Line List for Acute Gastroenteritis Outbreak in Healthy Populations

For Person-to-Person Transmission, Not Foodborne

Facility Name: _____ **Outbreak Number:**_____

Contact Person Name: _____ **Contact Phone #:**_____

Demographics				School Information		Duration of Illness			Symptoms			Laboratory		Outcome	
Name	DOB	Sex	Staff or Student?	Classroom or Grade?	Dietary Staff (Y/N)	Date of Onset	Onset Time	Date Well	Fever (Y/N), if Y, highest temp?	Multiple Episodes of Diarrhea (Y/N)	Multiple Episodes of Vomiting (Y/N)	Date of Lab Testing	Testing Result	Hospitalized (Y/N)	Died (Y/N)

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Updated July 2025

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