



Disease Reporting Tally Sheet

Week Ending Saturday, _____

Influenza-like Illness: (Fever of ≥ 100 F (37.8 C) AND cough and/or sore throat in the absence of a known cause other than influenza)

_____	_____	_____	_____	_____	_____	_____	_____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL

Positive Rapid Influenza Tests:

Type A:	_____	_____	_____	_____	_____	_____	_____
---------	-------	-------	-------	-------	-------	-------	-------

Type B:	_____	_____	_____	_____	_____	_____	_____
---------	-------	-------	-------	-------	-------	-------	-------

Not Typed:	_____	_____	_____	_____	_____	_____	_____
------------	-------	-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____	_____	_____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL

Gastroenteritis: (Diarrhea and/or vomiting for 24 to 48 hours)

_____	_____	_____	_____	_____	_____	_____	_____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL

Total # Patients Seen Each Day:

_____	_____	_____	_____	_____	_____	_____	_____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL

Use this sheet to track weekly totals to report
online at: www.miOttawa.org/cdreporting/