Line List for Acute Gastroenteritis or Norovirus Outbreaks in Healthcare Facilities

Facility Name:_____ **County:**_____

Contact Person:_____ **Phone Number:**_____

	Demographics				Duration of Illness				Symptoms				Outcome		Lab Te
Name	Date of Birth	Age	Room/Bed #	Gender	Onset Date	Onset Time (hh:mm AM/PM)	Date Well	Time Well (hh:mm AM/PM)	# of Episodes of Diarrhea	Vomiting (Yes/No)	Fever (Yes/No)	Highest Temperature	Hospitalized (Yes/No)	Died (Yes/No)	Lab Testing Results

Division of Infectious Disease Epidemiology

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WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC

Revised February

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Date Lab Testing Done

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