

# Respiratory Outbreak Line Listing

Name of child care facility: \_\_\_\_\_

Case definition: \_\_\_\_\_

Child care facility contact: \_\_\_\_\_

Date (year/month/day): \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Total number of:**

Children enrolled in the affected area: \_\_\_\_\_

Children enrolled at the child care facility: \_\_\_\_\_

Staff in the affected area: \_\_\_\_\_

Staff at the child care facility: \_\_\_\_\_

**Fax daily to  
KFL&A Public  
Health:  
613-549-7738**

Report any hospitalizations or deaths to KFL&A Public Health immediately at 613-549-1232.

A case is defined as any child or staff with at least one of the following, within a 24-hour period:

- a physician diagnosed respiratory illness, or
- a laboratory confirmed respiratory illness (i.e., bronchitis, strep throat, chest infection), or
- any child or staff with 2 or more respiratory symptoms.

Complete Enteric Outbreak Line Listing if diarrhea and/or vomiting symptoms present.

## Case identification

First and last name (sick person)	Date of birth (day/month/year)	Room	Are they staff?	Onset date (month/day)	Fever	Sore throat or difficulty swallowing	Tiredness or not able to participate	Loss of appetite	Headache	New or worse runny nose	New or worse cough	Comments and other symptoms (i.e. diagnosis, hospitalizations, treatment, chills, shortness of breath)	Tested (yes or no)	Return date (month/day)
Tanya Latimer	08/04/2018	Green, infant	No	Jan/3	X		X			X	X	Strep throat	No	Jan/8

