

# 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 e-mail [magdalena.k.scott@state.or.us](mailto:magdalenak.scott@state.or.us)

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