

FACSIMILE TRANSMITTAL SHEET

To:	FAX NUMBER:
Sandi Henley RN, CIC	254-899-0405
COMPANY:	TOTAL NO. OF PAGES INCLUDING COVER:
Texas Department of State Health Services	1
PHONE NUMBER:	INFLUENZA REPORTING
254-778-6744	

**2010-2011
SCHOOL WEEKLY FLU REPORT**

Name (School): _____

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 (temperature of $\geq 100^{\circ}\text{F}$ [37.8°C]) and a cough and/or a sore throat in the *absence of another known diagnosis*.

Please complete the table listing the number of flu absences seen in your school/s. Only count a student's absence one time for the week. In addition, if you put in the absence in the section "Absences due to parental report of influenza" do not put in "absences due to ILI".

County (Residence of Students)	Absences due to ILI	Absences due to parental report of influenza

If you have had a school closure please complete table below:

School Closures	Date Closed	#f Absences due to ILI necessitating closure	Total number of students	Date Re-Opened

Please email report to: hsr7.epi@dshs.state.tx.us by 3 p.m. on Mondays. If Monday is a holiday, send ASAP. The report may also be faxed to 254-899-0405 (no cover sheet needed). You may call 254-778-6744 with questions or comments. If sending additional information for a previously submitted report, please highlight the changes being made. **Thank you!**