



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	

Instructions for completing the Reporting Worksheet for Laboratory Confirmed Influenza-Associated Hospitalizations

Purpose: Reporting lab confirmed influenza-associated hospitalizations aids in monitoring the epidemiology of severe influenza infections and assessing the severity of the season.

Party responsible for completing worksheet: Designated hospital representative.

When to report: Designated hospital representative should fax or email the reporting worksheet to their respective regional health department by NOON every MONDAY for lab confirmed influenza-associated hospitalizations that occurred the prior week. The reporting period begins on Sunday and ends on Saturday. Reporting is required year-round and even when there are 0 hospitalizations to report.

Reporting Variables

Reporting Hospital: Indicate the name of the reporting hospital.

County: Indicate the county in which the hospital is located.

Date of Report: Date the report is completed. Date format is MM-DD-YY.

Reporting Week: Indicate the reporting week dates which begin on Sunday and end Saturday. Date format is MM-DD-YY.

Contact Name: Provide name of the person completing the report.

Contact Number: Provide contact number for name of the person completing the report.

Total Weekly Hospitalizations: Provide aggregate number of hospitalizations by defined age group categories and the total number. Only report new hospitalizations that occurred during the reporting week.