

Outbreak Preparedness Toolkit

Starting a Line List - Participant's Guide

Time Required: 30 min

Target Audience: Individuals involved with Line List management, such as: IPAC

Leads/Backups, Nurse Managers (including evening and

weekend), Directors of Care, Administrators, IPAC Champions,

New hires (RNs, RPNs, PSWs)

Introduction

Line lists are a mandatory requirement for all institutional confirmed outbreaks (e.g. COVID-19, Non-COVID-19 respiratory and enteric). It is a document that is a part of the official/legal outbreak (OB) record.

A line list is a table that contains key information about each case in an outbreak, with each row representing a case and each column representing a variable such as demographic, clinical and epidemiologic information (e.g., risk factors and exposures).

Line list information describes an outbreak in terms of person, place and time and allows for quick identification of trends, missing information, and errors. This facilitates the creation of descriptive statistics, such as an epidemic (epi) curve to be able to visually depict the distribution of cases over time.

Are you familiar with using TPH's updated electronic line list? Let's get prepared!

Objectives

- Orient participants to completing TPH's electronic line list.
- Facilitate discussions and critical thinking through application scenarios/situations.
- Emphasize the importance of communication among staff at a long-term care home or retirement home, with Toronto Public Health and hospital IPAC hub, and to patients/families.

Instructions

Read through the scenario below and practice using TPH's line list. These line lists can be accessed on our <u>Infection Prevention & Control Information for Long-Term</u>

<u>Care Homes & Retirement Homes</u> internet page – under the Respiratory and Enteric drop down headings.

- ❖ COVID/Respiratory LRCT Line List Epi Curve Tool*
- Enteric Outbreak Line List*

*While we aim to provide fully accessible content, there is no text alternative available for some of the content on this site. If you require alternate formats or need assistance understanding our maps, drawings, or any other content, please contact us at LRCT@toronto.ca.

Activity

Scenario Part 1:

January 3

On January 1st, a symptomatic resident (B.C.) developed symptoms and was sent to St. Michael's Hospital where she was hospitalized. As the ICP/ nurse manager, you implemented enhanced syndromic surveillance in the home. B.C. was tested at the hospital on Jan. 1, 2023 and found to be positive for Influenza A. You were notified today, and upon speaking with Toronto Public Health, declared a suspect outbreak for the 1st floor where the resident resided.

The facility has 3 floors; rooms 1-10 are on floor 1, rooms 11-20 are on floor 2, and rooms 21-30 are on floor 3.

Resident Surveillance Data:

Resident	Room	Sex	DOB	HCN	Symptoms	Symptom	Specimen	Other information
Name	#					onset	collection	
							date and	
							result	
B.C.	8	Female	1952-08-19	11111	Dry cough,	2023-01-01	Multiplex:	- Resides on 1 st floor.
				11	Shortness of		Positive,	- Hospitalized on Jan. 1,
					breath,		Influenza A;	2023.
					fatigue,		collected on	- COVID-19 vaccine: 3 doses
					fever (39		2023-01-01,	
					degrees)		COVID-19:	
							negative	

Resident	Room	Sex	DOB	HCN	Symptoms	Symptom	Specimen	Other information
Name	#					onset	collection	
							date and	
							result	
A.V.	2	Female	1939-10-01	22222	Rash	2023-01-01	N/A	- Resides on 1 st floor. Eats at
				22				the same table as B.C.
								- COVID-19 vaccine: 4 doses
A.P.	15	Female	1946-10-05	33333	Dry cough,	2023-01-02	N/A	– Resides on 2 nd floor.
				33	nasal			- COVID-19 vaccine: 3 doses
					congestion			
B.Y.	22	Male	1940-09-04	44444	Productive	2022-11-14	N/A	– Resides on 3 rd floor.
				44	cough			- Pre-existing condition of
								COPD.
								- COVID-19 vaccine: 3 doses
J.G.	12	Female	1955-04-17	66666	Abdominal	2023-01-01	N/A	– Resides on 2 nd floor.
				66	pain, diarrhea			- COVID-19 vaccine: 3 doses
W.F.	7	Male	1942-06-23	77777	Dry cough,	2022-12-01	N/A	- Resides on 1 st floor.
				77	malaise			- COVID-19 vaccine: 3 doses
J.C.	10	Male	1941-08-08	88888	Dry cough,	2023-01-02	N/A	- Resides on the 1st floor.
				88	sore throat			- COVID-19 vaccine: 3 doses

Resident	Room	Sex	DOB	HCN	Symptoms	Symptom	Specimen	Other information
Name	#					onset	collection	
							date and	
							result	
C.A.	11	Female	1951-05-18	99999	Feeling	2023-01-02	N/A	– Resides on 2 nd floor.
				99	unwell, loss			- COVID-19 vaccine: 3 doses
					of appetite			

Staff Surveillance Data:

Staff Name	Floor worked	Sex	DOB	HCN	Symptoms	Symptom onset	Specimen collection date and result	Other information
J.W.	1st and 2nd floor	Male	1990-09-13	10000 00	Sore throat, fatigue	2022-12-30	N/A	RN. Last day worked wasJan. 1, 2023.COVID-19 vaccine: 3 doses
A.L.	3rd floor	Female	1989-01-06	12222 222	Sore throat, change in level of alertness	2023-01-03 (half-way through shift)	N/A	RN.COVID-19 vaccine: 3 doses

Δ	actions:
•	Develop a case definition for this suspect outbreak.
•	Determine which residents and staff should be included on the line list based on data collected from the syndromic
	surveillance conducted from January 1st to 3rd.

Scenario Part 2

January 5th

You have received additional information, including some lab results, for the residents and staff (highlighted in yellow below).

Resident Surveillance Data:

Resident	Room	Sex	DOB	HCN	Symptoms	Symptom	Specimen collection	Other information
Name	#					onset	date and result	
B.C.	8	Female	1952-	11111	Dry cough,	2023-01-	Multiplex: Positive	- Resides on 1st floor.
			08-19	11	shortness of	01	Influenza A; collected	- Hospitalized on Jan. 1,
					breath,		on 2023-01-01	2023.
					fatigue,		COVID-19: negative	- COVID-19 vaccine: 3 doses
					fever (39			
					degrees)			
A.P.	15	Female	1946-	33333	Dry cough,	2023-01-	Multiplex: Positive	- Resides on 2nd floor.
			10-05	33	nasal	02	Influenza A; collected	
					congestion		<mark>on 2023-01-03</mark>	
							COVID-19: negative	
J.G.	12	Female	1955-	66666	Abdominal	2023-01-	Multiplex: Pending;	- Resides on 2nd floor.
			04-17	66	pain,	01	collected on 2023-	- COVID-19 vaccine: 3 doses
					diarrhea		<mark>01-03</mark>	– Has been on laxatives since
							COVID-19: negative	<mark>Dec 31, 2022.</mark>

Resident	Room	Sex	DOB	HCN	Symptoms	Symptom	Specimen collection	Other information
Name	#					onset	date and result	
J.C.	10	Male	1941-	88888	Dry cough,	2023-01-	Multiplex: Pending;	- Resides on the 1st floor.
			08-08	88	sore throat	02	collected on 2023-	 Was hospitalized for
							<mark>01-03</mark>	infection from Dec 25, 2022
							COVID-19: negative	– Jan. 1st, 2023. Transferred
								to the home from the
								hospital on Jan. 1st, 2023,
								where he was placed on
								Droplet and Contact
								Precautions.
C.A.	11	Female	1951-	99999	Feeling	2023-01-	Multiplex: Positive	- Resides on 2nd floor.
			05-18	99	unwell, loss	02	for Influenza A;	
					of appetite		collected on 2023-	
							<mark>01-03</mark>	
							COVID-19: negative	

Staff Surveillance Data:

Staff	Floor	Sex	DOB	HCN	Symptoms	Symptom	Specimen collection	Other information
Name	worked					onset	date and result	
J.W.	1st and	Male	1990-	100000	Sore throat,	2023-12-30	N/A	RN. Last day worked was
	2 nd		09-13	0	fatigue			Jan. 1, 2023.
	floor							
A.L.	3 rd	Female	1989-	122222	Sore throat,	2023-01-03	N/A	RN. <mark>Last day worked</mark>
	floor		01-06	2	change in			Dec. 12, 2022 before
					level of			going on vacation.
					alertness			Returned to work on
								Jan. 3 rd where screened
								for symptoms and sent
								home without going into
								<mark>facility.</mark>

Action:	
• Based on the updated information above, identify who should remain on the line list and update the line list.	

Debrief Discussion Questions

- What were some challenges you faced when developing the case definition for the suspect outbreak?
- What were some key items that needed to be considered when placing an individual on a line list?

Feedback

Thank you for completing the activity. We want to hear your feedback. Please complete this short survey (1-2 min) so we can continue to improve the tools.

https://s.tphsurvey.chkmkt.com/TPH_OBPrep_Toolkit



Additional Resources/References

- COVID/Respiratory LRCT Line List Epi Curve Tool
- Enteric Outbreak Line List
- National Collaborating Centre for Infectious Diseases: <u>Descriptive epidemiology Outbreak Toolkit (outbreaktools.ca)</u>
- National Collaborating Centre for Infectious Diseases: Epidemic curves Outbreak Toolkit (outbreaktools.ca)
- TPH Outbreak Transfer Notification Form

Version 2 (June 2023)