**Aggregate Hospitalization and Death Reporting Activity Weekly Report Form**

|  |  |
| --- | --- |
| Reporting Jurisdiction |  |
| Date of Report (mm/dd/yyyy) |  |

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Phone Number |  |
| Fax Number |  |
| Email |  |

|  |  |
| --- | --- |
|  | **Weekly number by age group (years)** |
| **Number of persons hospitalized with laboratory-confirmed influenza** | 0-4 |
| 5-17 |
| 18-49 |
| 50-64 |
| 65+ |
| Unknown |
| TOTAL |
| **Number of persons hospitalized with influenza and/or pneumonia syndrome** | 0-4 |
| 5-17 |
| 18-49 |
| 50-64 |
| 65+ |
| Unknown |
| TOTAL |
| **Number of persons who died from laboratory-confirmed influenza** | 0-4 |
| 5-17 |
| 18-49 |
| 50-64 |
| 65+ |
| Unknown |
| TOTAL |
| **Number of persons who died from influenza and/or pneumonia syndrome** | 0-4 |
| 5-17 |
| 18-49 |
| 50-64 |
| 65+ |
| Unknown |
| TOTAL |