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 email to ltc@eohu.ca 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 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.
- 6. 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.
- 7. 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.

- 8. 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.

- 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 and RSV 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.

13562 ICD-24e









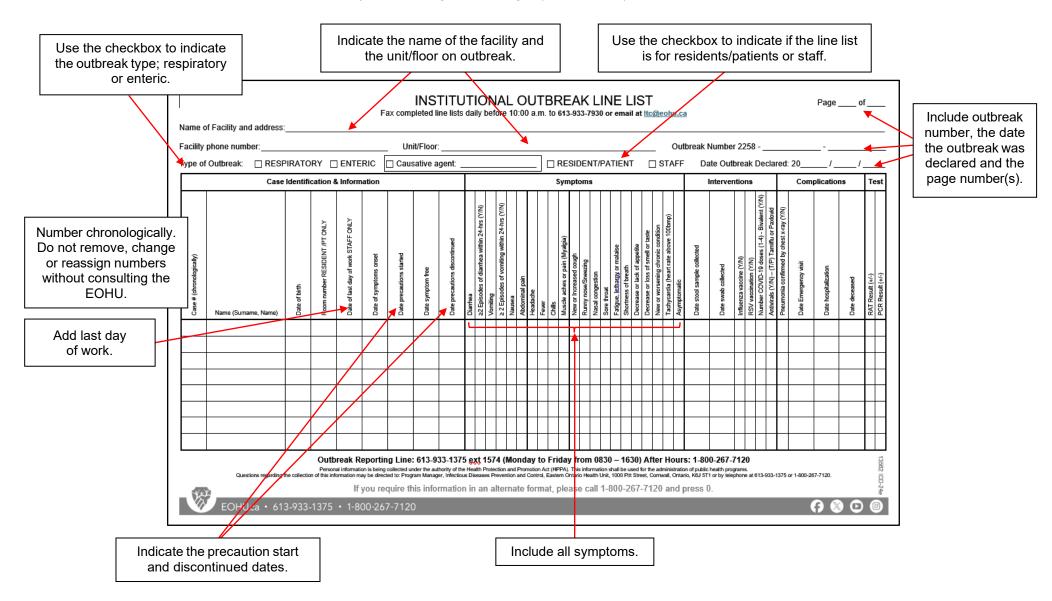


- 11. In the Test section, please indicate the RAT and/or PCR results; positive (+) or negative (-). If the column(s) are left blank, the investigator will assume the test(s) has/have not been completed.
- 12. Fax completed line lists daily before 10:00 a.m. to the EOHU at 613-933-7930 or email at LTC@eohu.ca.
- 13. 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 ltc@eohu.ca for further directions.
- 14. 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)



INSTITUTIONAL OUTBREAK LINE LIST

Fax completed line lists daily before 10:00 a.m. to 613-933-7930 or email at ttc@eohu.ca

Name 0	f Facility and address:																															
Facility phone number: Unit/Floor:							Outbreak Number 2258																									
Type of Outbreak: RESPIRATORY ENTERIC Causative agent:																							F 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 So Exicados of Alcarhos within 24 has (VM)	Vomiting	≥ 2 Episodes of vomiting within 24-hrs (Y/N)	Nausea Abdominal pain	Headache	Fever	Muscle aches or pain (Myalgia)	New or Increased cough	Nasal congestion	Sore throat	Fatigue, lethargy or malaise Shortness of breath	Decrease or lack of appetite	New or worsening chronic condition	Tachycardia (heart rate above 100bmp)	Date stool sample collected	Date swab collected	Influenza vaccine (Y/N)	RSV vaccination (Y/N) Number COVID-10 does (1-4) - Bivalent (V/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 information is being collected under the authority of the Health Protection and Promotion Act (HPPA). This information shall be used for the administration of public health programs. Questions regarding the collection of this information may be directed to: Program Manager, Infectious Diseases Prevention and Control, Eastern Óntario Health Unit, 1000 Pitt Street, Cornwall, Ontario, K6J 5T1 or by telephone at 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.

