

FACSIMILE TRANSMITTAL SHEET

To: Allison Sierocki/Carol Ramirez	FAX NUMBER: 254-750-5405
COMPANY: Waco-McLennan County Public Health District	TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER: 254-750-5493	INFLUENZA REPORTING

2016-2017
CLINIC WEEKLY ILI/FLU REPORT
Submit by 3:00 each Monday for the week prior (Sunday – Saturday)

Name (Clinic): _____

Name of Reporter: _____

Phone Number: _____ Email of Reporter: _____

WEEK ENDING: _____

Definitions:

- Flu case confirmed by rapid test, culture, antigen detection, or PCR (Flu A, Flu B, Not Differentiated Flu). **and/or**,
- Influenza-like illness activity (ILI): ILI is defined as fever over 100°F and cough and/or sore throat in the *absence of another diagnosis*.

Please complete the table listing the number of flu and ILI cases seen in your facility

TOTAL NUMBER OF PATIENTS SEEN FOR THE WEEK

County <i>(Residence of patient)</i>	ILI	Rapid flu A	Rapid flu B	Rapid flu ND*	Culture/ PCR+ flu A	Culture/ PCR+ flu

*ND = Not Differentiated Flu

Please email report to: WacoEpi@wacotx.gov by 3 p.m. on Mondays. If Monday is a holiday, send ASAP. The report may also be faxed to **254-750-5405** (no cover sheet needed). You may call **254-750-5493** with questions or comments. If sending additional information for a previously submitted report, please highlight the changes being made. **Thank you!**