



Guidelines for Completion of the Outbreak Line List

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 units/floors onto the same line list and instead create one line list per unit/floor.
5. Enter the contact information about your institution/facility. Indicate the unit/floor that is on outbreak. Identify the type of outbreak; respiratory or enteric. Distinguish whether the line list is for residents/patients 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
 - Room number – resident/patient only
 - Position – staff only
 - Date of last day of work – staff only
7. Fill in the date of symptom onset and the date precautions started under *Case Identification & Information*. Date precautions started refers to the date the resident began isolating or was placed on droplet and/or contact precautions.

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
- For symptoms of vomiting and/or diarrhea please indicate if the case has had 2 or more episodes within 24hrs in the appropriate column using “Y” for yes or “N” for no.
- Record symptoms observed within a 24-hour period
- Only include a symptom if it is new or if it is unusual for the resident. For example, if Mrs. Smith always has runny stools due to a chronic medical condition, it would not be noted here

Please ensure to meet case definition criteria for each type of outbreak (COVID-19, respiratory, or enteric). Certain types of outbreaks consider an individual with a single symptom as a case in an outbreak whereas others may require two or more symptoms to be considered a case in an outbreak.

9. In the *Interventions* section:

- Indicate the date the specimen was collected (stool or swab) in the proper column
- Record using “Y” for yes or “N” for no, whether the case has received their annual influenza vaccine
- Include the number of COVID-19 doses (1-4) the case has received and indicate whether they’ve received the Bivalent vaccine using “Y” for yes or “N” for no
- Indicate if the case has received any antivirals using “Y” for yes or “N” for no and specify using the initial “T” or “P” if patient received Tamiflu or Paxlovid

10. Under *Complications*, note using “Y” for yes or “N” for no, any pneumonias confirmed by chest x-ray and provide the date for any emergency visits, hospitalizations or deaths.

11. In the *Test* section, please indicate the RAT and/or PCR results; positive (+) or negative (-). If the column(s) are left blank, the investigator will assume the test(s) has/have not been completed.

12. Under *Comments*, add any other pertinent information relevant to the investigation such as currently on antibiotics, antibiotics within the last 6 weeks or diarrhea stopped and restarted.

13. Fax completed line lists daily before 12:00PM to OPH at 613-580-9649 OR send electronically via Secure File Transfer.

14. 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 was found to be community acquired or a case who isn't epi linked)

If a case's symptom(s) have restarted after being resolved, update the date precautions discontinued rather than adding them in as a new case on the line list. If this situation occurs for a case who has been treated with antivirals, please connect with an OPH investigator for further directions.

15. Continue to document new cases on the line list on weekends, and fax it or send via Secure File Transfer to OPH.

16. 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 precautions are discontinued

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

Updated: January 17, 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 resident/patient 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/floor on outbreak

Use the checkbox to indicate if the line list is for residents/patients or staff

Ottawa Public Health | **Santé publique** | **OUTBREAK LINE LIST for Long-Term Care and Retirement Homes and Acute Care Settings**
 Fax daily to (613) 580-9649 or send by secure file transfer to investigator before 1200pm | Page ___ of ___

Name of Facility: _____ Unit/Floor: _____ Outbreak Number 2251- _____
 Type of Outbreak: RESPIRATORY ENTERIC RESIDENT/PATIENT STAFF Date Outbreak Declared: 20__/__/__

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

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.

Case Identification & Information				Symptoms *please indicate the date of onset for each symptom														Interventions			Complications		Test		Comments																						
Case # (chronologically)	Name & date of birth (Surname, Name)	Room number	Position	Date of last day of work	Date of symptoms onset	Date precautions started	Date symptom free	Date precautions discontinued	Diarrhea	≥2 episodes of diarrhea within 24hrs (Y/N)	Vomiting	≥ 2 episodes of vomiting within 24hrs (Y/N)	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	New or worsening chronic condition	Tachycardia (heart rate above 100bpm)	Asymptomatic	Date stool sample collected	Date swab collected	Influenza vaccine (Y/N)	Number COVID-19 doses (1-4) - Bivalent (Y/N)	Antivirals (Y/N) - (TPP) Tamiflu or Paxlovid	Pneumonia confirmed by chest X-ray (Y/N)	Date Emergency visit	Date hospitalization	Date deceased	BAT Result (+/-)	PCR Result (+/-)							

Indicate the precaution start and discontinued dates

Include the onset date for all symptoms

Include any additional information that may support the public health unit's investigation

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

Name of Facility: _____

Unit/Floor: _____

Outbreak Number 2251-_____-_____

Type of Outbreak: RESPIRATORY ENTERIC

RESIDENT/PATIENT STAFF

Date Outbreak Declared: 20___/___/___

Case Identification & Information				Symptoms *please indicate the date of onset for each symptom														Interventions			Complications			Test		Comments																												
Case # (chronologically)	Name & date of birth (Surname, Name)	Room number	Position	Date of last day of work	Date of symptoms onset	Date precautions started	Date symptom free	Date precautions discontinued	Diarrhea	≥ 2 episodes of diarrhea within 24hrs (Y/N)	Vomiting	≥ 2 episodes of vomiting within 24hrs (Y/N)	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	New or worsening chronic condition	Tachycardia (heart rate above 100bpm)	Asymptomatic	Date stool sample collected	Date swab collected	Influenza vaccine (Y/N)	Number COVID-19 doses (1-4) – Bivalent (Y/N)	Antivirals (Y/N) – (T/P) Tamiflu or Paxlovid	Pneumonia confirmed by chest x-ray (Y/N)	Date Emergency visit	Date hospitalization	Date deceased	RAT Result (+/-)	PCR Result (+/-)														
		RESIDENT /PT ONLY	STAFF ONLY	STAFF ONLY	STAFF ONLY																																																	

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