

Scabies Outbreak Line List

Facility Name: _____ County: _____

Facility Name: _____ County: _____

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

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

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

[illegible]

Office of Epidemiology and Prevention Services

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