

# Influenza Aggregate Report Form



Division of Communicable Disease Control and Prevention  
 PO Box 311, Norristown, PA 19404-0311  
**Telephone: 610-278-5117 Fax: 610-278-3971**

Please submit form weekly to report the number of **Influenza cases** that are **physician diagnosed and/or tested positive (Rapid, PCR, Culture, etc.)** at the reporting facility.

<b>Reporting Facility:</b>	<b>Report Date:</b>
<b>Reporting Facility Address:</b>	<b>Reporting Facility Phone Number:</b>
<b>Name of Reporter:</b>	<b>Reporting Facility Fax Number:</b>

**Type of Facility:** \_\_\_\_\_ **If Other, please specify:** \_\_\_\_\_

## WEEKLY INFLUENZA-LIKE ILLNESS REPORTING

Counts for this aggregate report were collected from \_\_\_\_\_ to \_\_\_\_\_

	0-4 yrs.	5-9 yrs.	10-18 yrs.	19-24 yrs.	25-49 yrs.	50-64 yrs.	65 + yrs.	UNK
Number of <b>Influenza A cases</b>								
Number of <b>Influenza B cases</b>								
Number of <b>Unspecified Influenza cases</b>								
Number of <b>Hospitalizations</b>								
Number of <b>Influenza Deaths</b>								

Once completed, please fax report to 610-278-3971 or email [OPHflu@montcopa.org](mailto:OPHflu@montcopa.org)  
 Attn: Division of Communicable Disease Control and Prevention

*If you want to receive Montgomery County Office of Public Health Health Advisories and Alerts, complete the form on <https://www.montcopa.org/OPHHealthAlerts>*

DIS: \_\_\_\_\_