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To: Kentucky Influenza-Like Illness (ILI) Surveillance Sites

From: Carrie Tuggle, Influenza Surveillance Support Specialist

Subject: 2026-2027 Influenza-Like Illness (ILI) Surveillance Network

Date: September 28, 2026

Thank you for your participation in the 2026-2027 Influenza-Like Illness Surveillance Network (ILINet) for Kentucky. This letter has additional instructions to ensure timeliness, consistency and uniformity in reporting during this influenza season.

Enclosed, you will find your 2026-2027 ILINet reporting work folder along with the Centers for Disease Control and Prevention (CDC) guidelines for defining Influenza-Like Illness (ILI), data collection and reporting. Surveillance weeks will run from Sunday through Saturday, with reporting of data due to the CDC on the ILINet Website by noon the following Tuesday. The 2026-2027 Influenza Season officially begins Week 40 (Sunday, October 4, 2026, through Saturday, October 10, 2026).

All data should be reported using the CDC reporting site at https://wwwn.cdc.gov/ILINet/. Your reporting work folder contains your provider ID code and password (located in the upper left corner on the first page) needed for Internet reporting as well as complete instructions on how to use the reporting system. ***Please note that passwords are assigned to the facility enrolled and not the individual reporting. Therefore, if the individual assigned to report during the season changes, the facility's password remains the same.***

The CDC is requesting surveillance sites to collect and report ILI data throughout the year. This extension will allow more data to be collected during periods of low or minimal influenza activity, thus establishing more accurate provider, state and region-specific baselines. It will also aid in identifying deviations and help to understand when and where flu activity is

increasing or decreasing. The 2026-2027 reporting season will end Week 39 (Sunday, September 26, 2027, through Saturday, October 2, 2027). Enrolled university or college facilities are exempt from reporting during summer closure.

To generate a comprehensive picture of the antigenic, genetic, and antiviral properties of influenza viruses that are emerging and/or actively circulating in the U.S. and worldwide, it is required that the Kentucky Department for Public Health (KDPH) Division of Laboratory Services (DLS) submit a specified number of virus surveillance specimens to the CDC. Therefore, it is imperative that virus specimens be submitted to DLS to identify optimal vaccine candidates in the upcoming influenza season.

To best determine circulating strains of influenza and their geographic distribution throughout the season, KDPH is requesting that respiratory swab specimens for polymerase chain reaction (PCR) assays be collected on random patients presenting with ILI symptoms, i.e., fever (≥100°F, 37.8°C) AND cough and/or a sore throat.

Most of the rapid influenza diagnostic tests are approximately 50-70% sensitive to detecting influenza and have greater than 90% specificity. ***Therefore, false negative results are more common than false positive results, especially during peak influenza activity.*** The PCR assay is a sensitive method for detecting influenza types, subtypes, and lineages such as A(H1N1) 2009, A(H3N2) and B viruses. The PCR assay is increasingly used for routine seasonal influenza surveillance and diagnosis.

Rapid influenza diagnostic (RIDT) and PCR testing may be used to help with diagnostic and treatment decisions for patients in clinical settings, such as whether to prescribe antiviral medications. **The following criteria should be used to determine which specimens to submit to DLS for influenza testing by RT-PCR:**

- **Up to 5 influenza virus-positive specimens per week, a mix of influenza A and B if available, regardless of test method performed** (in addition to the specimens meeting the below criteria).
    - Specimens that are negative by RIDT when community influenza activity is high and laboratory confirmation of influenza is desired.
    - Specimens that are positive by RIDT and the community prevalence of influenza is low, and a false positive result is a consideration.
    - Specimens from a patient who had recent close exposure to pigs or poultry, or other animals, and novel influenza A virus infection is possible (e.g., influenza viruses circulate widely among swine and birds, including poultry, and can infect other animals such as horses and dogs).
- **Hospitalized patients** with suspected influenza. Influenza testing is recommended for hospitalized patients; however, empiric antiviral treatment should be initiated as soon as possible without the need to wait for any influenza testing results.
- **More information from CDC can be found at:**
  https://www.cdc.gov/flu/professionals/diagnosis/index.html
  https://www.cdc.gov/flu/php/laboratories

Also, please remind health care providers about the importance of continued surveillance and reporting of certain types of influenza events:

- Influenza-associated deaths for children <18 years of age or for individuals who are pregnant/postpartum (within 3 months of delivery) should be reported to public health authorities.
- Outbreaks of two or more cases of influenza or influenza-like illness (ILI) in a healthcare setting (including long-term care facilities) should be reported to the local health department or KDPH in accordance with 902 KAR 2:065.

Flu specimen collection supplies and mailers are available from DLS free of charge. Specimens can be shipped via the DLS-funded courier **(*preferred*** – also used for pickup of Newborn Screening specimens), or by FedEx overnight delivery. DLS has transitioned to a new ordering portal for supplies through the Kentucky ID (KYID) and submitting facilities with KYID access should place supply orders through the KYID. For those without access, please send an email to dphlabkits@ky.gov to initiate setup of a KYID account. Alternatively, until KYID access is established, the requisition form for ordering lab kits can be accessed via this web link: https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx. Collection, packaging and shipping guidelines are also available on the DLS website.

Effective August 1, 2026, DLS updated their respiratory testing algorithm to improve efficiency and streamline ordering for influenza and SARS-CoV-2 testing. The following changes have since taken place:

- The former FPCR (Influenza PCR) and NCOV (COVID-19 PCR) test codes are retired and no longer available for ordering.
- A new test code, **FLUCOV (Influenza/COVID-19 Screening)**, replaced these individual orders.
- The new FLUCOV test will provide both influenza and SARS-CoV-2 results from a single specimen requisition using the DLS respiratory screening algorithm.

Please submit all requests for influenza testing using the **FLUCOV** test code. If your facility utilizes electronic ordering through Outreach or another interface, the test codes have been updated, so please ensure you are using the latest test codes.
For additional questions regarding flu test supply requests and shipping options, contact Leigh Ann Bates (LeighAnn.Bates@ky.gov; 502-782-7703 or 502-564-4446). For additional guidance on specimen collection, handling, and testing, please contact Teresa Fields (Teresa.Fields@ky.gov; 502-782-7718 or 502-564-4446).

Your contribution to this important public health effort is appreciated. If you have any questions regarding ILI surveillance, please contact Carrie Tuggle (Carrie.Tuggle@ky.gov; 502-352-5800 or 502-564-3942). For more information on respiratory virus activity in Kentucky, including state-level ILI data, as well as prevention resources, please visit: www.coveryourcough.ky.gov.

Thank you for your partnership,

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