

Reporting for Week:	_____ through _____
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Tarrant County Public Health
Division of Epidemiology and Health Information
INFLUENZA SURVEILLANCE WEEKLY REPORT FORM

I. LONG TERM CARE FACILITIES

Name of Facility	
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Average Weekly Patient Census	
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Number of Patients with ILI* (by age group)	≤4	5-24	25-44	45-64	≥65

* Influenza-like illness (ILI). ILI is defined as fever ≥ 100°F PLUS a cough or sore throat, in the absence of another known cause other than influenza.

Number of Flu Tests Performed		
Number of Positive Flu Results	Type A	
	Type B	
	Pos, no type given	

INSTRUCTIONS - INFLUENZA SURVEILLANCE

1. **All information requested is weekly, beginning Sunday and ending Saturday.**
 - * Please report ALL the Influenza-Like Illness (ILI) seen in your facility. ILI is defined as fever ≥ 100°F PLUS a cough or sore throat in the absence of another known cause other than influenza.
 - i. If your facility performs any influenza testing, include all positive and negative patients in determining the number of ILI seen in your facility.
 - ii. If applicable, report the number of influenza tests performed at your facility including influenza type (A or B) detected.
2. **Fax (817) 850-2366 or email (flu@tarrantcounty.com)** the completed form **by 3:00 PM, Monday** of the following week. Information collected will be used to update your facility, other participating facilities, Tarrant County, The Texas Department of State Health Services (DSHS), Centers for Disease Control (CDC), and the World Health Organization (WHO).

If you have any questions regarding this form, please contact the Tarrant County Public Health, Epidemiology and Health Information Division **(817) 321-5350**.