

Influenza-like-Illness Hospital Admissions Survey Form 2011-2012

Report for week ending:

Local Health Department:

Reporter Name:

Phone Number:

Date of Report:

Name of healthcare facility	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			
Total		0	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: