

FACSIMILE TRANSMITTAL SHEET

To: Epidemiology	EMAIL: PHR7.EPISurveillance@dshs.texas.gov
COMPANY: Texas Department of State Health Services	TOTAL NO. OF PAGES:
PHONE NUMBER: 254-778-6744	INFLUENZA REPORTING

2023-2024

HOSPITAL WEEKLY FLU REPORT

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

Name (Hospital): _____

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 PHR7.EPISurveillance@dshs.texas.gov or call 254-778-6744 to report details and complete a Respiratory Outbreak Form.
- 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 254-899-0405 (include cover sheet) within one working day.
- Request flu testing materials and/or assistance from DSHS.

FILL IN THE TOTAL NUMBER OF PATIENTS SEEN FOR THE WEEK: _____

Please complete the table listing the combined number of flu cases seen per county:

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

*ND: Not Differentiated Flu

Please email report to: PHR7.EPISurveillance@dshs.texas.gov by 3pm on Mondays. If Monday is a holiday, send ASAP. If sending additional information for a previously submitted report, please highlight the changes being made. **Thank you!**

