GUIDELINES FOR COMPLETION OF THE INSTITUTIONAL 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 613-933-7930 or send using SharePoint link provided every morning until the outbreak is declared over regardless of any changes.
4. Enter the following information:
   - 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 EOHU.
   - The date the outbreak was declared.
5. Enter the following demographic information for Case Identification and Information:
   - Number of cases chronologically in the far-left column
   - Name
   - Date of birth
   - Room number – resident*/patient only
   - Date of last day of work – staff only

   *Please note: only list residents once on the line listing.
6. Fill in the date of symptom onset and the date precautions started under Case Identification and 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.

7. In the Symptoms section:
   - Click on the appropriate box for each symptom identified for the case.
   - 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 2 or more symptoms to be considered a case in an outbreak.

8. 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 and RSV vaccine
   - Record using "Y" for yes or "N" for no whether the case is up to date with their Covid-19 vaccine
     - Resident: received Covid-19 vaccine in the last 6 months
     - Staff: Received their annual Covid-19 vaccineIndicate 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
9. 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.

10. In the test section, please indicate:
    - Indicate RAT result positive (+) or negative (-).
    - PCR results: Write results using one of the abbreviations:
        - Not tested: leave blank
        - Negative: Neg
        - Adenovirus: Adv +
        - Coronavirus: CoV+
        - Covid-19: Covid +
        - Enterovirus: EV+
        - Metapneumovirus : MPV+
        - Influenza A : Flu A +
        - Influenza B: Flu B+
        - Parainfluenza: PIV+
        - Rhinovirus : Rhino+
        - RSV : RSV+
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 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 ltc@eohu.ca for further directions.

12. Under the Case Identification and 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.

HOW TO COMPLETE AN INSTITUTIONAL 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.

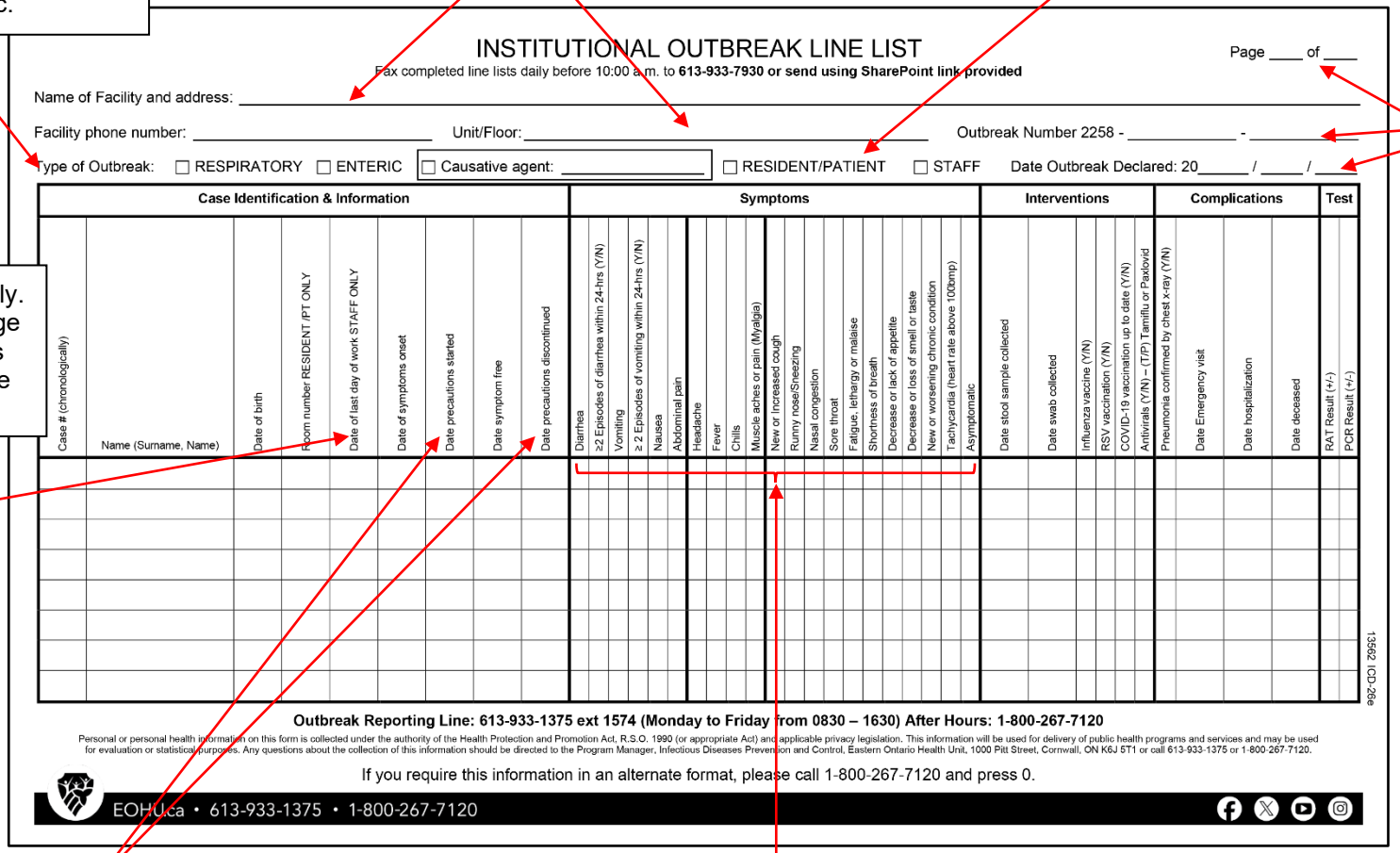
Indicate the name of the facility and the unit/floor on outbreak.

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

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 EOHU.

Add last day of work.



INSTITUTIONAL OUTBREAK LINE LIST

Page ____ of ____

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Case Identification & Information									Symptoms																				Interventions						Complications				Test	
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Indicate the precaution start and discontinued dates.

Include all symptoms.

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INSTITUTIONAL OUTBREAK LINE LIST

Fax completed line lists daily before 10:00 a.m. to **613-933-7930 or send using SharePoint link provided**

Name of Facility and address: _____

Facility phone number: _____ Unit/Floor: _____ Outbreak Number 2258 - _____ - _____

Type of Outbreak: ☐ RESPIRATORY ☐ ENTERIC ☐ Causative agent: _____ ☐ RESIDENT/PATIENT ☐ STAFF Date Outbreak Declared: 20_____ / _____ / _____

Case Identification & Information									Symptoms																						Interventions						Complications				Test	
Case # (chronologically)	Name (Surname, Name)	Date of birth	Room number RESIDENT /PT ONLY	Date of last day of work STAFF ONLY	Date of symptoms onset	Date precautions started	Date symptom free	Date precautions discontinued	Diarrhea	≥2 Episodes of diarrhea within 24-hrs (Y/N)	Vomiting	≥ 2 Episodes of vomiting within 24-hrs (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 100bmp)	Asymptomatic	Date stool sample collected	Date swab collected	Influenza vaccine (Y/N)	RSV vaccination (Y/N)	COVID-19 vaccination up to date (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 (+/-)

Outbreak Reporting Line: 613-933-1375 ext 1574 (Monday to Friday from 0830 – 1630) After Hours: 1-800-267-7120

Personal or personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990 (or appropriate Act) and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical purposes. Any questions about the collection of this information should be directed to the Program Manager, Infectious Diseases Prevention and Control, Eastern Ontario Health Unit, 1000 Pitt Street, Cornwall, ON K6J 5T1 or call 613-933-1375 or 1-800-267-7120.

If you require this information in an alternate format, please call 1-800-267-7120 and press 0.

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