

Missouri Department of Health and Senior Services Division of Community and Public Health Laboratory-Confirmed Influenza Weekly Worksheet for Reporters

Reporter Name								Week beginning (Sunday Date)			
City* or County of Residence Epi Week											
Age Group	Influenza Type	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total	Influenza Type	Age Group
0 - <02 yrs	Influenza A				-				-	Influenza A	0 - <02 yrs
	Influenza A Novel									Influenza A Novel	
	Influenza B									Influenza B	
	Untyped/Unknown									Untyped/Unknown	
02 - 04 yrs	Influenza A									Influenza A	02 - 04 yrs
	Influenza A Novel									Influenza A Novel	
	Influenza B									Influenza B	
	Untyped/Unknown									Untyped/Unknown	
05 - 14 yrs	Influenza A									Influenza A	05 - 14 yrs
	Influenza A Novel									Influenza A Novel	
	Influenza B									Influenza B	
	Untyped/Unknown									Untyped/Unknown	
15 - 24 yrs	Influenza A									Influenza A	15 - 24 yrs
	Influenza A Novel									Influenza A Novel	
	Influenza B									Influenza B	
	Untyped/Unknown									Untyped/Unknown	
25 - 49 yrs	Influenza A									Influenza A	25 - 49 yrs
	Influenza A Novel									Influenza A Novel	
	Influenza B									Influenza B	
	Untyped/Unknown									Untyped/Unknown	
50 - 64 yrs	Influenza A									Influenza A	50 - 64 yrs
	Influenza A Novel									Influenza A Novel	
	Influenza B									Influenza B	
	Untyped/Unknown									Untyped/Unknown	
65+ yrs	Influenza A									Influenza A	65+ yrs
	Influenza A Novel							·		Influenza A Novel	
	Influenza B							·		Influenza B	
	Untyped/Unknown									Untyped/Unknown	

Please record any laboratory-confirmed influenza in one of the blanks above. Submit forms by fax or email to the local health agency responsible for the county of residence by close of business each Monday.

^{*} Record county of residence unless city is Independence, Joplin, Kansas City, or St. Louis City - if in doubt contact nearest Local Health Agency or DHSS staff for assistance. (Rev. 2016)