



**Laboratory Confirmed Influenza-Associated
Hospitalizations Reporting Worksheet
(For Hospital Use)**

Reporting hospital: _____

County: _____

Date of report: ___/___/___

Reporting week: ___/___/___ - ___/___/___ (Sunday-Saturday)

Contact name: _____

Contact telephone: _____

Age group	Total Weekly Hospitalizations
0-4	
5-17	
18-49	
50-64	
65+	
Unknown	
Total	

- 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.
- Fax this worksheet to the regional health department by NOON on MONDAY for the preceding week. Regional health department contact numbers are available at: <http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>
- Report zeros if there were no influenza hospitalizations.
- Contact the regional health department to report an influenza associated death.