



# Reporting Worksheet for Laboratory Confirmed Influenza-Associated Hospitalizations

Please fax or email this worksheet to your regional health department by NOON on MONDAY for the preceding week. Contact information for Regional Epidemiology staff can be found at <http://www.scdhec.gov/Library/CR-009025.pdf>. A laboratory confirmed influenza-associated hospitalization is defined as a patient hospitalized greater than 24 hours with a positive influenza diagnostic test. Laboratory confirmation includes RT-PCR, viral culture, DFA, IFA, and rapid tests. Report zeros if there were no influenza hospitalizations. Contact the regional health department to report an influenza associated death.

Reporting Hospital: \_\_\_\_\_

County: \_\_\_\_\_

Date of Report: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY)

Reporting Week: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY) - \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY) (Sunday-Saturday)

Contact name: \_\_\_\_\_

Contact # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age Group	Total Weekly Hospitalizations
0 to 4	
5 to 17	
18 to 49	
50 to 64	
65 and older	
Unknown	
Total	