**Lincoln-Lancaster County Health Department Gastrointestinal OUTBREAK Illness Line List Report Date \_\_\_/\_\_\_/\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outbreak going on? (Y/N) \_\_\_\_\_\_\_ Outbreak start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Outbreak end date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Total # ill \_\_\_\_\_\_\_\_\_\_ # of children ill \_\_\_\_\_\_\_ Total # of children in facility \_\_\_\_\_\_\_\_\_\_ # of staff ill\_\_\_\_\_\_\_\_\_\_\_\_ Total # of staff in facility \_\_\_\_\_\_\_\_\_\_\_ # of students/staff visited provider\_\_\_\_\_\_\_ # of students/staff visited ER \_\_\_\_\_\_\_ # of students/staff hospitalized \_\_\_\_\_\_\_ # of students/staff who died \_\_\_\_\_\_ | | | | | | | | | | | |
| **Patient Name**  **(or initials)** | **Child Attendee (CA) or Staff (SF)** | **Sex**  **(M) or (F)** | **Age** | **Diarrhea**  **(Y) or (N)** | **Nausea**  **(Y) or (N)** | **Vomiting**  **(Y) or (N)** | **Fever**  **(Y) or (N)** | **Abdominal Cramps**  **(Y) or (N)** | **Provided Stool**  **Sample**  **(Y) or (N)** | **First date ill** | **Last date ill** |
| 1. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 2. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 3. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 4. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 5. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 6. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 7. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 8. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 9. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 10. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 11. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 12. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 13. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 14. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 15. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 16. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 17. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 18. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 19. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 20. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 21. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 22. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 23. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |
| 24. |  |  |  |  |  |  |  |  |  | date \_\_\_/\_\_\_/\_\_\_ | date \_\_\_/\_\_\_/\_\_\_ |