

Viral Meningitis Outbreak Line List

Outbreak Number: _____

County: _____

Contact Person: _____

Contact Phone #: _____

Demographics			Current Illness Information		Laboratory Testing			Outcome (Hospitalized, Died, Recovered etc.)	Comments
Name	Date of Birth	Grade, Class, Name of Workplace, etc.	Onset Date	Clinical Presentation, specify (e.g. high fever, nausea, vomiting, headache, light sensitivity, etc.)	Collection date/ Result CSF WBC	Collection date/ Result CSF Bacterial Culture	Collection date/ Result Other Lab Testing		