**Laboratory Log**

**Hospital Discharge List**

**Reportable Condition**

**Hospital/ICP List**

Data transmitted to CDC

**NOT a Case**

**No**

Complete case report form

**Interview patient or proxy**

**Contact patient provider**

If vaccination history incomplete

**Consult State vaccination registry**

Review of medical chart and laboratory records

Hospitalized patient

**AND**

Resident of catchment area

**CASE**

**YES**

Notification of a positive

influenza test result