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

HOSPITAL WEEKLY FLU REPORT

Submit by 3:00 each Monday for the week prior (Sunday – Saturday)

Name (Hospital**):**_____

Name of Reporter: _____

Phone Number:_____**Email of Reporter:** _____

WEEK ENDING:_____

Flu activity is defined as:

- Lab confirmed case: 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^{0}F and cough and/or sore throat in the *absence of another diagnosis*. **and/or**,
- Institutional outbreak: A lab confirmed outbreak in a nursing home, hospital, prison, school, etc.

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

If reporting an institutional outbreak – please provide details separately or call)

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

*Not Differentiated Flu

Please fax or call (within one working day) patient information relating to:

- *Influenza-related pediatric mortality (under 18 years of age). This includes pediatric deaths with an appropriate laboratory or rapid diagnostic test for **all** types of influenza virus.*

Please email report to: asierocki@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!**