Foundation for Influenza Epidemiology

Call For proposal – year-round surveillance – Template for the response – New site

GLOBAL INFLUENZA HOSPITAL SURVEILLANCE NETWORK LINKING EPIDEMIOLOGICAL AND CLINICAL DATA TO VIROLOGICAL INFORMATION

This template is mandatory to facilitate your application to the GIHSN call for proposal. This completed form will be used for the applicant scoring and funds allocation decisions at the GIHSN executive committee meeting.

1. Site characteristics

Worldwide region and zone	_____
Country	_____
Site name (institution)	_____
Site address	_____
Main Investigator contact (email and phone number)	_____
Administrative contact person (email and phone number)	_____ *(person to contact for administrative questions – refer to "Requirements for applicant" section below)*
Nb of Hospitals participating in GIHSN	_____
Name of Hospital (per hospital)	
Urban or rural or both (per hospital)	☐ ☐ ☐
Hospital characteristics (level of care - per hospital)	☐ Tertiary care ☐ Other, specify_____ ☐ Specialty hospital ☐

	Referral hospital
Populations (per hospital)	☐ Children ☐ Adult ☐ Elderly ☐ Other, specify____ ☐ All ages
Catchment area (per hospital)	_____(estimated number of inhabitants) ☐ Don't know
Hospital beds capacity (per hospital)	_____(number of beds)

2. Influenza season: surveillance data and vaccination information

Surveillance period (in months)	Influenza usual surveillance period Start _____ (months) End _____(months) ☐ Year-round surveillance (already in place or possible) for coming year)
Influenza vaccination program in your country (national or regional recommendations)	☐ Yes ☐ No If yes, recommended groups: ☐ Young children ☐ School aged children ☐ Children with comorbidity ☐ Adults with comorbidity ☐ Pregnant women ☐ People older than 60 or 65 years ☐ Special populations (e.g. Health Care workers) ☐ All ages >6 months
Site case ascertainment (tick relevant box)	☐ Expanded list of acute process used to identify eligible patients (not only focused on respiratory illness)

	☐ Hospital logs and electronic boards used to check on respiratory illness cases? ☐ Other, specify Please describe _____
Site case definition	
Site surveillance system/experience	☐ Integrated into national influenza surveillance system ☐ Other experience, specify
Site willingness to use GIHSN e-CRF (tick relevant box)	☐ yes ☐ No (prefer upload data using excel format)

Please describe site experience in conducting active hospital-based surveillance for acute respiratory infections and describe how the site will accommodate year-round surveillance if not already using this approach (*refer to "Selection Process" section in the call for tender to include all the aspects needed when describing your surveillance site(s) and strategy*). You should mention how case finding will be performed, which patients (or sampling frame) will be considered for specimen collection and complete clinical information abstracted.

Text

3. Laboratory information and capacities

Respiratory sample type (check all relevant box(es))	☐ Nasopharyngeal or Nasal swab Nasal wash	☐ Oropharyngeal swab Nasal aspirate

Sample collection strategy proposed (foreseen for coming year-round surveillance)	Please describe_____ *(e.g. specify if all patients would be swabbed, from Mon-Sunday, or only a subset of patients. If a define sampling frame to be applied, describe in detail whether this would be year-round or if the sampling frame would change over the year. Please see* **sampling strategy suggestion for year-round surveillance in the call for proposal.** *If the site decides to test only patients hospitalized in selected days, please describe. Another aspect to clarify is whether all samples collected will be tested for a panel of respiratory viruses including influenza and SARS-COV-2 or whether a random subset of samples will be tested for other respiratory viruses after influenza testing is done, or other options)*
Test procedure (foreseen for coming year-round surveillance)	Please describe _____ *(e.g. test for influenza first then later test for other pathogens on all samples using multiplex or wet assays, OR test for influenza first then test for a subset of samples using multiplex or wet assays for other pathogens OR test for influenza and other pathogens simultaneously using multiplex or wet assays. Please also mention if your hospital sites will perform SARS-COV-2 testing)*
Strain sequencing capacities (e.g. subtype for influenza A and lineage for influenza B)	On site On National influenza center Other, specify
Whole genome sequencing (WGS) capacity	On site On National influenza center Other reference center, specify Send to NIC in Lyon
Sample selection for WGS	Please describe _____ (*e.g. all influenza positive samples, a subset of influenza positive samples, only severe cases, vaccine failures…)*
Tested virus	Influenza SARS-COV-2 RSV other Respiratory virus
Site data sharing practices (tick relevant box(es))	Virological data with WHO (GISRS/ FluMART) Sequencing data with GISAID Other, specify_____

Site samples storage capacity (-20C or -70C) (tick relevant box(es))	☐ Yes, we can store all samples from enrolled patients for a minimum of one year (required) ☐ Yes, we can store a subset of 30% of all samples tested for an additional 3 years (optional) ☐ Other, specify_____

Please use the text box below to describe your laboratory capacity regarding influenza strain sequencing (for influenza A and B) and the whole genome sequencing capacity in your site. Describe the feasibility of having WGS done at the country level or if it would be possible to send isolates or RNA to the National Influenza Center in Lyon or to another GIHSN partner having sequencing capacity and closer geographically. Would you be able to send influenza viruses and SARS-COV-2 viruses? Sites with WGS capacity should upload sequencing data in GISAID as soon as they have results available. Sites using the GIHSN sequencing platform in Lyon or another GIHSN partner with sequencing capacity should be able to have their samples shipped in regular batches along the year-round surveillance and at least twice a year and 4 weeks before each WHO strain selection meeting (Feb and Sept). (*Refer to' Selection Process' section in the call for tender document*).

Text

4. Targeted sample size based on previous experience in doing respiratory surveillance in the proposed sentinel sites:

Total number of patients with acute respiratory illness screened in 2 previous seasons	season 20__/20__: _____ season 20__/20__: _____
Total number of samples tested in 2 previous seasons	season 20__/20__: _____(influenza) _____(SARS-COV-2) season 20__/20__: _____(influenza) _____(SARS-COV-2)

Total number of positive cases In 2 previous seasons	season 20__/20__: _____(influenza) _____(SARS-COV-2) season 20__/20__: _____(influenza) _____(SARS-COV-2)
Total number of Whole genome sequencing done in 2 previous seasons	season 20__/20__:: _____(influenza) _____(SARS-COV-2) season 20__/20__:: _____(influenza) _____(SARS-COV-2)

The number of sequenced samples expected to be uploaded on the GISAID platform during the year-round surveillance with a GIHSN tag is a minimum of 50 to 100.

5. Budget and Support requested to the Foundation

The relevance of the cost in relation to expected sample size will be considered when reviewing applications. The Foundation is providing catalytic funding and is not expected to fund the full cost of the surveillance system (clinical and sequencing data collection). The Foundation encourages sites to seek for national or other sources of funding to guarantee the sustainability of their surveillance.

Type of costs	**Total budget (Euros)**	
	Covered by site or other funding sources	**Requested to the foundation**
Study coordination		
Laboratory testing - PCR - Sequencing		
Other Sample Shipment		
Total		

Please report other funding sources: _____

Requirements for applicants

To be eligible, applicants should be not-for-profit public institutions.

The following documents should be provided along with the proposal to attest the above status:

- ☐ Last annual report (administrative document from the institution)
- ☐ Financial report (including earnings and balance sheet) from last year
- ☐ Bank account number (official bank document – with swift number)
- ☐ List of the members of the board of governors (i.e. group of people who jointly oversee the activities of the laboratory)
- ☐ Copy of the decree of creation (i.e. Statutory act returned by the president of the republic or the head of government)

Ethical requirement and data sharing agreement

Sites should be compliant with their ethical and national regulations for the conducting of the surveillance.

Any obligation related to data protection and data transfer to the Impact HealthCare should be anticipated.

The data sharing modality document (See appendix 2 of the call) will be requested to be signed by the selected sites at the start of the season.

In case of any question, please reach out to us: contact@gihsn.org