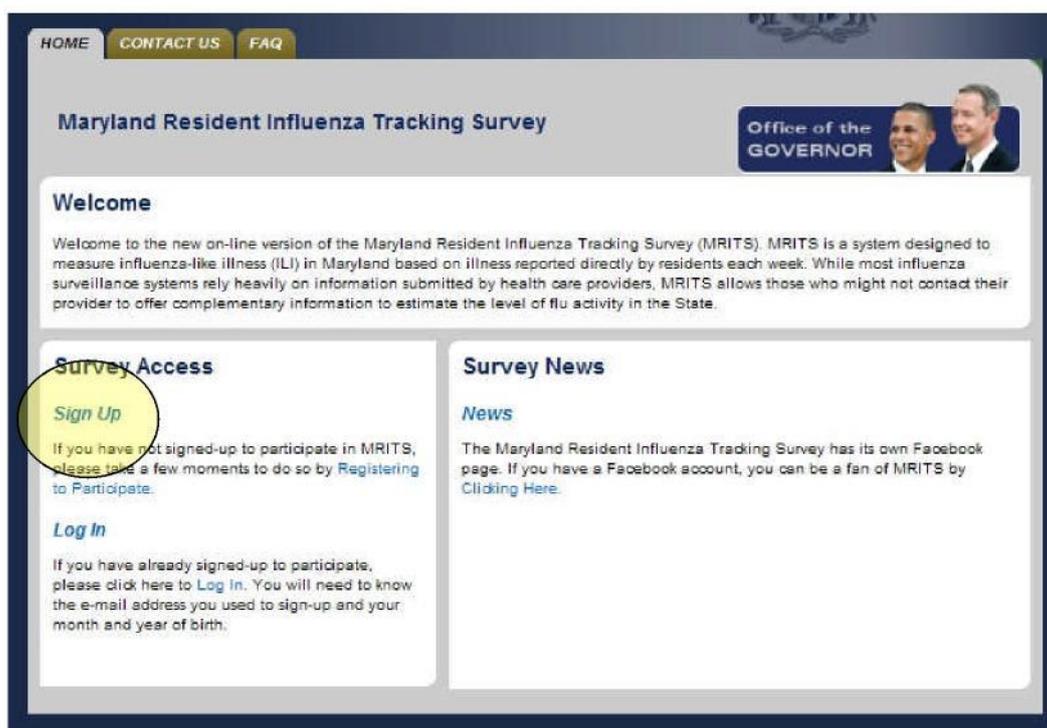


How to enroll in the Maryland Resident Influenza Tracking Survey

Thank you for your interest in participating in the Maryland Resident Influenza Tracking Survey. This is a how-to guide for enrolling in the survey. If you have any questions about the survey, please e-mail us at dhmh.flu@maryland.gov. (Do not email us with any clinical questions. We are unable to respond with medical advice.)

(NOTE: The site is best viewed at 1024x768 screen resolution. For instructions on changing your screen resolution under, please visit <http://bit.ly/fF2uK> for Windows XP, <http://bit.ly/1y3bnq> for Windows Vista, and <http://bit.ly/1Pj9oe> for Mac systems.)

1. Visit our website. Go to <http://dhmh.maryland.gov/flusurvey> and click on "Sign Up"



2. Enter your e-mail to begin the registration. On the sign up page, enter your email on the two boxes labeled "Email" and "Confirm Email", then enter the letter-number code you see on the screen. Make sure you read the terms of your participation in the survey. If you agree with these terms, click on "I Agree".

HOME CONTACT US FAQ

Survey Sign Up

Participant's E-Mail Address

* Indicates required field

In order to participate, we need a valid e-mail address. Please enter your e-mail address below and enter the code shown. Once you click on 'I Agree' below, you will be sent an e-mail to confirm your registration. Please follow the instructions on the confirmatory e-mail.

* Email

* Confirm Email

Enter the code shown:

J7LL3

This is to verify that you are human and not a spamming software program.

All of the information you provide on this site and your responses are transmitted to us via an encrypted web connection. Each week during the season (October - May), you will receive a reminder e-mail from us containing the web link for the weekly survey. You may opt out of receiving our reminder e-mails at any time by notifying us via the e-mail or telephone number we will provide to you. From time to time, we may also ask you to participate in other population surveys. If we do so, you will receive additional information on that survey and will have the option to participate. You will also have the opportunity to ask questions regarding the tracking system. By submitting the information you consent to the Maryland Department of Health and Mental Hygiene to use your non-identifying information and your weekly responses for flu tracking purposes.

READ

3. Once you click on "I Agree", you will be sent an e-mail to confirm your registration. This prevents someone from registering you to participate without your knowledge. Follow the directions on the e-mail you receive to continue the registration process on the log-in screen:

HOME CONTACT US FAQ

Login

* Indicates required field

Please enter the e-mail address, month & year of birth you provided during your registration. If you have not registered to participate, please [\[register now\]](#). If you have changed your e-mail address, log in using your old e-mail and then change your e-mail address in your profile.

* Email

* Month and Year of Birth 1900-2009

This is the screen you will always use to log-in to use the survey system. Enter your e-mail address and then your month and year of birth (to confirm your identity). Click on "Login". You will then be taken to your profile page.

Profile

[Edit My Profile](#)

*** Indicates required field**
To make changes to your profile, please click on 'Edit Profile'. Once you are done, click on 'Save My Profile' to save your changes. If you would like to unsubscribe, click on the 'UNSUBSCRIBE' tab above. Otherwise, click on 'Current Week's Survey' to answer this week's survey.

*Email:

*User Name:

*Month and Year of Birth: 1900-2014

* County:

* ZipCode:

* Received 2013-2014 Seasonal Flu Vaccine: YES NO

* Health Care Worker: YES NO

[Household Members](#)

4. Update your profile. The email should be filled in for you. **Fill in your user name**, a name by which you would like the system to address you. **Fill in your month and year of birth** if it is not pre-filled for you. **Pick one of the Maryland Counties or Baltimore City as your place of residence. Enter a zip code.** (NOTE: Only Maryland zip codes are acceptable.) **Tell us if you have received the 2013-2014 seasonal flu vaccine.** Finally, **tell us if you are a health care worker.** (A health care worker is anyone who works, paid or unpaid, in a health care setting, regardless of position in the setting.)

5. Add household members. If you wish to report for your household members, click on "Add New Household Member", enter the information requested, and click on "Submit". Your household members will be displayed below.

* ZipCode * Received 2013-2014 Seasonal Flu Vaccine YES NO

* Health Care Worker YES NO

[Edit Profile](#) [Save My Profile](#) [Add New Household Member](#) [Current Week's Survey](#)

New Household Member Sign Up

* Name

* Month and Year of Birth

* Health Care Worker Yes No Don't Know

* Received 2013-2014 Seasonal Flu Vaccine Yes No Don't Know

[Submit](#) [Cancel](#)

[Household Members](#)

6. Answer the weekly survey. The weekly survey is only open from Sunday to Wednesday at noon. You will receive a weekly e-mail reminder to log in and report if you had no symptoms or if you had symptoms. You will also have the opportunity to report if you received the vaccine that previous week.

IMPORTANT!

It is very important that you answer the survey each week for yourself and your household members **EVEN IF YOU HAD NO SYMPTOMS**. Why?

If only those people with symptoms respond each week, then the percent of people who are sick will be artificially inflated to 100%. If everyone responds, then we can break down the number sick divided by the total number of responses. This gives us the best picture of what is going on in the community with regards to flu-like illness.