

FACSIMILE TRANSMITTAL SHEET

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

2010-11
HOSPITAL WEEKLY FLU REPORT

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°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	'09 H1N1 Culture/ PCR+

*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.*
- *Influenza-related mortality in patients that are pregnant or are within ≤6 weeks postpartum. This includes deaths with an appropriate laboratory or rapid diagnostic test for all types of influenza virus.*

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!**