Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

FACILITY NAME: _____

SCABIES OUTBREAK LINE LIST FOR HEALTHCARE FACILITIES: PATIENTS

IP Name: _____ Contact Person: _____

Date: _____

Patient Information								Patient Location		Illness Description						
Name	MRN	Age	Sex	Admit date	Discharge date / To Where	Admission Dx	Exposure Dates	Room # / Unit & Location	Unit / Bed after Exposure	Onset Date	Evaluated for Scabies	Skin Scraping (Y/N)	Scabies Sign Sx	Number of Scabies Tx	Scabies Tx Name	Scabies Tx Date(s)

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SCABIES OUTBREAK LINE LIST FOR HEALTHCARE FACILITIES: EMPLOYEES

IP Name: _____ Contact Person: _____
Date: _____

Healthcare Worker Name	Age	Sex	Job Title	Location Description Rash	Date Onset Sx	Dx Eval by	Usual Work Assignment	Other Work Assignment	Skin Scraping (Y/N)	Scabicide Dates	Follow Up Results	Family Member Sx	Procedure	Family Member Tx

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