

Thank you for participating in
the Tarrant Network!

We hope the following
answers will help clarify some
of the procedures you may
encounter while participating
in this program.

www.ucalgary.ca/tarrant



FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

TARRANT NETWORK

- **Dr. Jim Dickinson** (Director)
- **Karen Rivera** – Data Coder
(rivera@ucalgary.ca)
- **Lucie Vlach** – Program Coordinator
(lvlach@ucalgary.ca)
- **Pin Cai** – Program Coordinator
(pcai@ucalgary.ca)

Dept. of Family Medicine
University of Calgary
*Primary Care Research and
Development Group*
1632 - 14 Ave NW (Unit 1635)
Calgary, AB T2N 1M7 Canada
(403) 220-2750 Phone
(403) 270-4329 Fax

TARRANT

The Alberta Recording and
ReseArch NeTwork

Tracking Influenza in Alberta



FAQ

Frequently Asked Questions
about TARRANT procedures

Tracking Influenza in Alberta

With all the concern about new infections, it is critical to have information on the viral infections that occur in the community, not just those that are seen in hospitals. The TARRANT Viral Watch program provides clinical information and viral specimens from a range of community doctors.

What does your office do?

Each week you:

- Note patients with clinically diagnosed influenza-like illnesses and lower respiratory infections on our fax-form.
- Take a pharyngeal specimen from two patients (when there are some) with acute respiratory syndromes, and send them to the virology lab (Alberta ProvLab).
- You simply do this each week throughout the year, and contribute to our knowledge of viral respiratory epidemics. Your data goes to Calgary Health region, Alberta Health and Wellness, Health Canada, and on to WHO in Geneva to provide a world picture of epidemics.

Q: Does viral culture medium need to be refrigerated until used?

A: The tubes must be refrigerated upon arrival to your office. The product should be stored at – 25°C or refrigerated at 2-8°C until used. Do not incubate prior to use.

Q: Where do we send the viral culture medium for analysis?

A: Please courier the specimen to these sites:
If you are located south of Red Deer:

Alberta Provincial Lab
3030 Hospital Drive NW
Calgary AB T2N 4W4
tel: 403.944.1200
fax: 403.283.0142

If you are located north of Red Deer:

Alberta Provincial Lab
8440 - 112 St
Edmonton AB T6G 2J2
tel: 780.407.7121
fax: 780.407.8984

Q: Who pays for the shipping costs of the viral culture medium?

A: The shipping fee is not an issue as these are clinical samples with a surveillance twist (these samples are considered to have a diagnostic relevance). The regions in the south (Regions 1 to 4, Medicine Hat, Lethbridge, Drumheller & Calgary) send their samples to Calgary, the others send to the lab in Edmonton. This arrangement of where to ship samples is a contract with each region, Courier Company and lab. You should not have to pay for shipping.

Q: How critical is it to get the viral culture to the lab quickly?

A: Not critical: the sooner the better, preferably within 24 hours. Virus recovery drops slowly over time; flu viruses are fairly stable, but RSV is less so. If there is a delay, stability is greater if kept close to 0°C, on ice.

Q: I have a surplus of test tubes from your previous shipment. What do we do with them?

A: As long as they stay chilled or frozen, they are good until expired. Please check the dates. Simply use the tubes until you run out and inform us that you have a surplus at the moment. We can be reached by phone, fax or email.

- Karen Rivera (rivera@ucalgary.ca) or
- Lucie Vlach (lvlach@ucalgary.ca)
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Q: What do we do with the viral culture medium after it has expired?

A: The viral medium is simply a saline solution with a low concentration of several antibiotics added to inhibit bacterial growth. Therefore it is non-infectious, and can safely be disposed of in the same way, as other antibiotic-containing solutions would be.

Q: Why do we need to fill out total patients seen each week?

A: These numbers are added in our weekly report to show the percentage of infected patients over the total patients seen. This way we can measure the rise and fall of infection rates in Alberta.

Q: Shall I report more than once if a patient comes for a return visit with ILI?

A: No. Only the 1st presentation of one episode should be reported.

Q: Shall I report the total patients seen if I don't see any ILI or LRTI patients during a week?

A: Yes. We calculate the percentage of ILI/LRTI per total patients seen every week in Alberta and regional health authorities. We add up the number of total patients seen in all sentinel practices to have the denominator. In other words, we need the number of patients seen in your practice even if the number of ILI/LRTI in your practice is zero.

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