

## Reporting an Outbreak? Contact the Infectious Diseases Team at 1-800-922-0096

IDENTIFY	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	<u>COVID-19</u>
<b>Case Definitions</b>	<ul style="list-style-type: none"> <li>✓ 2 or more episodes of <a href="#">diarrhea</a> within a 24-hour period <b>OR</b></li> <li>✓ 2 or more episodes of vomiting within a 24-hour period <b>OR</b></li> <li>✓ 1 or more episodes of <a href="#">diarrhea</a> AND one or more episodes of vomiting within a 24-hour period.</li> </ul> <p><b>NOTE:</b> Symptoms must not be due to another cause (i.e., medication, laxatives, diet change underlying condition etc.).</p>	<ul style="list-style-type: none"> <li>✓ 2 or more new and/or unexplained respiratory symptoms.</li> </ul> <p><b>NOTE:</b> Respiratory outbreak case definitions should be developed for each individual outbreak as symptoms will vary based on pathogen(s) involved.</p>	<ul style="list-style-type: none"> <li>✓ Cough and/or fever <b>AND</b> one or more new and/or unexplained respiratory symptoms <b>OR</b></li> <li>✓ Lab confirmation of influenza with clinically compatible symptoms of influenza.</li> </ul> <p><b>NOTE:</b> The elderly may not develop a fever and they may present with acute functional decline or confusion, delirium, and falls.</p>	<ul style="list-style-type: none"> <li>✓ A person with a positive test (RAT or PCR) <b>OR</b></li> <li>✓ A person with symptoms compatible with COVID-19 infection <b>AND</b> testing was not completed <b>OR</b> there were concerns with timing or quality <b>AND</b> the person had an exposure to a confirmed case.</li> </ul>
<b>Outbreak Definition</b>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ If an outbreak is suspected, notify SWPH to support with the investigation and management.</li> </ul>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ 2 cases of acute respiratory illness (ARI) within 48 hours with a common epi link (i.e., unit/floor).</li> </ul>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ 1 lab-confirmed case of influenza in a resident.</li> </ul>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ 1 positive PCR test in a resident where source of infection is thought to be from within the home or unknown.</li> </ul>
	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ 2 or more cases meeting the outbreak case definition within a 48-hour period in a specific area (i.e., unit/floor).</li> </ul>	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ 3 or more cases of ARI (lab confirmation not necessary) within 48 hours in a specific area (i.e., unit/floor).</li> <li><b>OR</b></li> <li>✓ 2 or more cases of ARI within 48 hours in a specific area (i.e., unit/floor) at least one of which must be lab-confirmed.</li> </ul>	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ 2 or more cases of acute respiratory infections (ARI) within 48 hours in a specific area (i.e., unit/floor) at least one of which must be lab-confirmed with influenza.</li> </ul>	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ 2 or more residents with a common epi link (i.e., unit/floor), each with a positive PCR or rapid antigen test, within a 7-day period, where both cases have reasonably acquired their infection in the home.</li> </ul>
<u>MANAGE</u>	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	<u>COVID-19</u>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>✓ Staff and visitors should be <b>screened</b> for symptoms. Screening tools and policies should be posted (available) and followed by all people entering the facility.</li> <li>✓ All residents should be <b>monitored</b> for new, unexplained, or worsening symptoms (minimum twice daily).</li> <li>✓ <b>Track</b> new cases (suspect and confirmed) on a line list.</li> </ul>			
<b>Collect Samples</b>	<ul style="list-style-type: none"> <li>✓ Collect stool sample for bacterial &amp; viral testing using an enteric outbreak kit (limit 5).</li> <li>✓ Enteric outbreak samples should be transported to the London Public Health Lab.</li> <li>✓ Complete <a href="#">general test req.</a> Print on coloured paper.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Collect NP swab as per SWPH direction.</li> <li>✓ The first 4 samples from symptomatic residents/staff will undergo the full MRVP in addition to COVID-19 testing; subsequent samples will undergo FLUVID testing.</li> <li>✓ Respiratory outbreak samples requiring MRVP testing should be transported to the London Public Health Lab.</li> <li>✓ Complete <a href="#">COVID-19 + Respiratory Virus test req.</a> Print on coloured paper.</li> </ul>		
<b>Case Management Checklist</b>	<p><b>Unknown Pathogen:</b></p> <ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet/contact precautions</a> until <b>48 hours</b> symptom-free.</li> </ul> <p><b>Norovirus:</b></p> <ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet/contact precautions</a> until <b>72 hours</b> symptom-free.</li> </ul>	<p><b>Parainfluenza, Rhinovirus, Enterovirus, Seasonal Coronavirus, or Unknown Pathogen:</b></p> <ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet/contact precautions</a> for <b>5 days OR until symptom-free</b>, whichever is shorter.</li> </ul> <p><b>Human Metapneumovirus, RSV:</b></p> <ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet/contact precautions</a> for <b>8 days OR until symptom-free</b>, whichever is shorter.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet/contact precautions</a> for <b>5 days OR until symptom-free</b>, whichever is shorter.</li> <li>✓ Notify physician and request initiation of antiviral treatment (Tamiflu) for suspected and confirmed.</li> <li>✓ Notify Pharmacy to ensure timely dispensing of Tamiflu treatment and prophylaxis.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Isolate on <a href="#">droplet/contact precautions</a> for <b>10 days</b> from symptom-onset date (or test collection date if asymptomatic).</li> <li>✓ Case can leave their room after <b>day 5</b> IF they wear a mask AND they are afebrile, and symptoms have been improving for 24 hours (48 hours for GI symptoms). Case must mask for <b>10 days</b> from symptom onset/test date.</li> <li>✓ Notify physician/NP to assess for Paxlovid (For RAT and PCR positive cases).</li> </ul>

# Quick Reference to Outbreak Control & Management

MANAGE	Enteric	Respiratory	Influenza	COVID-19
<b>Contact Management Checklist</b>	<ul style="list-style-type: none"> <li>✓ Isolation not required.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Isolation not required.</li> <li>✓ <b>Roommates:</b> Wear a mask and maintain distance from others for <b>10 days</b> from symptom onset of the case.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Isolation not required.</li> <li>✓ Well residents on the affected unit should receive antiviral prophylaxis for the duration of the outbreak.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Roommates:</b> Isolate on <a href="#">droplet/contact precautions</a>. If the roommate remains asymptomatic, isolation may discontinue after <b>5 days</b>, but they should continue to wear a mask and distance from others until day 7 from their last exposure to the case.</li> <li>✓ <b>Other contacts:</b> cohort separately from non-exposed residents.</li> </ul>
<a href="#">Cohorting</a>	<ul style="list-style-type: none"> <li>✓ Symptomatic residents should be placed in a single room, whenever possible. During COVID-19 outbreaks, close contacts (i.e., roommates) should also be placed in a single room, whenever possible.</li> <li>✓ Minimize movement of staff, students, and volunteers between affected/unaffected floors/units.</li> <li>✓ Consider assigning some staff members to look after ill residents and others to look after well residents OR assigning staff to a single unit/floor (i.e., outbreak unit or non-outbreak unit).</li> <li>✓ Where possible, have recovering staff returning to work care for cases.</li> </ul> <p><b>Influenza Outbreaks:</b></p> <ul style="list-style-type: none"> <li>✓ During influenza season, keep a current list of staff who are not immunized, to promptly implement control measures such as antiviral prophylaxis and cohorting.</li> <li>✓ Other control measures such as non-patient care work arrangements or staff exclusions should also be considered/implemented for unvaccinated staff who are unable to take antivirals.</li> </ul>			
<b>New Admissions, Readmissions and Transfers</b>	<ul style="list-style-type: none"> <li>✓ <b>New admissions, re-admissions and transfers</b> should be <b>discouraged</b> at the beginning of the outbreak. SWPH approval is not required. Consult with SWPH if IPAC advice is needed.</li> <li>✓ <b>Inter-facility transfers (LTCHs ONLY)</b> between hospitals, physicians' offices, dental clinics, and institutions must go through the PTAC. This does not apply to life threatening emergencies. To arrange a transfer: <a href="http://www.hospitaltransfers.com/transfer/">www.hospitaltransfers.com/transfer/</a> OR call 1-866-869-7822.</li> </ul>			
<b>Working at Other Facilities</b>	<ul style="list-style-type: none"> <li>✓ Staff who work in multiple facilities should inform the other facility of the outbreak to determine if they should continue working at both.</li> </ul> <p><b>Influenza Outbreaks:</b></p> <ul style="list-style-type: none"> <li>✓ No exclusion needed for well staff that are immunized OR taking antivirals.</li> <li>✓ Unimmunized staff who are not receiving antivirals should not work at another facility for 3 days from date last worked at the affected facility.</li> </ul>			
<b>Return to Work</b>	<ul style="list-style-type: none"> <li>✓ Symptomatic staff should stay off work for <b>48 hours (72 hours for norovirus) after symptoms have resolved.</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ Symptomatic staff should remain off work until their symptoms have been improving for <b>24 hours</b> and they are afebrile.</li> <li>✓ <b>For 10 days</b> after symptom onset, staff should adhere to workplace measures for reducing risk of transmission (i.e. masking for source control) and avoid caring for those at highest risk of developing severe infection.</li> </ul>		
<b>Visitors</b>	<ul style="list-style-type: none"> <li>✓ Encourage visitors to postpone their visit during outbreaks, when possible.</li> <li>✓ Visitors should avoid visiting multiple residents, must wear appropriate PPE and perform hand hygiene when entering and exiting the home and when leaving the resident's room.</li> </ul>			
<b>OUTBREAK RESOLUTION</b>	<b>Enteric</b>	<b>Respiratory</b>	<b>Influenza</b>	<b>COVID-19</b>
	<ul style="list-style-type: none"> <li>✓ The outbreak may be declared over by SWPH: <ul style="list-style-type: none"> <li>○ <b>4-5 days</b> after symptom-resolution in last resident case <b>OR 2 days</b> after the last staff case worked, whichever is longer.</li> </ul> </li> </ul>	<p><b>Influenza, Parainfluenza, Rhinovirus, Enterovirus, Seasonal Coronavirus, or Unknown Pathogen:</b></p> <ul style="list-style-type: none"> <li>✓ <b>8 days</b> after symptom-onset in the last resident case <b>OR 3 days</b> after the last staff case worked, <b>whichever is longer.</b></li> </ul> <p><b>Human Metapneumovirus, RSV:</b></p> <ul style="list-style-type: none"> <li>✓ <b>13 days</b> after symptom-onset in the last resident case <b>OR 5 days</b> after the last staff case worked, <b>whichever is longer.</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ The outbreak may be declared over by SWPH: <ul style="list-style-type: none"> <li>○ <b>7 days</b> after the last potential exposure to a resident case in the home.</li> </ul> </li> </ul>	
SWPH may extend an outbreak OR resolve an outbreak earlier based on an assessment of outbreak transmission risks.				
<b>ADDITIONAL RESOURCES</b>	<ul style="list-style-type: none"> <li>✓ <a href="#">Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings</a></li> <li>✓ <a href="#">Appendix 1: Gastroenteritis Outbreaks in Institutions and Public Hospitals, 2022</a></li> <li>✓ <a href="#">Appendix 1: Respiratory Infection Outbreaks in Institutions and Public Hospitals, 2022</a></li> <li>✓ <a href="#">COVID-19 guidance document for long-term care homes in Ontario</a></li> </ul>			