# GUIDELINES FOR COMPLETION OF THE CHILD CARE OUTBREAK LINE LIST

1. Print legibly or complete electronically.
2. Complete and upload the initial line listing in SharePoint or send it to ccc@eohu.ca.
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))
5. 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 check mark for each symptom experienced. Consult the child's parent to identify this information.
    - 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. Upload the line listing in SharePoint every business day before 10:00 a.m.—regardless of whether there have been changes—until the outbreak is declared over.
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.**

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# HOW TO COMPLETE A CHILD CARE OUTBREAK LINE LIST

- Complete all required fields on the line list.
- 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.

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

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

## CHILD CARE OUTBREAK LINE LIST

Upload in Sharepoint daily

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 Identification & Information | | | | Symptoms | | | | | | | | | | | | | | | | | | Outcome | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case # (chronologically) | Name (first name, last name), date of birth | 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 or symptom improved | Date returned to child care | |
| # 1 | Ava Clarke 2024-06-29 | T | 2026-02-08 | | | X | Y | | | | X | | | X | X | | | | | | | | | 2026-02-11 | 2026-02-12 | Diagnosed with influenza. |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Include all symptoms.

**Outbreak Reporting: Weekdays** [illegible] Outbreak Reporting Line at 613-933-1375
**Evenings a** [illegible] 75

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# CHILD CARE OUTBREAK LINE LIST

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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 Identification & Information | | | | Symptoms | | | | | | | | | | | | | | | | | | Outcome | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case # (chronologically) | Name (first name, last name), date of birth | **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 or symptom improved | Date returned to child care | |
| | | | | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |
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# CHILD CARE OUTBREAK LINE LIST

Upload in Sharepoint daily



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 Identification & Information | | | | Symptoms | | | | | | | | | | | | | | | | | | Outcome | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case # (chronologically) | Name (first name, last name), date of birth | **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 or symptom improved | Date returned to child care | |
| | | | | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |
| | | | | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |
| | | | | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |
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# CHILD CARE OUTBREAK LINE LIST



Upload in Sharepoint daily

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 Identification & Information | | | | Symptoms | | | | | | | | | | | | | | | | | | Outcome | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case # (chronologically) | Name (first name, last name), date of birth | **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 or symptom improved | Date returned to child care | |
| | | | | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |
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# CHILD CARE OUTBREAK LINE LIST

Upload in Sharepoint daily



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 Identification & Information | | | | Symptoms | | | | | | | | | | | | | | | | | | Outcome | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case # (chronologically) | Name (first name, last name), date of birth | **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 or symptom improved | Date returned to child care | |
| | | | | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |
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# CHILD CARE OUTBREAK LINE LIST



Upload in Sharepoint daily

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 Identification & Information | | | | Symptoms | | | | | | | | | | | | | | | | | | Outcome | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case # (chronologically) | Name (first name, last name), date of birth | **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 or symptom improved | Date returned to child care | |
| | | | | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |
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