VERMONT DEPARTMENT OF HEALTH

Facility_____ Date Reported to VDH_____

Influenza-like Illness (ILI) Line List

Initials	Age	Sex	Vaccine Dates		Date of ILI Onset	Duration of illness (days)	Symptoms (Y/N)								Pneumonia (Y/N)	Hospitalized (Y/N)	Died (Y/N)	Flu Test Date	Flu Test Result (+/-)	Antivirals Started (y/N)	Date Antivirals Started
			Flu	Pneumococcal			Myalgia	Sore Throat	Headache	Chills	Cough	Coryza	Fever	Other							

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