Outbreak Line List Instructions for Childcare 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.

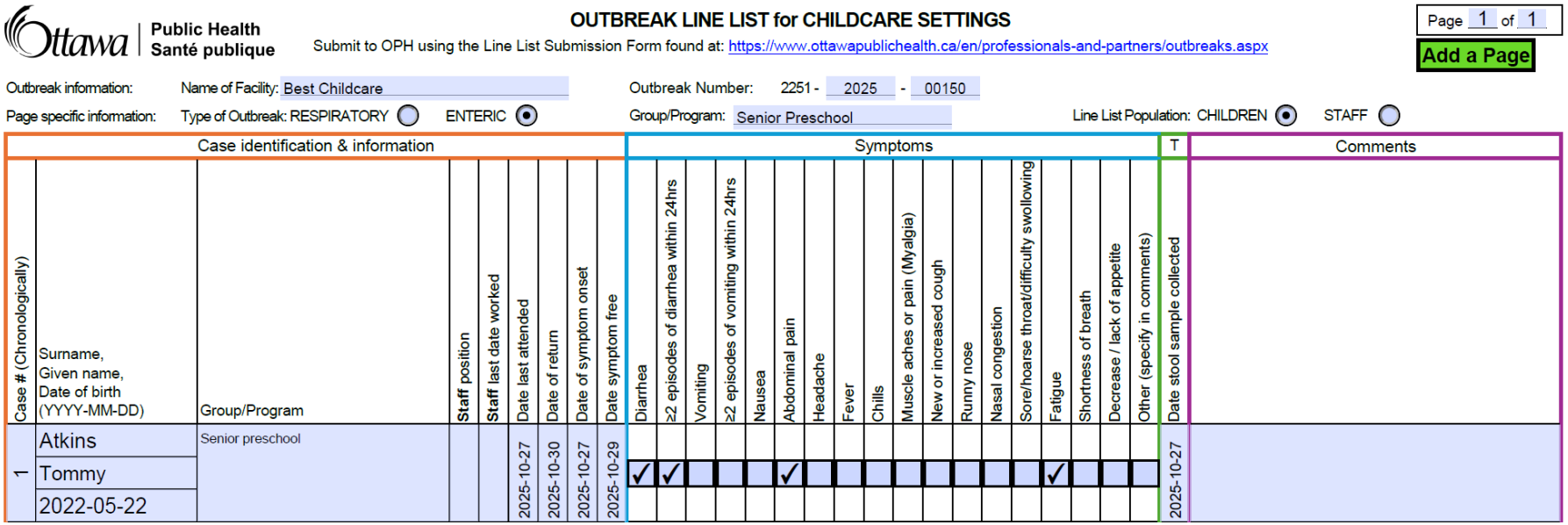
Please ensure all information is legible and accurate, as these documents are part of the legal record. Facilities should retain a copy for their internal documentation and record-keeping purposes.

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 and submit to Ottawa Public Health (OPH) using the Ongoing Outbreak Line List Reporting Form - on business days only - until the outbreak is declared over. You are not required to submit a line list on days with no updates or changes.
3. Create a separate line list for children and staff.
4. If completing by hand, use the following date format wherever space is limited: **YY/MM/DD**
5. Outbreak Information:
    a. Name of Facility
    b. Outbreak number
6. Page specific information:
    a. Type of outbreak: Respiratory or Enteric
    b. Group/Program
    c. Line List Population: Children or Staff

7. 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 strike-through and note in the comments that the individual is not linked to the outbreak.
8. Complete all applicable fields under the Case Identification & Information section.
9. 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 check-mark.
    c. If a symptom is not listed, document it in the comments box.
10. In the test (**T**) section, if applicable:
    a. Indicate the date that a stool sample was collected.
11. Under Comments, add any other pertinent information relevant to the investigation.



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OUTBREAK LINE LIST for CHILDCARE SETTINGS

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

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Add a Page

Outbreak information: Name of Facility: Best Childcare Outbreak Number: 2251 - 2025 - 00150

Page specific information: Type of Outbreak: RESPIRATORY ○ ENTERIC ◉ Group/Program: Senior Preschool Line List Population: CHILDREN ◉ STAFF ○

Case identification & information									Symptoms																		T	Comments
Case # (Chronologically)	Surname, Given name, Date of birth (YYYY-MM-DD)	Group/Program	Staff position	Staff last date worked	Date last attended	Date of return	Date of symptom onset	Date symptom free	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 / lack of appetite	Other (specify in comments)	Date stool sample collected	
1	Atkins, Tommy, 2022-05-22	Senior preschool			2025-10-27	2025-10-30	2025-10-27	2025-10-29	✓	✓				✓									✓					2025-10-27	

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Add a Page

Outbreak information: Name of Facility: ______________________ Outbreak Number: 2251 - ________ - ________

Page specific information: Type of Outbreak: RESPIRATORY ◯ ENTERIC ◯ Group/Program: ______________________ Line List Population: CHILDREN ◯ STAFF ◯

Case identification & information									Symptoms																		T	Comments
Case # (Chronologically)	Surname, Given name, Date of birth (YYYY-MM-DD)	Group/Program	**Staff** position	**Staff** last date worked	Date last attended	Date of return	Date of symptom onset	Date symptom free	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 / lack of appetite	Other (specify in comments)	Date stool sample collected	