

Scabies Outbreak Line List

Facility: _____

County: _____

Contact Person: _____

Phone Number: _____

Demographics					Symptoms			Laboratory			Treatment		
Name	Age	Sex	Status (resident, staff, household/family contact)	Room # or Staff Work Location	Onset Date	Rash		Lab Confirmed (Y/N)	Date of Skin Scraping	Physician Diagnosed (Y/N)	Date of Treatment	Type of Treatment	Prophylaxis Treatment of Close Contacts
						Location	Description						

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