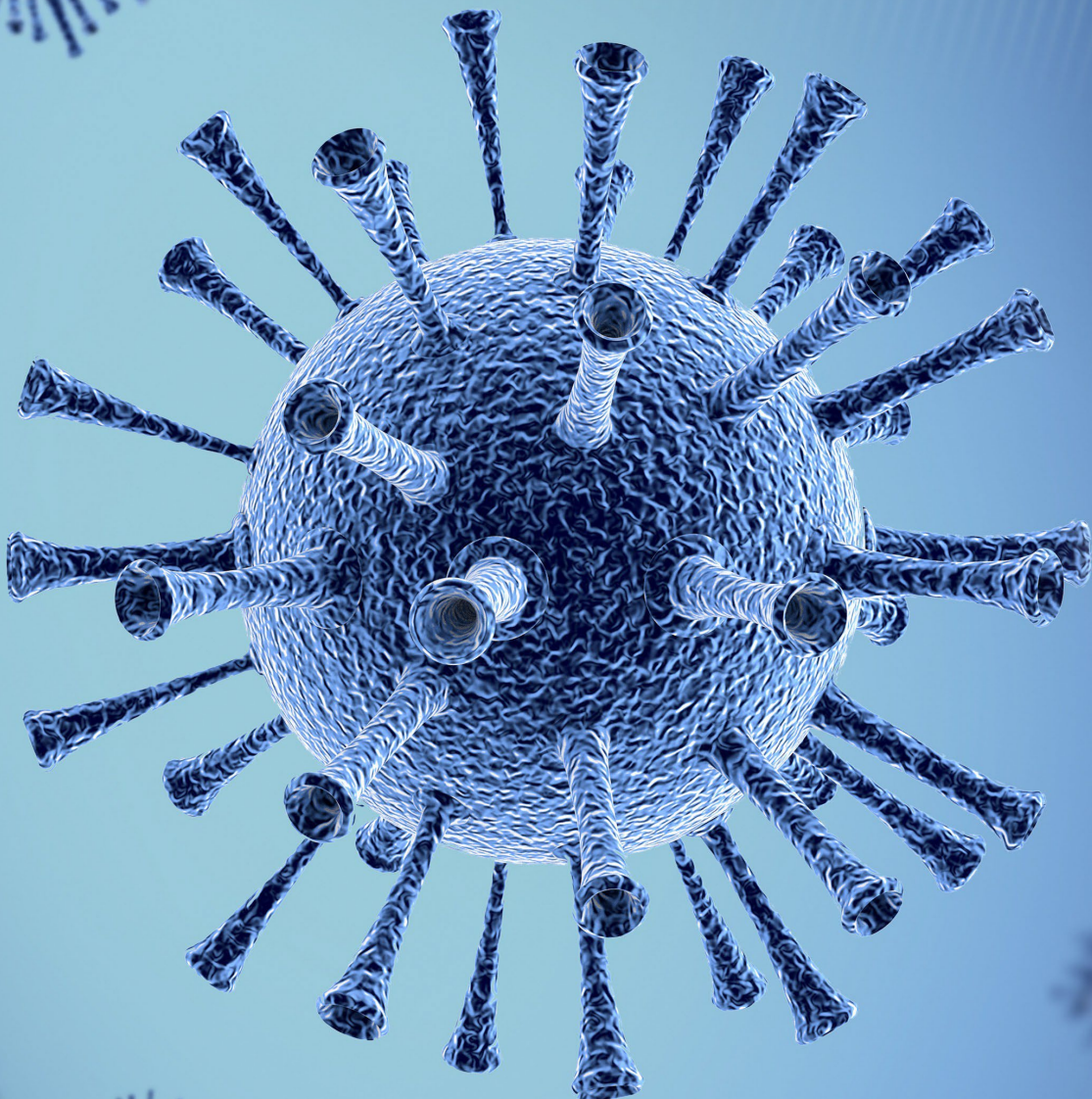


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Letter from Tennessee's Coordinator

Dear Sentinel Providers,

Welcome to the 2026-27 influenza season and thank you for participating as an ILINet influenza sentinel provider! The ILINet program is an essential component of seasonal and pandemic influenza surveillance and is invaluable in monitoring the impact of influenza-like illness of the health care system, as well as informing policy and resource allocation decisions throughout the season.

The 2026-27 season begins on MMWR Week 40 (Sunday, October 4, 2026 - Saturday, October 10, 2026).

Please click the link at the bottom of this page to access Tennessee's ILINet Sentinel Provider Network Protocol for this season. Please take the time to review the resources provided and don't hesitate to reach out if you have any questions.

If you have any questions at all, please reach out to myself or your local influenza surveillance coordinator (contacts found on Page 11 of the protocol). I look forward to working with you this season and sincerely appreciate all your efforts in influenza surveillance!

Sincerely,

Madison Toney, MPH CPH

State Influenza Surveillance Coordinator

Department of Health

Madison.Toney@tn.gov

615-837-5355

Please click [here](#) to access Tennessee's 2026-27 ILINet Sentinel Provider Network Protocol

About ILINet

Overview

The Outpatient Influenza-like Illness Surveillance Network, or ILINet, is a program is conducted by the US Centers for Disease Control and Prevention and state health departments which collects influenza surveillance data from volunteer sentinel healthcare providers. Providers who participate in the ILINet program collect and report information about the level of influenza-like illness (ILI) currently seen in their practice. Data reported by ILINet providers, in combination with other influenza surveillance data, provide a national picture of influenza virus and ILI activity in the U.S. There are more than 3,000 ILINet sentinel providers in all 50 states, Puerto Rico, the District of Columbia, and the U.S. Virgin Islands.

Influenza-like Illness (ILI) Definition

A patient with ILI is defined as having:

- Fever (equal or greater than 100°F [37.8°C])
- Cough and/or sore throat

Why Volunteer?

Influenza viruses are constantly evolving, and cause substantial morbidity and mortality each year. Flu-associated deaths range from 3,000 to a high of about 49,000 annually. ILINet data is critical for tracking influenza activity at the local, state and national level. ILINet providers who also participate in virologic surveillance activities by collecting and submitting nasopharyngeal swabs on selected patients help identify the influenza strains that are currently circulating in their communities. ILINet data, in combination with other influenza surveillance data, is also used to guide prevention and control activities, vaccine development, and patient care guidelines. You can play a role in providing information that is vital to protecting the public's health.

Related Flu Reports

Each week, CDC publishes a flu report containing national influenza surveillance data, including ILINet. Tennessee also updates a flu dashboard weekly with state-specific surveillance data, including ILINet.

[Please click here to navigate to the CDC's weekly influenza surveillance report.](#)

[Please click here to navigate to Tennessee's flu dashboard.](#)

Being a Sentinel Provider

The ILINet program has **two main components** that help public health monitor community activity of influenza:

1. Percent of patients presenting with influenza-like illness (ILI)... We'll refer to this as **"the data"**
2. Specimens from patients presenting with influenza-like illness (ILI)... We'll refer to this as **"the specimens"**

As a sentinel provider, you are the fuel and power behind ILINet; the more data and specimens you send, the more robust and accurate the information we can share will be! So let's go over each one in detail

The Data

Each week, sentinel providers report counts of patients seen at their practice so that a percent of patients presenting with influenza-like illness (ILI) can be calculated. There are **two options**:

Option 1: ILI by Age Group & Total Patients

Week	Patients with ILI: 0-4 Years	Patients with ILI: 5-24 Years	Patients with ILI: 25-49 Years	Patients with ILI: 50-64 Years	Patients with ILI: 65+ Years	Total Patients Seen for Any Reason (non-ILI + ILI)

Option 2: ILI by Age Group & Total Patients by Age Group

Week	ILI: 0-4 Years	Any Reason: 0-4 Years	ILI: 5-24 Years	Any Reason: 5-24 Years	ILI: 25-49 Years	Any Reason: 25-49 Years	ILI: 50-64 Years	Any Reason: 50-64 Years	ILI: 65+ Years	Any Reason: 65+ Years	Total Patients Seen for Any Reason (non-ILI + ILI)

Please use the following **ILI definition** to determine **which patients present with ILI**:

Fever (100°F or greater) AND a cough and/or sore throat

- Please report all patients that meet the ILI case definition above **even in the event of diagnostic tests confirming a cause other than influenza.**
- Please **report each week even if no patients were seen with influenza-like illness.** It is important to know both when you are seeing ILI and when you are not seeing ILI.

- It is encouraged to use automated reports built into your EHR system to count patients based on the ILI definition. Contact Madison.Toney@tn.gov to discuss further.

Example for ILI Definition Interpretation:

	Fever	Cough	Sore Throat	Meets ILI Definition?
Example 1	Yes	Yes	No	Yes
Example 2	Yes	No	Yes	Yes
Example 3	No	Yes	Yes	No
Example 4	Yes	No	No	No
Example 5	Yes	Yes	Yes	Yes

Data Submission

Electronic Reporting

Most sentinel providers will submit their data **electronically via the ILINet Website**.

Please click [here](#) to navigate to the CDC's ILINet Website.

Or visit: <https://wwwn.cdc.gov/ILINet/>

If you need your Provider ID Code or password, email Madison.Toney@tn.gov.

Data must be submitted **each Tuesday by noon**.

Example:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7	8	9	10	11
12	13	14	15	16	17	18

Reporting Week: 5th – 11th (Sunday – Saturday)

Data Due: 14th by Noon (Tuesday)

Exceptions to Electronic Reporting

- Health Departments serving as sentinel providers do not need to report their data.
 - Their data is pulled and uploaded by Central Office
- Emergency Departments serving as sentinel providers do not need to report their data.
 - Their data is obtained via ESSENCE.

ILINet Website Reporting Instructions

1. Visit: <https://wwwn.cdc.gov/ILINet>
2. Enter your provider ID code and password and select Log In.
3. After 3 failed log-in attempts, your account will be locked for 15 minutes
4. Upon Login, you will be on the Weekly Data Entry tab.
 - a. Here you can enter data for **Patients with ILI by age group and Total Patients Seen**
 - OR**
 - b. You can enter data for **Patients with ILI by age group, Patients Seen for Any Reason by age group, and Total Patients Seen** by clicking the “Would you like to report total patient visits by age group?” link. This information will be invaluable in calculating the age-group specific impact of circulating influenza viruses on the outpatient visits for ILI.
5. Select the 6-digit date code (e.g. 202140) for the week you wish to report and enter your data. Indicate if the report is a revision from a previously entered report.
6. Select Submit. If the data displayed are incorrect, re-enter the correct report, indicate that this entry is a revision of previously reported data, and Select Submit.

Helpful Tip

You can utilize the **ILINet Workfolder** found on Page 13 to help keep track of your data, but this is **not a replacement for electronic reporting** (instructions above.)

The Specimens

The **ILI definition** used for the data component of ILINet **is not perfect** - it is a **clinical/symptom-based** definition and **not laboratory-confirmed**. Therefore, the percent of patients with ILI that's calculated will capture visits due to any respiratory pathogen that presents with the symptoms of fever plus cough or sore throat.

Therefore, ILI data **should be evaluated in the context of other surveillance data** to get a complete and accurate picture of influenza activity. What other surveillance data do we have? Well, **this is why we also ask for specimens from patients presenting with ILI so that we can better understand what pathogens are affecting ILI numbers at any point in time!**

So does that mean you need to collect specimens from *ALL* of your patients presenting with ILI? **No!** In order to fulfill "the specimens" component of your responsibilities as a sentinel provider, you only need to submit **between 1 and 10 specimens per week**. These specimens should be collected from patients presenting with ILI, and ideally those who are in the early febrile stage of their illness. Detection of a respiratory virus from an infected patient is most likely if the specimen is collected within 72 hours of the onset of illness.

Please note: Specimens collected and submitted as a part of the ILINet program are intended for surveillance purposes only and to determine what influenza subtypes/lineages are in circulation. You are still encouraged to perform your own specimen collection and testing for diagnostic purposes. This typically means **collecting two specimens from one patient** - one for our surveillance and one for your own diagnostics. However, because ILINet specimens should be collected from patients presenting with ILI and do not need to be from flu-positive patients, **you can collect these two specimens at the same time** (i.e. you do not need to wait for the results of your diagnostic test before returning to the patient and collecting a specimen for surveillance purposes). This multitasking workflow of collecting both specimens at the same time is also encouraged to limit the number of encounters with the patient.

Lastly, **we would not ask for specimens without providing supplies and shipping!** Specimen collection kits are available to you at no cost to use for the purposes of ILINet surveillance (please only use these supplies for specimens collected as a part of this surveillance program and sent to us as part of the ILINet program). Shipping costs are also covered. The state shipping contract is currently with FedEx, so preference should be given to this shipment method. If you're in an area not serviced by FedEx, please contact Madison.Toney@tn.gov to use UPS delivery (further details on Page 10). If you choose to use your own courier service, this will be at your own expense.

Please review Pages 5 - 7 for detailed guidance for submitting specimens, covering everything from collection & storage, to ordering, to packaging & shipping.

Guidance for Submitting Specimens

Part 1: Collection & Storage

Diagnostic vs. Surveillance Testing

- Specimens submitted as part of the ILINet program are for surveillance purposes only.
- Providers should continue to perform their own testing for timely diagnostic purposes.
 - This means collecting two specimens from a patient - one for surveillance and one for diagnostics.

Identifying Patients to Test

- Providers should collect **at least 1 and up to 10 specimens each week** from patients who meet the following ILI case definition: **Fever (100°F or greater) AND cough and/or sore throat**
- Specimens should be collected from patients who are early in their febrile stage of illness. Detection of a respiratory virus from an infected patient is most likely if the specimen is collected within 72 hours of the onset of illness.

Acceptable Specimen Types

- Nasopharyngeal (NP) swab - **PREFERRED**
- Nasal swab - acceptable

Supplies

- Swab with synthetic tip (e.g. polyester or Dacron) & plastic or stainless-steel shaft
- Transport tube with 1-3mL of VTM or UTM

Note: As a participating sentinel provider, **collection supplies are provided at no cost** from the Tennessee Department of Health. Start-of-season kits are shipped out in September. As you use supplies throughout the season, you can **submit a request to replenish your supplies**. See Page 16 for request form.

Labeling

IMPORTANT: Label the specimen container with the patient's complete name, date of birth, and date of collection.

Storage & Preservation

- Specimens should be refrigerated immediately after collection at 2-30°C.
- Prepare to shipment and send immediately for the specimen to be received within 72 hours of collection.
- If testing will be delayed more than 72 hours, specimens should be frozen at -70°C or colder.

Part 2: Ordering

Lab Web Portal (LWP)

Order testing electronically and print out the pre-filled Specimen Manifest to accompany specimens in packaging

Please reach out to lab.informatics@tn.gov for questions concerning the Lab Web Portal

New User Registration

- Swab with synthetic tip (e.g. polyester or Dacron) & plastic or stainless-steel shaft
- Transport tube with 1-3mL of VTM or UTM

[Please click here to visit the Lab Web Portal.](#)

Ordering Steps - Individual Tests

Access Test Requisition Form

- From the Dashboard, under the Navigation bar, click on the ORDER TESTS button.
- Select the "Influenza Surveillance" to open the electronic test requisition form.

Complete Patient Information

- If submitting for an existing patient, under the patient information section of the requisition form, type in the Last Name and select the patient from the drop-down menu. Or click the magnifying glass and search for the patient by last name.
- Confirm the patient by the DOB listed. Edit patient information by clicking the pencil icon next to the name.
- If submitting a new patient, click on the plus sign (+) next to the Last Name line. Fill in patient information and click submit. The new patient will be added to the system and related information propagated to the main form.

Complete Submitter Information

- If you are only associated with a single facility, the facility name and address will auto-fill based on your registered facility affiliation.
- If you are associated with multiple facilities, you will need to choose one for the test order.
- The point-of-contact will be based on your registered facility affiliation.

- For the ordering provider, type the name or click the magnifying glass and select the relevant POC then click Select.

Complete Specimen Information

- Under Collection Date and Time, type or choose the Collection Date and Time from the Calendar icon.
- Currently there is only one option for test type: Influenza and Respiratory Pathogens, which will be greyed out.
- Select specimen type from the listed options.
- Select testing Laboratory: Nashville
- Optional: Enter any related sample outbreak ID or additional comments.

Submit Order

- When all sections are complete, click the Submit button at the bottom of the page to submit the order or Save to submit later.
- Once the test order is ready to be submitted, a “Certification of Test Order” message will display. Click AGREE to move forward.
- Once the test order is submitted, a confirmation message will display.
- The assigned Portal Order ID that is displayed in the confirmation message uniquely identifies the test order in the system.
- Click Print button to print the Order Manifest in a pdf format and submit the printout with the sample when shipping for testing.

Ordering Steps – Batch Ordering

- From the Dashboard, under the Navigation bar, click on the BATCH ORDER button.
- Click the 3 dots on the “Influenza Surveillance” to download the Import Template.
- Fill in all the required fields and response options required for the Batch Order prior to specimen collection and submission.
- Once the excel template is filled in click the IMPORT FROM FILE button on the Batch Order page or click the 3 dots on the “[TN] Influenza and Viral Respiratory Panel” to upload the completed Import Template.
- Once the spreadsheet is imported, verify the entries are correct and click SUBMIT to submit the batch order.

Part 3: Packaging & Shipping

Packaging

- Ship **unfrozen** specimens on **icepacks**.
- Ship **frozen** specimens on **dry ice**.

Inner Container

- Do not place more than 5 specimens in each inner plastic container
- Include absorbent pad & bubble wrap to cushion the specimens & hold the specimens upright

Outer Container

- Inner plastic container with specimens
- Two frozen cold packs in zip-lock plastic bags
- Completed requisition form for each specimen being shipped Enough cushioning material to fill the cavity of the box

Note: The shipping containers furnished by TDH, Laboratory Services will have the proper **“UN3373 – Biological Substance, Category B”** label attached. If using a shipping container that does not contain this label, this exact information must be written on the outside of the shipping container.

Shipping

Specimens should be shipped as **“UN3373- Biological Substance, Category B”** to the following address via FedEx (preferred) OR UPS (if FedEx unavailable) for next day delivery.

Tennessee Department of Health Laboratory Services – Molecular Unit

630 Hart Lane

Nashville, TN 37216-2006

As a part of participating as a sentinel provider, shipping costs for specimens will be covered by Tennessee Department of Health’s Communicable and Environmental Disease Surveillance (CEDS)

Important Note: In order to use the TDH CEDS account as a third party payer, the provider must have an account with FedEx or UPS or the courier may refuse the third party account number for payment.

FEDEX (preferred)

- Select “Priority Overnight” shipping on the waybill.
- Use the TDH CEDS Account as the third party payer
- Account Number: 279497325

UPS

- Only in areas where FedEx service is unavailable
- Use the TDH CEDS Account as the third party payer
- Account Number: 81V412

ILINet Contacts

State Coordinator

Role	Name	Phone	Email
State Coordinator	Madison Toney	(615) 837 - 5355	Madison.Toney@tn.gov

State Public Health Lab

Role	Name	Email/Phone
Nashville Central Laboratory		(615) 262 - 6300
Testing	Linda Thomas	Linda.Thomas@tn.gov
Testing	Jeannette Dill	Jeannette.Dill@tn.gov
Testing	Keith Morris	Keith.Morris@tn.gov
Supply Assistance	Sheri Roberts	Sheri.Roberts@tn.gov
Supply Assistance	Kala Priester	Kala.Priester@tn.gov
Supply Assistance	Lindsay Jolly	Lindsay.Jolly@tn.gov
Lab Web Portal	Lab Informatics	Lab.informatics@tn.gov

Region & Metro Coordinators

Region/Metro	Name	Email
Chattanooga/Hamilton	Lauren Hawkins	LaurenH@hamiltontn.gov
Chattanooga/Hamilton	Dawn Ford	DawnF@hamiltontn.gov
East Region	Laura White	Laura.White@tn.gov
East Region	Brittany Isabell	Brittany.Isabell@tn.gov
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Knox	Corinne Tandy	Corinne.Tandy@knoxcounty.org
Knox	Morgan McMahan	Morgan.McMahan@knoxcounty.org
Mid Cumberland	Jennifer Toney	Jennifer.Toney@tn.gov
Memphis/Shelby	Julie Schuman	Julie.Schuman@shelbycountyttn.gov
Nashville/Davidson	Kailee Balzer	Kailee.Balzer@nashville.gov
Northeast	Sarah Boop	Sarah.Boop@tn.gov
Northeast	Hopelyn Mooney	Hopelyn.Mooney@tn.gov
South Central	Beverly Melson	Beverly.Melson@tn.gov
Southeast	Leah Wiley	Leah.Wiley@tn.gov
Southeast	Debbie Walker	Deborah.Walker@tn.gov
Sullivan	Ashton Lawson	ALawson@sullivanhealth.org
Sullivan	Heather Mullins	HMullins@sullivanhealth.org
Upper Cumberland	Leslie Looper	Leslie.Looper@tn.gov
West	Melissa Sellers	Melissa.Sellers@tn.gov

Weekly Flu Updates

Stay up to date during flu season with weekly flu emails.



Get an email **every Friday afternoon** with the latest Tennessee flu activity, trends, and news!

[Simply click here to sign up.](#)

Or visit: <https://redcap.link/fluemailssignup>

ILINet Workfolder



ILINET Workfolder 2026-2027

U.S. Outpatient Influenza-like Illness Surveillance Network

October 4, 2026 – October 2, 2027

Provider ID:

Password:

INFLUENZA-LIKE ILLNESS (ILI) is defined as:

Fever ($\geq 100^{\circ}\text{F}$ (37.8°C), oral or equivalent) AND
Cough and/or sore throat

2026- 2027 Season

Week Ending Date	CDC Date Code	Patients with ILI					Total Patients Seen*
		0-4 yrs	5-24 yrs	25-49 yrs	50-64 yrs	>64 yrs	
Oct 10	202640						
17	202641						
24	202642						
31	202643						
Nov 7	202644						
14	202645						
21	202646						
28	202647						
Dec 5	202648						
12	202649						
19	202650						
26	202651						
Jan 2	202652						
9	202701						
16	202702						
23	202703						
30	202704						
Feb 6	202705						
13	202706						
20	202707						
27	202708						
Mar 6	202709						
13	202710						
20	202711						
27	202712						
April 3	202713						
10	202714						
17	202715						
24	202716						
May 1	202717						
8	202718						
15	202719						
22	202720						
29	202721						
June 5	202722						

Week Ending Date	CDC Date Code	Patients with ILI					Total Patients Seen*
		0-4 yrs	5-24 yrs	25-49 yrs	50-64 yrs	>64 yrs	
12	202723						
19	202724						
26	202725						
Jul 3	202726						
10	202727						
17	202728						
24	202729						
31	202730						
Aug 7	202731						
14	202732						
21	202733						
28	202734						
Sep 4	202735						
11	202736						
18	202737						
25	202738						
Oct 2	202739						

*Total Patients seen for any reason = (non ILI + ILI)

*Thank you for participating in the U.S. Outpatient
Influenza-like Illness Surveillance Network
(ILINet).*

Requisition For SPN-Specific Influenza Supplies



STATE OF TENNESSEE DEPARTMENT
OF HEALTH DIVISION OF LABORATORY
SERVICES 630 HART LANE NASHVILLE,
TN 37243

REQUISITION FOR SPN-SPECIFIC INFLUENZA SUPPLIES

NOTE: THIS ORDER FORM SHOULD BE USED ONLY BY SENTINEL PROVIDER NETWORK (SPN)
PARTICIPANTS AND REGIONAL SPN COORDINATORS

SEND SUPPLIES TO:

CDC Provider ID Code:

ORGANIZATION:

ADDRESS:

CITY: STATE: TN ZIP:

PHONE: EMAIL:

Quantity Ordered (Unit = Each)	Item Description
	Shipper (includes a secondary container and outer container)
	Artificial refrigerant in zip lock bag ("cold pack")
	Collection swab
	Viral transport media
	Specimen Transport Bag

FAX your order to (615) 262-6455 (no cover sheet required)

FOR LABORATORY USE ONLY

RECEIVED ORDER	FILLED	INITIALS	SHIPPED
DATE)	(DATE)		(DATE)

Version 2.0
9-28-11

Memo from the Director



MEMO

TO: Submitters of Clinical specimens to the TN Division of Laboratory Services
FROM: Dr. Kara Levinson, Laboratory Director
DATE: 1/16/2025
SUBJECT: Lab Web Portal

The Tennessee Department of Health, Division of Laboratory Services (DLS) is pleased to announce the availability of our complete clinical test compendium through our new Laboratory Web Portal (LWP). This includes Electronic Test Ordering and Reporting (ETOR) and is a key element of data modernization initiatives and one that DLS is excited to offer for our clients. Use of the portal will come with many benefits including streamlined test ordering, reduction in data entry errors, elimination of missing required data elements, options for individual and batch ordering, visual tracking of progress of testing (ordered, in transit, complete, etc.), and real-time report delivery, including notification emails. **Use of the portal is a requirement and will become the primary method of test ordering by July 1, 2025.**

The Lab Web Portal will replace the usage of the following paper requisition forms:

- PH-4182 (Clinical Submission Requisition)
- PH-4149 (Influenza and Respiratory Panel Submission Requisition)
- PH-4263 (Select Agent Rule-Out Submission Requisition).

The links for registration for the lab web portals:

- Clinical test compendium: <https://prod.labwebportal.com/tnlabs>
- ARLN colonization and isolate testing: <https://lwp-web.aimsplatform.com/tn2/#/auth/login>
(note: Current registered facilities in the ARLN portal will need to re-register for access to the new portal)

For several years, DLS has offered the LWP but only for ordering tests for the Antimicrobial Resistance Laboratory Network (ARLN) and respiratory viruses (Influenzae and SARS-CoV-2). With this update to the LWP, the ARLN portal has been updated to include isolate testing for *Candida auris*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, Carbapenem-resistant *Enterobacterales*, and *Aspergillus fumigatus*. For ARLN-related testing, please continue to utilize the current portal for specimen and isolate submission. Influenza and SARS-CoV-2 testing will move from the ARLN portal to the new LWP. Clients navigating to the 'old' portal for influenza or SARS-CoV-2 testing will be redirected to the new portal for sample submission. Clients are encouraged to register in the portal as soon as possible.

Additional information can be found on the TN Division of Laboratory Services webpage at <https://www.tn.gov/health/lab.html>. For questions, please contact Paula Gibbs, Laboratory Informatics Manager at Paula.L.Gibbs@tn.gov. We are confident that this portal will benefit our submitters and positively impact patient care. Thank you for your continued partnership.

Kara J. Levinson

Kara Levinson, PhD, MPH, D(ABMM)
Director, Division of Laboratory Services

Tennessee Department of Health • Laboratory Services
630 Hart Lane • Nashville, TN 37216

Frequently Asked Questions

ILINet Sentinel Provider Program

What is ILINet?

The Influenza-like Illness Surveillance Network (ILINet) is **a national program that helps public health officials understand the spread of flu each year**. The program relies on “sentinel providers”, which are doctors, clinics, and hospitals that volunteer to collect and report data on influenza-like illnesses. ILINet is one component of the larger U.S. influenza surveillance system, which provides a comprehensive understanding of influenza with data on illnesses, laboratory testing, hospitalizations, outbreaks, and deaths.

Tip: ILINet is often used interchangeably with the sentinel provider network (or SPN for short).

What is ILI? Why not just count flu cases?

ILI stands for “influenza-like illness”. Unlike that of many other diseases, public health does not perform case-based surveillance for influenza; in other words, we do not count each individual case of flu. Instead, flu surveillance is made up of multiple components and programs providing a range of key indicators that, when combined, can give us an overall picture of influenza activity. A few components of flu surveillance include: laboratory testing, outbreak reporting, hospitalizations, and death reporting. **Flu surveillance information answers the questions of where, when, and what influenza viruses are circulating, but it does not directly provide the total number of influenza illnesses.**

What does ILINet look like in Tennessee?

Tennessee has over **100 sentinel providers** across the state from a variety of settings (primary care, emergency departments, student health centers, etc.). **Each region has a coordinator** who is employed at the local health department and oversees sentinel providers in their jurisdiction, ensuring timely reporting and technical assistance. There is also a **state coordinator** who oversees the regional coordinators and all sentinel providers as a whole. The state coordinator serves as the go-between for all of TN’s ILINet partners and the national ILINet program at CDC.

Who is eligible to be a sentinel provider?

ILINet sentinel providers can be healthcare clinics or providers of any specialty or medical degree (including MD, DO, PA, and NP), but it is preferred they are primary care providers or other providers who would likely see patients for respiratory illnesses throughout the year. In addition to primary care providers, sentinel providers may also be from the following settings: emergency medicine, pediatrics, student health, or urgent care.

What are the responsibilities of a sentinel provider?

- On a weekly basis, report counts of patient visits occurring the previous week via ILINet's electronic reporting system. Weekly counts are due each Tuesday by 12:00pm.
- Collect respiratory specimens from patients with ILI and submit up to 10 per week to the state public health laboratory for influenza testing and characterization.
- Communicate with the local health department and/or the influenza surveillance coordinator about important matters (e.g., technical issues, changes in the point of contact, local ILI outbreaks of which the sentinel provider is aware).

What incentives are there to become a sentinel provider?

Sentinel providers provide information on flu activity trends throughout the year. The more sentinel providers that participate, the more accurate the data will be, ultimately helping all providers better inform their patients about current flu activity. Each sentinel provider also receives:

- Free specimen collection kits and shipping materials to submit respiratory specimens to the state public health laboratory.
- Distribution of the Tennessee Weekly Flu Reports and the latest news in influenza.

How does a healthcare provider become a sentinel provider?

If you are considering participation in this program or would like to learn more, please contact the state coordinator at Madison.Toney@tn.gov.