

# GUIDELINES FOR COMPLETION OF THE DAYCARE OUTBREAK LINE LIST

1. Print legibly or complete electronically.
2. Complete and send line lists to [ccc@eohu.ca](mailto:ccc@eohu.ca) each weekday until the outbreak is declared over regardless of any changes.
3. Enter the contact information about your child care facility. Identify the type of outbreak; respiratory or enteric. Distinguish whether the line list is for children or staff. Add the outbreak number once it is provided by the Health Unit as well as the date the outbreak was declared.
4. Enter the following demographic information for Case Identification & Information:
  - Number of cases chronologically in the far-left column
  - Name
  - Date of birth
  - Group (Infant (I), Toddler (T), Preschool (P), School age (S))

\*Please note: only list individuals once on the line listing.
5. Fill in the date of symptom onset under Case Identification & Information.  
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.
6. In the Symptoms section:
  - For each case, add a checkmark for each symptom experienced.
  - For symptoms of vomiting and/or diarrhea please indicate if the case has had two 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 individual (not within their established chronic diagnosis).

Please ensure to meet case definition criteria for each type of outbreak (respiratory, or enteric). Symptomatic individuals require two or more symptoms to be considered a case in an outbreak or two episodes of the same symptoms for vomiting or diarrhea.
7. Under Comments, add any other pertinent information relevant to the investigation such as currently on antibiotics, diagnosis, or diarrhea stopped and restarted.
8. Send completed line lists daily before 10AM to [ccc@eohu.ca](mailto:ccc@eohu.ca).
9. 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
10. The Outcome columns must be completed to determine when the outbreak can be declared over.

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

13563 ICD-25e



EOHU.ca • 613-933-1375 • 1-800-267-7120



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

# HOW TO COMPLETE A DAYCARE OUTBREAK LINE LIST

- Complete all required fields on the line list. Note that some columns are only required for either child 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)

Indicate the name and address of the facility on outbreak.

Use the checkbox to indicate if the line list is for children or staff.

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

Use the checkbox to indicate the outbreak type; respiratory or enteric.

Number chronologically. Do not remove, change or reassign numbers without consulting the public health unit.

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

## DAYCARE OUTBREAK LINE LIST

Fax daily (ccc@eohu.ca) Page \_\_\_\_ of \_\_\_\_

Name of Facility and address: \_\_\_\_\_

Facility phone number: \_\_\_\_\_ Outbreak Number 2258 - \_\_\_\_\_ - \_\_\_\_\_


Type of Outbreak:  RESPIRATORY  ENTERIC  Causative agent: \_\_\_\_\_  CHILD  STAFF Date Outbreak Declared: 20\_\_\_\_/\_\_\_\_/\_\_\_\_


Case # (chronologically)	Case Identification & Information			Symptoms <small>*please indicate</small>																	Outcome		Comments					
	Name & date of birth (Surname, Name)	Childcare group (I=Infant, T=Toddler, P=Preschool, S=School age)	Date of symptoms onset	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	Worsening chronic condition		Asymptomatic	Date symptom free	Date returned to daycare		

**Outbreak Reporting: Weekdays 9:00 AM - 4:00 PM** Evenings 7:00 PM - 9:00 PM Outbreak Reporting Line at 613-933-1375

Personal information is being collected 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 Ontario 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.


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Case Identification & Information				Symptoms <small>*please indicate</small>													Outcome		Comments								
Case # (chronologically)	Name & date of birth (Surname, Name)	Childcare group (=Infant, T=Toddler, P=Preschool, S=School age)	Date of symptoms onset	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	Worsening chronic condition	Asymptomatic	Date symptom free	Date returned to daycare		

**Outbreak Reporting: Weekdays from 8:30 a.m. to 4:30 p.m.:** Email ccc@eohu.ca or call the Outbreak Reporting Line at 613-933-1375  
**Evenings and weekends:** Call the Outbreak Reporting Line at 613-933-1375

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.  
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