Hand, Foot, and Mouth Disease (HFMD) Outbreak Line List

Outbreak Number: _____ Setting (school, daycare, etc.): _____

Contact Person: _____ Contact Phone #_____

Demographics			Current Illness Information							
Name	Age	Grade or Classroom	Rash Onset Date	Fever (Yes/No)	Rash Location	Rash Descriptioon	Laboratory confirmed? (Yes/No)	Physician Diagnosed? (Yes/No)	Case Status (Confirmed, Probable, Suspect)	Comments

Division of Infectious Disease Epidemiology
350 Capitol St., Room 125, Charleston, WV, 25301
Phone: (304) 558-5358; Fax: (304) 558-8736

West Virginia Department of HEALTH

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