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
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WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

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