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

LHD WEEKLY FLU REPORT

Submit by 5pm each Wednesday for the week prior (Sunday – Saturday)

Name (Local Health Dep	artment):
Name of Reporter:	
Phone Number:	Email of Reporter:
WEEK ENDING:	
	Check all that apply:
☐ Lab confirmed case(s): F Differentiated Flu).	lu case confirmed by rapid test, culture, antigen detection, or PCR (Flu A, Flu B, Not
,	vity (ILI): ILI is defined as fever over 100°F and cough and/or sore throat in the sis.
Email <u>PHR7.EPISu</u>	ab confirmed outbreak in a nursing home, hospital, prison, school, etc. rveillance@dshs.texas.gov or call 254-778-6744 to report details and complete
a Respiratory Outb ☐ Influenza-related pediatr pregnant or within < 6 week	c mortality in patients under 18 years of age or related mortality in patients that are
Fax associated lab one working day.	results and patient information to 254-899-0405 (include cover sheet) <u>within</u>
	ials and/or assistance from DSHS.
FILL IN THE TOTAL N	JMBER OF PATIENTS SEEN FOR THE WEEK:

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

County (Residence of patient)	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 5pm on Wednesdays. If Wednesday is a holiday, send ASAP. If sending additional information for a previously submitted report, please highlight the changes being made. Thank you!

Additional Sheet

County (Residence of patient)	ILI	Rapid Flu A	Rapid Flu B	Rapid Flu ND*	Culture / PCR+ Flu A	Culture / PCR+ Flu B
(. todaoneo er patient)				۷,۰	. 510-11070	
ND: Not Differentiated Flu						

^{*}ND: Not Differentiated Flu

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