

## 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											
Age Group	Influenza Type	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total	Influenza Type	Age Group
0 - <02 yrs	Influenza A								0	Influenza A	0 - <02 yrs
	Influenza A Novel								0	Influenza A Novel	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
02 - 04 yrs	Influenza A								0	Influenza A	02 - 04 yrs
	Influenza A Novel								0	Influenza A Novel	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
05 - 14 yrs	Influenza A								0	Influenza A	05 - 14 yrs
	Influenza A Novel								0	Influenza A Novel	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
15 - 24 yrs	Influenza A								0	Influenza A	15 - 24 yrs
	Influenza A Novel								0	Influenza A Novel	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
25 - 49 yrs	Influenza A								0	Influenza A	25 - 49 yrs
	Influenza A Novel								0	Influenza A Novel	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
50 - 64 yrs	Influenza A								0	Influenza A	50 - 64 yrs
	Influenza A Novel								0	Influenza A Novel	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
65+ yrs	Influenza A								0	Influenza A	65+ yrs
	Influenza A Novel	·							0	Influenza A Novel	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	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 each Monday.