

TO: Sentinel Respiratory Surveillance Partners, County Health Departments, and Mobile Units

DATE: August 23, 2024

FROM: IDPR Emerging Infectious Disease Respiratory Surveillance Team

RE: Instructions on using the new universal RedCap survey link and completing the weekly survey form.

(New Link)

[Weekly Oklahoma Respiratory Sentinel Surveillance Submission](#)

- Each week on Monday morning you will receive an automated email with the new universal survey link, the automated email serves as a reminder to submit your data for the previous week (Sun-Sat).
- You are now able to use the same survey URL link(above) to access the survey instead of the survey link being unique to your facility and week. In order to do this, we had to make some changes to the survey.
- Please use the following instructions when completing the new survey for Sentinel Respiratory Virus Surveillance.

If you have any questions contact the Respiratory Disease Surveillance Coordinator, Brittany James, @ Respiratory@health.ok.gov or Brittany.James@health.ok.gov

Want to know where your data is leveraged? Please visit OK [Viral View \(oklahoma.gov\)](#).



OKLAHOMA

Weekly Oklahoma Respiratory Sentinel Surveillance Submission

Please complete the survey below.

Thank you!

Resize font:
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Start typing the name of your facility then select the correct facility you want to report for.

Facility Name? <small>* must provide value</small>	<input type="text"/>
Estimated Population Served by Facility? New variable to understand population coverage of respiratory sentinel surveillance in Oklahoma.	
Provider Number?	
County?	
HHS Region?	
New Reporter? If you are a new reporter for this facility, please select yes. <small>* must provide value</small>	<div><input type="radio"/> Yes <input checked="" type="radio"/> No <small>reset</small></div> <p>If you are a new reporter for this facility, please select yes.</p>
Reporting Season <small>* must provide value</small>	<div>2024-2025</div> <p>Current Reporting Season: 2024-2025</p>



Weekly Oklahoma Respiratory Sentinel Surveillance Submission

Please complete the survey below.

Thank you!

Facility Name? <small>* must provide value</small>	<input type="text"/>
Estimated Population Served by Facility? <small>New variable to understand population coverage of respiratory sentinel surveillance in Oklahoma.</small>	<input type="text"/>
Provider Number?	<input type="text" value="4007"/>
County?	<input type="text" value="Bryan"/>
HHS Region?	<input type="text" value="HHS Region 5 - Southeast"/>
New Reporter? <small>If you are a new reporter for this facility, please select yes.</small> <small>* must provide value</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Reporting Season <small>* must provide value</small>	<input type="text"/>
Select Facility Type <small>* must provide value</small>	<input type="text"/>

Estimate the population your facility serves.

Once you have chosen a facility, the answers seen in red will auto populate.

If you are a laboratory that does not submit ILI please select the option for Sentinel Lab all others will select Sentinel Provider.



Please enter ILI &/or Testing information for ____.

Reporting Week Ending Date

* must provide value

Last _____ date.

Please remember to report for the previous week by choosing last Saturday's Date. Once you have chosen a date the MMWR week will auto calculate.

Morbidity and Mortality Weekly Reporting (MMWR)
Week Number

34

ILI 00-04

ILI 05-24

ILI 25-49

ILI 50-64

ILI 65+

Total Patients Seen (any reason)

Complete the remainder of the survey as you normally would.

Thank you for your continued efforts supporting the Oklahoma Sentinel Respiratory
Surveillance System!

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