

FACSIMILE TRANSMITTAL SHEET

To: Epidemiology Program	FAX NUMBER: 254-750-5450
COMPANY: Waco McLennan County Public Health District	EMAIL: WacoEpi@wacotx.gov
TOTAL NO. OF PAGES:	PHONE NUMBER: 254-750-5411

WEEKLY FLU REPORT

Submit by 3 pm on Mondays for the week prior (Sunday – Saturday)

Name of Facility: _____

Name of Reporter: _____

Phone Number: _____ Email of Reporter: _____

WEEK ENDING: _____

Check all that apply:

- ☐ Lab confirmed case(s): Flu case confirmed by rapid test, culture, antigen detection, or PCR (Flu A, Flu B, Not Differentiated Flu).
- ☐ 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*.
- ☐ Institutional outbreak: A lab confirmed outbreak in a nursing home, hospital, prison, school, etc.
Email WacoEpi@wacotx.gov or call 254-750-5411 to report details.
- ☐ Influenza-related pediatric mortality in patients under 18 years of age or related mortality in patients that are pregnant or within <6 weeks postpartum. **Fax associated lab results and patient information to 254-750-5405 (include cover sheet) within one working day.**
- ☐ Request flu testing materials and/or assistance from Waco-McLennan County Public Health District/

Please complete the table listing the number of flu cases seen in your county:

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 email report to: WacoEpi@wacotx.gov by 3 pm 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 254-750-5411 with questions or comments.
 If sending additional information for a previously submitted report, please highlight the changes being made. **Thank you!**