

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 A(H1N1) (SEASONAL!) | | | | | | | |
| No. influenza A(H3N2) | | | | | | | |
| No. influenza 2009 influenza A (H1N1) | | | | | | | |
| No. influenza A, not subtyped* | | | | | | | |
| No. influenza A, unable to be subtyped** | | | | | | | |
| No. influenza 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/> .