Line List for Acute Hepatitis A Outbreak in Congregate Settings

For Person-to-Person Transmission, Not Foodborne

Facility Name: _____ **County:**_____

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

Demographics					Duration of Illness		Symptoms									Laboratory					Work/Attendance History		Outcome		Epi-linkage	
Name	DOB	Sex	Staff or Resident/Attendee	Staff Occupation or Resident/Attendee Room Number	Date of Onset	Date Well	Jaundice (Y/N)	Fever (Y/N)	Headache (Y/N)	Malaise (Y/N)	Anorexia (Y/N)	Vomiting/Nausea (Y/N)	Diarrhea (Y/N)	Abdominal Pain (Y/N)	Dark Urine (Y/N)	Date of Lab Testing	Type of Test (IgM or RNA)	Test Result	ALT	Bilirubin	Date Last Worked/Attended	Dates Worked/Attended while Symptomatic	Hospitalized (Y/N)	Died (Y/N)	Epi-linked to a Confirmed Case? (Y/N)	Contact Tracing Completed (Y/N)

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