

Texas Department of State Health Services  
Health Service Region 8

Weekly Influenza Surveillance for Clinicians

Please fill out form completely  
Reports should be faxed to 210-692-1457

Week of: \_\_\_\_\_

**I. Reporting Location.**

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**II. Definition of Influenza-Like-Illness (ILI)**

**Influenza-like Illness (ILI) is defined as:**  
Fever ( $\geq 100^{\circ}\text{F}$ ,  $37.8^{\circ}\text{C}$ )\* AND  
cough and/or sore throat  
*without a known cause other than influenza*

\*Temperature MUST BE MEASURED either at home or in the office. Report of feeling feverish does not meet the case definition.

**Please report each week even if no patients were seen with ILI.** It is important to know both when you are seeing ILI and when you are not seeing ILI.

**III. Influenza-Like Illness Data**

How many patients were seen (for any reason) this week?\*

\*This number should include all patients.

How many patients were seen for influenza-like-illness? \_\_\_\_\_

**This section is optional, but please complete as much as possible.**

Of the patients seen for ILI (only) please indicate the number in each age category below.

<input type="checkbox"/> Check if ILI by age category data is not available	Age 0-4	_____
	Age 5-24	_____
	Age 25-49	_____
	Age 50-64	_____
	Age Over 64	_____

**IV. Flu Testing Data**

How many rapid flu tests were conducted this week? \_\_\_\_\_

How many were positive for Flu A? \_\_\_\_\_

How many were positive for Flu B? \_\_\_\_\_

How many were positive Undifferentiated? \_\_\_\_\_

How many PCR tests for flu were conducted this week? \_\_\_\_\_

How many were positive for Flu A? \_\_\_\_\_

How many were positive for Flu B? \_\_\_\_\_

Please fax reports to 210-692-1457. Reports are due by 10:00am each Monday for activity occurring the week prior. If your location is seeing a significant increase in flu or ILI activity, or is notified of an influenza outbreak, please contact the DSHS Region 8 Influenza Surveillance Coordinator at 830-401-5723 or 210-859-3810. Influenza-associated pediatric mortality is a Texas Notifiable Condition, and is reportable within one work day to the Texas Department of State Health Services at 210-949-2121.