Outbreak Line List Instructions for Long-Term Care Homes, Retirement Homes, Acute Care, and Congregate Living Settings

This document provides instructions on how to accurately complete an outbreak line list, which supports mandatory reporting and documentation practices under Ontario's *Health Protection and Promotion Act*. Line lists are essential tools used to document and track cases during an outbreak. Clear, accurate entries are key to effective communication between facilities and Ottawa Public Health. **Please ensure all information is legible and accurate, as these documents are part of the legal record. Facilities should retain a copy for their internal documentation and record-keeping purposes.**

If you experience any issues using the online form, please contact your assigned investigator. If one has not yet been assigned, you may call 613-580-2424 ext. 26325 for assistance.

This form can be completed **electronically** or **printed and filled out by hand**. Unless otherwise specified, all instructions apply to **both formats**. If an instruction differs between the electronic and paper versions, this will be clearly indicated.

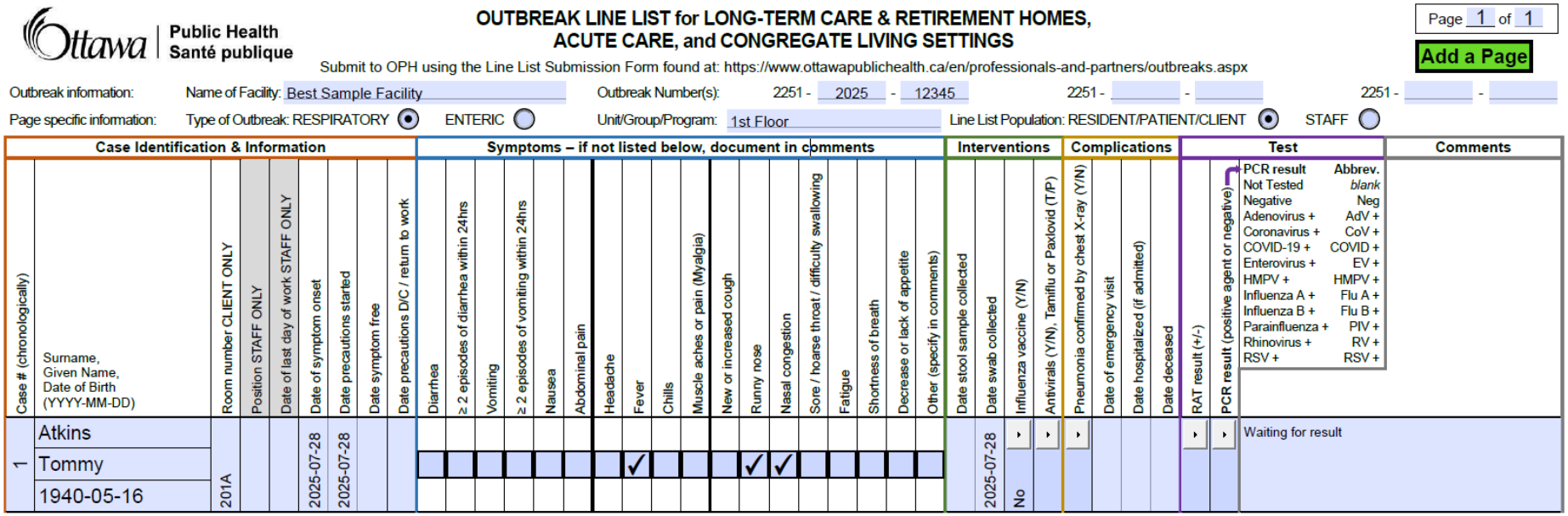
1. To ensure the line list functions correctly, please verify that you are using the most current version of Adobe Reader. Older versions may cause compatibility issues. You can download the free latest version from: https://get.adobe.com/reader
2. Update the line list **daily** and submit to Ottawa Public Health (OPH) using the Ongoing Outbreak Line List Reporting Form - on business days only (Monday to Friday from 0830 to 1630) - until the outbreak is declared over, **regardless of any changes**.
3. Create a separate line list for residents/patients/clients and staff.
4. For the resident/patient/clients line list, create a separate page for each floor/unit. (Not applicable for congregate living settings)
5. If both enteric and respiratory outbreaks occur simultaneously in your facility, list them separately on individual line lists. For all other respiratory multi-agent outbreaks, use a single line list.
6. If completing by hand, use the following date format wherever space is limited: **YY/MM/DD**

7. Outbreak Information:
    a. Name of Facility
    b. Outbreak number(s). Up to three (3) numbers can be indicated.
8. Page specific information:
    a. Type of outbreak: Respiratory or Enteric
    b. Unit/Group/Program
    c. Line List Population: Resident/patient/client or staff
9. Add all symptomatic individuals to the line list in chronological order, regardless of the identified agent. If someone does not meet the case definition, do not remove the entry. Instead, use a strikethrough and note in the comments that the individual is not linked to the outbreak.
10. Complete all applicable fields under the *Case Identification & Information* section.
    a. Date precautions started refers to the date the individual began isolating or was placed on additional precautions.
11. In the *Symptoms* section:
    a. Only include a symptom if it is new or represents a change from the individual's baseline condition.
    b. For each entry, add a checkmark.
    c. If a symptom is not listed, document it in the comments box.
12. In the *Interventions* section:
    a. Record if the individual has received their annual influenza vaccine. If completing by hand, use "Y" for yes or "N" for no.
    b. Indicate if the individual has received any antivirals. If completing by hand, use "Y" for yes or "N" for no and specify using the initial "T" or "P" for Tamiflu or Paxlovid.
13. Under *Complications:*
    a. Indicate any pneumonias confirmed by chest x-ray. If completing by hand, use "Y" for yes or "N" for no. Provide the date for any emergency department visits, hospitalizations, or deaths.
    b. Only complete the hospitalization field if the individual is admitted to hospital.

14. In the *Test* section, please indicate:
    a. Indicate RAT result. Use symbols "+" for positive or "-" for negative if completing by hand.
    b. PCR results
        i. Electronic form: Select the applicable option from drop down menu.
        ii. Paper form: Write the result using one of these abbreviations:
            - Not Tested → *leave blank*
            - Negative → Neg
            - Adenovirus + → AdV+
            - Coronavirus + → CoV+
            - COVID-19 + → COVID+
            - Enterovirus + → EV+
            - HMPV + → HMPV+
            - Influenza A + → Flu A+
            - Influenza B + → Flu B+
            - Parainfluenza + → PIV+
            - Rhinovirus + → RV+
            - RSV + → RSV+
    c. Document any additional results in the comments.
    d. **Indicate in the comments whether the test was a FLUVID or multiplex panel**, if known.

15. Under *Comments,* add any other pertinent information relevant to the investigation.

Example form:



Ottawa | Public Health / Santé publique

OUTBREAK LINE LIST for LONG-TERM CARE & RETIREMENT HOMES, ACUTE CARE, and CONGREGATE LIVING SETTINGS

Submit to OPH using the Line List Submission Form found at: https://www.ottawapublichealth.ca/en/professionals-and-partners/outbreaks.aspx

Page 1 of 1 — Add a Page

Outbreak information: Name of Facility: Best Sample Facility — Outbreak Number(s): 2251 - 2025 - 12345 — 2251 - — - — 2251 - — -

Page specific information: Type of Outbreak: RESPIRATORY (●) ENTERIC ( ) — Unit/Group/Program: 1st Floor — Line List Population: RESIDENT/PATIENT/CLIENT (●) STAFF ( )

Case Identification & Information									Symptoms – if not listed below, document in comments																	Interventions				Complications				Test			Comments
Case # (chronologically)	Surname, Given Name, Date of Birth (YYYY-MM-DD)	Room number CLIENT ONLY	Position STAFF ONLY	Date of last day of work STAFF ONLY	Date of symptom onset	Date precautions started	Date symptom free	Date precautions D/C / return to work	Diarrhea	≥ 2 episodes of diarrhea within 24hrs	Vomiting	≥ 2 episodes of vomiting within 24hrs	Nausea	Abdominal pain	Headache	Fever	Chills	Muscle aches or pain (Myalgia)	New or increased cough	Runny nose	Nasal congestion	Sore / hoarse throat / difficulty swallowing	Fatigue	Shortness of breath	Decrease or lack of appetite	Other (specify in comments)	Date stool sample collected	Date swab collected	Influenza vaccine (Y/N)	Antivirals (Y/N), Tamiflu or Paxlovid (T/P)	Pneumonia confirmed by chest X-ray (Y/N)	Date of emergency visit	Date hospitalized (if admitted)	Date deceased	RAT result (+/-)	PCR result (positive agent or negative)		
1	Atkins Tommy 1940-05-16	201A			2025-07-28	2025-07-28										✓				✓	✓							2025-07-28	No								Waiting for result

PCR result	Abbrev.
Not Tested	*blank*
Negative	Neg
Adenovirus +	AdV +
Coronavirus +	CoV +
COVID-19 +	COVID +
Enterovirus +	EV +
HMPV +	HMPV +
Influenza A +	Flu A +
Influenza B +	Flu B +
Parainfluenza +	PIV +
Rhinovirus +	RV +
RSV +	RSV +

Ottawa Public Health | Santé publique

OUTBREAK LINE LIST for LONG-TERM CARE & RETIREMENT HOMES, ACUTE CARE, and CONGREGATE LIVING SETTINGS

Submit to OPH using the Line List Submission Form found at: https://www.ottawapublichealth.ca/en/professionals-and-partners/outbreaks.aspx

Add a Page

Outbreak information: Name of Facility: ______________________ Outbreak Number(s): 2251 - ________ - ________ 2251 - ________ - ________ 2251 - ________ - ________

Page specific information: Type of Outbreak: RESPIRATORY ◯ ENTERIC ◯ Unit/Group/Program: ______________________ Line List Population: RESIDENT/PATIENT/CLIENT ◯ STAFF ◯

Case Identification & Information									Symptoms – if not listed below, document in comments																		Interventions				Complications				Test		Comments
Case # (chronologically)	Surname, Given Name, Date of Birth (YYYY-MM-DD)	Room number CLIENT ONLY	Position STAFF ONLY	Date of last day of work STAFF ONLY	Date of symptom onset	Date precautions started	Date symptom free	Date precautions D/C / return to work	Diarrhea	≥ 2 episodes of diarrhea within 24hrs	Vomiting	≥ 2 episodes of vomiting within 24hrs	Nausea	Abdominal pain	Headache	Fever	Chills	Muscle aches or pain (Myalgia)	New or increased cough	Runny nose	Nasal congestion	Sore / hoarse throat / difficulty swallowing	Fatigue	Shortness of breath	Decrease or lack of appetite	Other (specify in comments)	Date stool sample collected	Date swab collected	Influenza vaccine (Y/N)	Antivirals (Y/N), Tamiflu or Paxlovid (T/P)	Pneumonia confirmed by chest X-ray (Y/N)	Date of emergency visit	Date hospitalized (if admitted)	Date deceased	RAT result (+/-)	**PCR result** (positive agent or negative)	

PCR result	**Abbrev.**
Not Tested	*blank*
Negative	Neg
Adenovirus +	AdV +
Coronavirus +	CoV +
COVID-19 +	COVID +
Enterovirus +	EV +
HMPV +	HMPV +
Influenza A +	Flu A +
Influenza B +	Flu B +
Parainfluenza +	PIV +
Rhinovirus +	RV +
RSV +	RSV +