



## Guidelines for Completion of the Outbreak Line List for Congregate 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. Complete a separate line list for clients and staff.
5. Enter the contact information about your institution/facility. Indicate the unit/group/program (if applicable) that is on outbreak. Distinguish whether the line list is for clients or staff.
6. Enter the following demographic information for *Case Identification & Information*:
  - Number of cases chronologically in the far-left column
  - Name
  - Date of birth
  - Unit/Group/Program – clients 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 client and/or staff. For example, if a client 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 of end of isolation/monitoring period

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

Updated: July 5, 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 clients 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 unit/group/program on outbreak

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

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**OUTBREAK LINE LIST for Congregate Living 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

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

CLIENTS  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																Interv.	Test	Comments						
Case # (chronologically)	Name & date of birth (Surname, Name)	Unit/Group/Program (i.e., Hospice, Transitional Housing)	Position STAFF ONLY	Date of last day of work STAFF ONLY	Date of symptoms onset	Date of start of isolation CLIENTS ONLY	Date symptom free	Date of end of isolation/monitoring period	Diarhea	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	Asymptomatic	Influenza vaccine (Y/N)	# of COVID-19 doses (1-4) - Bivalent (Y/N)	RAT Result (+/-)	PCR Result (+/-)		

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.

Outbreak Reporting Line: 613-580-2424 x26325 (Monday to Friday from 0930 – 1630) OR After Hours: 3-1-1

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

Indicate the date of symptom onset, the isolation start date and the date symptom free.

Include the onset date for all symptoms

Updated: July 5, 2023

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

/Ottawa Health  
/Ottawa Sante

**OUTBREAK LINE LIST for Congregate Living Settings**

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

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

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

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

Type of Outbreak: RESPIRATORY  ENTERIC

CLIENTS  STAFF

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

Case Identification & Information								Symptoms *please indicate the date of onset for each symptom															Interv.	Test		Comments					
Case # (chronologically)	Name & date of birth (Surname, Name)	Unit/Group/Program (i.e., Hospice, Transitional Housing)	Position <b>STAFF ONLY</b>	Date of last day of work <b>STAFF ONLY</b>	Date of symptoms onset	Date of start of isolation <b>CLIENTS ONLY</b>	Date symptom free	Date of end of isolation/monitoring period	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	Asymptomatic	Influenza vaccine (Y/N)	# of COVID-19 doses (1-4) - Bivalent (Y/N)	RAT Result (+/-)	PCR Result (+/-)		

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