



INFLUENZA REPORTING – EPIDEMIOLOGY

Clay County Public Health Center
800 Haines Drive
Liberty, MO 64068
Revised: 10/1/2024

Influenza Reporting Season: 2024-2025

Please fax to the Epidemiology Program at (816) 595-4392 by the end of day every Friday.

Please fill in all fields and remember to ask the patient if they received the vaccine when possible.

Reporting Facility Name: _____

Date Faxed: _____ Faxed By: _____

Today's Date:	Test Date:	Today's Date:	Test Date:
Age:	Zip:	Age:	Zip:
City:	County:	City:	County:
Influenza Type: <i>(Please Circle)</i> A B A&B U	Flu Vaccine: <i>(Please Circle)</i> Yes No Unknown	Influenza Type: <i>(Please Circle)</i> A B A&B U	Flu Vaccine: <i>(Please Circle)</i> Yes No Unknown
Today's Date:	Test Date:	Today's Date:	Test Date:
Age:	Zip:	Age:	Zip:
City:	County:	City:	County:
Influenza Type: <i>(Please Circle)</i> A B A&B U	Flu Vaccine: <i>(Please Circle)</i> Yes No Unknown	Influenza Type: <i>(Please Circle)</i> A B A&B U	Flu Vaccine: <i>(Please Circle)</i> Yes No Unknown
Today's Date:	Test Date:	Today's Date:	Test Date:
Age:	Zip:	Age:	Zip:
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Age:	Zip:	Age:	Zip:
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Influenza Type: <i>(Please Circle)</i> A B A&B U	Flu Vaccine: <i>(Please Circle)</i> Yes No Unknown	Influenza Type: <i>(Please Circle)</i> A B A&B U	Flu Vaccine: <i>(Please Circle)</i> Yes No Unknown

*Influenza Types: A = Influenza A | B = Influenza B | A&B = Both Influenza A and B | U = Untyped Influenza