

# Sentinel General Practice Respiratory Virus Surveillance

## GENERAL PRACTICE MANAGEMENT INFORMATION SHEET

### Background

The New Zealand respiratory virus surveillance system provides important information on respiratory viruses circulating in the community, the population groups most affected, and the effectiveness of vaccines and other preventative measures. This allows for better planning and support, including for vulnerable communities who are inequitably affected by respiratory infections. Sentinel GP surveillance is an essential component of respiratory virus surveillance, by supporting earlier identification of respiratory infection outbreaks before patients begin presenting for tertiary care.

The COVID-19 pandemic response impacted heavily on existing surveillance systems, but also led to the development of some new tools. We are now building the surveillance systems back up to ensure that we have a robust system for monitoring COVID-19, as well as influenza and other respiratory viruses.

The team at ESR have spent some time consulting with GPs, reviewing and improving the sentinel GP surveillance system to incorporate feedback and learnings from the pandemic. We are continuing surveillance year-round to ensure that we can monitor all outbreaks and peaks even if they occur in the summer season. We have adjusted the protocol to simplify the system and enable general practices to have flexibility to suit their local resourcing.

If you wish to read more about sentinel surveillance you can read the WHO guidance on integrating COVID-19 and influenza surveillance, and ESR's description of the systems we operate in New Zealand. You can view ESR's dashboard which summarises the current circulating respiratory viruses here: <https://www.esr.cri.nz/our-services/consultancy/flu-surveillance-and-research/>

### Why participate?

We need at least 100 practices from across the country to participate in sentinel GP surveillance to ensure results are statistically significant and for the calculation of robust population level projections and assumptions. In 2022, we only had 53 practices participating in this programme, so we need your practice to join us to improve the quality and representativeness of respiratory virus surveillance.

We share regular updates with sentinel practices about the results for their local community so they know what viruses are circulating amongst their patients and offer a participation certificate which you can display to show you are a part of the community effort to improve public health.

### Funding and incentives

RNZCGP Maintenance of Professional Standards (MOPS) points can be claimed by GPs who participate in respiratory virus surveillance.

As a token of appreciation for your time and effort, funding of \$500 each winter and summer season, and a bonus additional \$500 in winter for high volume practices submitting more than 30 swabs. (total funds available: \$1000 for the winter season, and \$500 for summer)

### What we need from your practice

Your practice will swab 3-6 patients who meet the influenza-like-illness (ILI) case definition each week, fill out an electronic form (we have a Healthlink or Eclair option) and send the swabs to ESR's National Influenza



Centre for testing. Swabs will be tested for influenza, SARS-CoV-2, respiratory syncytial virus (RSV) and several other respiratory viruses. At this stage we are asking sentinel sites to continue year-round sampling to help us monitor respiratory virus patterns more closely, especially since SARS-CoV-2 is not currently circulating in a seasonal pattern. ESR will provide all supplies needed so there will be no cost other than the time it takes for your staff to swab a patient and fill out the electronic form.

## Next steps

If you're interested in signing up as a sentinel practice for our respiratory surveillance programme, please get in touch with your public health unit representative, or ESR directly at [Influenza.Surveillance@esr.cri.nz](mailto:Influenza.Surveillance@esr.cri.nz)

Your team will then undergo an onboarding process and be sent a package with essential documentation, supplies and a participation certificate. Following onboarding, your team can then begin swabbing patients immediately using the best systematic sampling strategy for your community.

