Viral Meningitis Outbreak Line List

Outbreak Setting: _____ **County:** _____ **Outbreak Number:** _____

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

Demographics			Current Illness Information		Laboratory Testing				
Name	Date of Birth	Grade, Class, Name of Workplace, etc.	Onset Date	Clinical Presentation, specify (e.g. high fever, nausea, vomiting, headache, light sensitivity, etc.)	Collection date/ Result CSF WBC	Collection date/ Result CSF Bacterial Culture	Collection date/ Result Other Lab Testing	Outcome (Hospitalized, Died, Recovered etc.)	Comments

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BUREAU FOR PUBLIC HEALTH

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