

### Influenza-like-Illness Hospital Admissions Survey Form 2014-2015

<b>Report for week ending:</b>
<b>Local Health Department:</b>
<b>Reporter Name:</b>
<b>Phone Number:</b>
<b>Date of Report:</b>

	Total Hospital Admissions for Current Week	Number of NEW ILI admissions						Point in Time Facility Data		
		Current week						Total ILI patients*	Personnel shortage due to ILI Y/N*	% Bed occupancy*
		0-4	5-24	25-49	50-64	65+	Number of new ILI patients on ventilator			
<u>Name of healthcare facility</u>										
<b>Total</b>		0	0	0		0		0		

\*Total ILI patients = total patients in facility at a certain point in time during the week including NEW and previous

\*Personnel Shortage = includes ALL staff in facility (i.e. reception, kitchen, custodial, direct care)

\*% Bed Occupancy = % of bed occupancy in facility for **ALL** beds in facility at a certain point in time during the week

**For online data submission go to: <https://han.ne.gov/survey/SurveyDispatcher>**

**By Tuesday at noon, please e-mail or fax this report to your local health department.**

**Please add comments/explanations here:**