



Missouri Department of Health and Senior Services  
 Division of Community and Public Health, Bureau of Communicable Disease Control and Prevention  
**Laboratory-Confirmed Influenza Weekly Worksheet for Reporters**

Reporter Name _____		Week beginning (Sunday Date) _____									
City* or County of Residence _____											
Age Group	Influenza Type	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total	Influenza Type	Age Group
0 - <02 yrs	Influenza A								0	Influenza A	0 - <02 yrs
	2009 H1N1								0	2009 H1N1	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
02 - 04 yrs	Influenza A								0	Influenza A	02 - 04 yrs
	2009 H1N1								0	2009 H1N1	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
05 - 14 yrs	Influenza A								0	Influenza A	05 - 14 yrs
	2009 H1N1								0	2009 H1N1	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
15 - 24 yrs	Influenza A								0	Influenza A	15 - 24 yrs
	2009 H1N1								0	2009 H1N1	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
25 - 49 yrs	Influenza A								0	Influenza A	25 - 49 yrs
	2009 H1N1								0	2009 H1N1	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
50 - 64 yrs	Influenza A								0	Influenza A	50 - 64 yrs
	2009 H1N1								0	2009 H1N1	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	
65+ yrs	Influenza A								0	Influenza A	65+ yrs
	2009 H1N1								0	2009 H1N1	
	Influenza B								0	Influenza B	
	Untyped/Unknown								0	Untyped/Unknown	

Please record any laboratory-confirmed influenza in one of the blanks above. Submit forms by fax or email to the local health agency responsible for the county of residence each Monday morning.

\* Record county of residence unless city is Independence, Joplin, Kansas City, or St. Louis City - if in doubt contact nearest Local Health Agency or DHSS staff for assistance.