Scabies Outbreak Line List

Facility Name: _____ **County:** _____

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

Demographics					Symptoms			Laboratory			Treatment		
						Rash							
Name	Age	Sex	Staff/Resident/ Student	Room Number or Work Location	Onset Date	Location	Description	Lab Confirmed (Y/N)	Date of Skin Scraping	Physician Diagnosed (Y/N)	Date of Treatment	Type of Treatment	Prophylactic Treatment of Close Contacts (Y/N)

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West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH