## Line List for Acute Gastroenteritis Outbreak in Healthy Populations

*For Person-to-Person Transmission, Not Foodborne*

**Facility Name:** _____ **County:** _____

**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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April 2023