Viral Meningitis Outbreak Line List

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

Contact Person: _____ Contact Phone #_____

Demographics			Current Illness Information		Laboratory Testing				
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	Outcome (Hospitalized, Died, Recovered etc.)	Comments

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