

Demonstration Data Set

ILI Aggregate Detail Parameters

FIELD	FIELD DATA
Form ID	
Date Entered	
Date Last Saved	
Entered By	
Site	
* Year	
* Week	
*Hospital/Sentinel Station Name	
0–4	
5–14	
15–29	
30–64	
>65	
*Totals ILI	
Total Admissions	
ILI Samples	