



## Guidelines for Completion of the Outbreak Line List for Childcare Settings

1. Print legibly or complete electronically.
2. Report illness on a line list for the previous 24-hour period, midnight to midnight (0001hrs – 2400hrs).
3. Complete and fax line lists to 613-580-9649 or send via Secure File Transfer via the link provided by your investigator to OPH each day until the outbreak is declared over regardless of any changes.
4. Refrain from adding cases of various groups/programs onto the same line list and instead create one line list per group/program.
5. Enter the contact information about your institution/facility. Indicate the group/program that is on outbreak. Identify the type of outbreak; respiratory or enteric. Distinguish whether the line list is for children or staff. Add the outbreak number once it is provided by the OPH investigator as well as the date the outbreak was declared.
6. Enter the following demographic information for *Case Identification & Information*:
  - Number of cases chronologically in the far-left column
  - Name
  - Date of birth
  - Group/Program – children and staff
  - Position – staff only
  - Date of last day of work – staff only
7. Fill in the date of symptom onset and the date of last attendance under *Case Identification & Information*.

Completion of this column is important, because it will help determine if an outbreak exists. These dates will be important later when determining if the outbreak can be declared over.

8. In the *Symptoms* section:
  - For each case, enter the date of onset of each symptom experienced
  - Record symptoms observed within a 24-hour period
  - Only include a symptom if it is new or if it is unusual for the child and/or staff. For example, if a child always has runny stools due to a chronic medical condition, it would not be noted here
  
9. Under *Comments*, add any other pertinent information relevant to the investigation such as additional symptoms not listed, test results, or diarrhea stopped and restarted.
  
10. Fax completed line lists daily before 12:00PM to OPH at 613-580-9649 OR send electronically via Secure File Transfer.
  
11. Continue to add new cases which meet case definition to the original line list. When the page is filled add an additional form. Do not remove any cases and instead strikethrough any individuals that are no longer deemed part of the outbreak.  
  
\*Examples of an individual no longer deemed part of outbreak include a case who has symptoms that are attributed to another cause  
  
If a case's symptom(s) have restarted after being resolved, update the date symptom free rather than adding them in as a new case on the line list.
  
12. Under the *Case Identification & Information* section, the following columns must be completed to determine when the outbreak can be declared over:
  - Date symptom free
  - Date returned to childcare center

**Please ensure proper legibility of the information included on the line lists as these are legal documents.**

Updated: February 1, 2023



## How to Complete an Outbreak Line List

- Complete all required fields on the line list. Note that some columns are only required for either children or staff cases.
- When indicating the date in the required fields please use the following format: YYYY/MM/DD
- Data should be collected each day from midnight to midnight (24-hr period)

Use the checkbox to indicate the outbreak type; respiratory or enteric

Indicate the name of the facility and the group/program on outbreak

Use the checkbox to indicate if the line list is for children or staff

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**OUTBREAK LINE LIST for Childcare Settings**  
 Fax daily to (613) 580-9649 or send by secure file transfer to investigator **before 1200pm**

Name of Facility: \_\_\_\_\_  
 Type of outbreak: RESPIRATORY  ENTERIC

Group/Program: \_\_\_\_\_  
 CHILDREN  STAFF

Outbreak Number 2251-\_\_\_\_\_-\_\_\_\_\_  
 Date Outbreak Declared: 20\_\_/\_\_/\_\_

Include outbreak number, the date the outbreak was declared and the page number(s)

Case Identification & Information							Symptoms *please indicate the date of onset for each symptom														Comments					
Case # (chronologically)	Name & date of birth (Surname, Name)	Group/Program (i.e., Infant group 1, Toddler)	Position <b>STAFF ONLY</b>	Date of last day of work <b>STAFF ONLY</b>	Date of symptoms onset	Date of last attendance	Date symptom free	Date returned to childcare center	Diarrhea	Vomiting	Nausea	Abdominal pain	Headache	Fever	Chills	Muscle aches or pain (Myalgia)	New or increased cough	Runny nose/Sneezing	Nasal congestion	Sore throat	Fatigue, lethargy or malaise	Shortness of breath	Decrease or lack of appetite	Decrease or loss of smell or taste	Conjunctivitis (Pink eye)	

Number chronologically. Do not remove, change or reassign numbers without consulting the public health unit

If completing a staff line list, add position and last day of work.

Indicate the date of symptom onset, last date of attendance and the date returned to the childcare center

Include any additional information that may support the public health unit's investigation (i.e., test results, other symptoms)

Outbreak Reporting Line: 613-580-2424 x26325 (Monday to Friday from 0830 – 1630) OR After Hours: 3-1-1

Ottawa Public Health.ca | 613-580-6744  
 Sante Publique Ottawa.ca | TTY/ATS : 613-580-9656

/Ottawa Health  
/Ottawa Sante

Include the onset date for all symptoms

Updated: July 7, 2023

**OUTBREAK LINE LIST for Childcare Settings**

Fax daily to (613) 580-9649 or send by secure file transfer to investigator **before 1200pm**

Name of Facility: \_\_\_\_\_

Group/Program: \_\_\_\_\_

Outbreak Number 2251-\_\_\_\_\_-\_\_\_\_\_

Type of outbreak: RESPIRATORY  ENTERIC

CHILDREN  STAFF

Date Outbreak Declared: 20\_\_\_/\_\_\_/\_\_\_

Case Identification & Information								Symptoms *please indicate the date of onset for each symptom															Comments				
Case # (chronologically)	Name & date of birth (Surname, Name)	Group/Program (i.e., Infant group 1, Toddler)	Position <b>STAFF ONLY</b>	Date of last day of work <b>STAFF ONLY</b>	Date of symptoms onset	Date of last attendance	Date symptom free	Date returned to childcare center	Diarrhea	Vomiting	Nausea	Abdominal pain	Headache	Fever	Chills	Muscle aches or pain (Myalgia)	New or increased cough	Runny nose/Sneezing	Nasal congestion	Sore throat	Fatigue, lethargy or malaise	Shortness of breath	Decrease or lack of appetite	Decrease or loss of smell or taste	Conjunctivitis (Pink eye)		

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