

Please fax report to **1-888-232-1322** (No cover sheet is needed)

Form Approved  
OMB No. **0920-0004**  
Exp. Date 6/30/2013

Lab ID Number

**WHO COLLABORATING CENTER FOR INFLUENZA  
INFLUENZA VIRUS SURVEILLANCE**

Laboratory \_\_\_\_\_ / \_\_\_\_\_  
(City) (State)

Report for week ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo. Day Yr.

**Patient's age in years**

**<1    1-4    5-24    25-44    45-64    ≥65    Unk**

No. of specimens tested for respiratory viruses							
No. influenza <b>A(H1N1)</b> (SEASONAL!)							
No. influenza <b>A(H3N2)</b>							
No. influenza <b>2009 influenza A (H1N1)</b>							
No. influenza <b>A, not subtyped*</b>							
No. influenza <b>A, unable to be subtyped**</b>							
No. influenza <b>B*</b>							

\* Subtyping NOT ATTEMPTED

\*\* Subtyping attempted but negative for seasonal H1, seasonal H3, and 2009 influenza A (H1N1).

- If you have no tests or results to report for a week, please fax a form listing the laboratory name and week ending date, but leave the rest of the form blank.
- If you wish to revise a previous report (e.g., report isolates as "influenza A, subtype unknown" and subsequently subtype the isolates), please indicate the changes on a copy of the form on which the isolates were initially reported, listing the original week ending date. Clearly mark the copy as a revised report and fax it to us.

**Please call us about unusual isolates: (404-639-3591)**

Comments:

**A weekly influenza activity report is available on the internet at <http://www.cdc.gov/flu/weekly/> .**