

WHO COLLABORATING CENTER FOR INFLUENZA INFLUENZA VIRUS SURVEILLANCE

Lab ID Number

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/>.