

Surveillance for Lab-confirmed Hospitalized Influenza

Case definition: person of any age who is a resident of Clackamas, Multnomah, or Washington counties who is/was hospitalized and has laboratory-confirmed influenza (including rapid tests).

Report to:

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Questions? Call or email us at the contact info above.

Hospital:	
Sender's name:	
Patient name:	
Medical record number:	
Sex (M or F):	
Date of birth:	
County of residence:	
Admit date:	
Discharge date (if available):	
Admitted to ICU (If known):	
Influenza test date:	
Type of test: (e.g., PCR, viral culture, rapid)	
Flu test results, if known: (e.g., Flu A, 2009 H1N1, Flu A/H3, or Flu B)	