



# SOUTHWEST IPAC HUB

Spring 2024 Update



## WHAT IS THE IPAC HUB?



The Southwest IPAC Hub is a collaboration between **Middlesex-London Health Unit**, the **Huron Perth Public Health** and **Southwestern Public Health**. We provide advice, guidance and direct supports to IPAC leads and those responsible for IPAC in congregate living settings including Long-Term Care Homes, Retirement Homes, Group Homes, Shelters, Supportive Housing.

Our team works collaboratively with partners to provide the following IPAC services and supports:

- Development of education and training programs and materials
- Supportive visits and consultations
- Assistance with IPAC self-assessments
- Coaching/mentoring on IPAC practices
- Outbreak management planning
- Communities of practice
- Best practice recommendations and implementation support



## WHAT SERVICES DO WE PROVIDE?

The e-newsletter is distributed electronically to Long-Term Care Homes, Retirement Homes and Congregate Living Settings in Southwest IPAC Hub region.

Contact your IPAC Hub:

SWPH [ipachub@swpublichealth.ca](mailto:ipachub@swpublichealth.ca)  
MLHU [fdc@mlhu.on.ca](mailto:fdc@mlhu.on.ca)  
HPPH [ipachub@hpph.ca](mailto:ipachub@hpph.ca)

# Chickenpox and Shingles in Congregate Living Settings



Covid-19 and other respiratory diseases have taken up recent headlines in congregate living settings, however there's a much itchier infection clients and residents may deal with. Chickenpox is a highly contagious disease that not only impacts children but groups of all ages. If an individual has ever become infected with the chickenpox virus, it's possible to reactivate later in life as shingles.

It's important for staff, clients and residents to be educated on chickenpox and shingles to properly manage the infection and limit transmission within these settings.

## Groups Susceptible/At-Risk

Chickenpox is typically mild and acquired during childhood but can pose an increased risk to adult and elderly population as they're more vulnerable to complications associated with the infection.

People who never had chickenpox or have not been vaccinated against it are susceptible to the infection. In general, those who are healthy and over 50 years of age in Canada are assumed to be immune to chickenpox as they likely had the infection as children.

Although anyone who has had chickenpox can develop shingles when the virus reactivates, most people who have shingles are adults over 50 years of age and/or have weakened immune systems. Residents, healthcare workers and visitors with chickenpox or shingles can spread the virus to susceptible people within congregate living settings.

## Management of Chickenpox and Shingles

If a rash suspicious for chickenpox or shingles occurs in a client or resident, there are several steps that staff should take.

Chickenpox cases and a severe form of shingles known as disseminated zoster where the disease is more widespread over the body, should be managed with airborne precautions in congregate living settings.

- As most facilities are not equipped with a negative pressure room, an ordinary private room can be utilized ensuring the door is kept closed.
- Only immune staff should enter the room, if possible.

Shingles cases with a localized rash are infectious through direct contact with fluids from the rash; clients and residents should be managed with routine practices, ensuring all lesions are covered.

Public Health Ontario's [Routine Practices and Additional Precautions](#) guidance provides additional information about control measures to limit spread.



## Prevention

One of the best ways to prevent the infection is to help staff, clients and residents to become up to date with chickenpox and shingles vaccines, being particularly mindful of occupational requirements for your sector.

In Ontario, the chickenpox vaccine is publicly funded for people born on or after January 1, 2000 as well as for people with medical conditions that put them at higher risk for complications due to chickenpox.



A publicly funded two dose shingles vaccine is provided under the Ontario immunization schedule to seniors 65 to 70 years of age.

Those outside of the publicly funded groups may also be recommended or required to receive chickenpox or shingles vaccines and should consult their healthcare provider for further information.

### DID YOU KNOW?

The shingles vaccine is temporarily expanded to those born in 1949 to 1953 due to COVID pandemic delays to prevent occurrence of shingles.

People with active lesions should also avoid contacts with individuals who are not immune and are at higher risk of severe complications (i.e., infants, pregnant women, people with weakened immune system).

[Canadian Immunization Guide](#) has more information about the chickenpox/varicella vaccine.

## COMMUNITY OF PRACTICE

### ARE YOU INTERESTED IN LEARNING

### AND SHARING INFORMATION WITH OTHER SETTINGS EXPERIENCING SIMILAR CIRCUMSTANCES?

Together we will navigate Ministry guidance, and share information, ideas, and solutions to strengthen your IPAC program

#### Elgin, London, Middlesex, Oxford

##### Long Term Care/Retirement Home

April 30: 1:00 – 2:00 p.m.  
May 28: 1:00 – 2:00 p.m.  
June 25: 1:00 – 2:00 p.m.

##### Congregate Living Settings

April 18: 11:00 a.m. to 12:00 p.m.  
June 20: 11:00 a.m. to 12:00 p.m.

#### Huron Perth

##### Long Term Care/Retirement Home

April 10: 11:00 a.m. to 12:00 p.m.  
May 8: 11:00 a.m. to 12:00 p.m.  
June 19: 11:00 a.m. to 12:00 p.m.

##### Congregate Living Settings

April 5: 10:00 a.m. to 11:00 a.m.  
May 3: 10:00 a.m. to 11:00 a.m.  
June 21 10:00 a.m. to 11:00 a.m.



IPAC SWO (your local Chapter of IPAC Canada) offers webinar and educational workshop to meet the educational needs of our members. **An in-person educational day is scheduled on May 10<sup>th</sup> at Boler Mountain.** Topics include Antimicrobial Resistant Organisms (ARO), Antimicrobial Stewardship Program (ASP). Please visit [IPAC SWO](#) for more information.

In addition to chapter meetings and educational sessions, IPAC SWO proudly offers:

- Scholarship funding for members to attend the Annual IPAC Canada National Conference Support in preparing for Certification in Infection Prevention and Control (CIC)
- Funding opportunities for IPAC Education, CIC certification, and renewal
- Opportunities to connect with IPAC professionals regionally and across Canada

To join IPAC-Canada and IPAC-SWO, visit [IPAC-Canada](#)



## Antibiotic Resistant Organisms (ARO)

Antibiotic resistance occurs when bacteria, viruses, fungi or parasites change over time and no longer respond to antimicrobial medicines. As a result, infections become harder to treat, increasing the risk of severe illness and death.

Antibiotic Resistant Organisms (MRSA, VRE, CPE, ESBL) are organisms that have become resistant to certain antibiotics through misuse and overuse of antibiotics as well as a lack of infection prevention and control measures. Antibiotic resistance is a serious threat to the treatment of infectious diseases in Ontario.

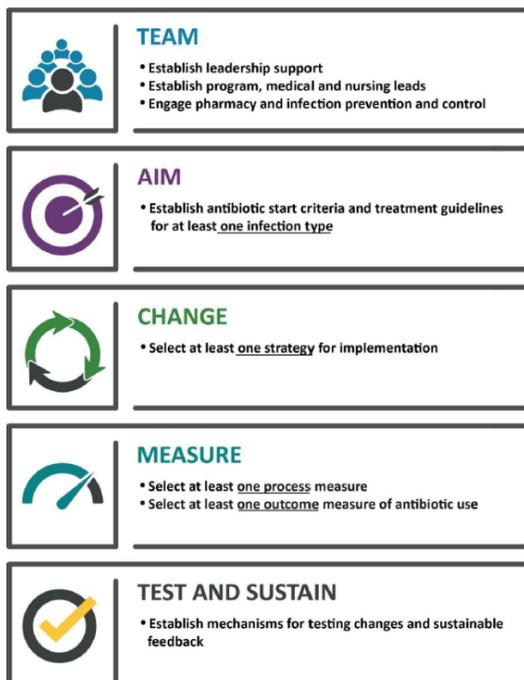
Due to increasing antimicrobial resistance, it is important to focus on interventions that will reduce the transmission of these organisms in your facility. One important intervention is an effective infection control program.

An effective infection prevention and control program for AROs includes:

- Education
- Surveillance (early identification)
- Routine practices and control measures
- Antibiotic Stewardship Programs
- Hand hygiene program
- Auditing

For more information, visit Public Health Ontario's [Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms \(AROs\) In All Health Care Setting](#)

Figure 1. Quality Improvement Steps for Antimicrobial Stewardship in LTC



## Antibiotic Stewardship

Antimicrobial stewardship is an effective strategy for limiting inappropriate and excessive antibiotic use. Overuse of antibiotics, particularly in older adults, has been associated with an increased risk of harm. Fifty percent of antibiotics in long-term care (LTC) are not needed. Residents in homes with higher antibiotic use experience a twenty-four percent increase risk of antibiotic-related harm.

Older adults present unique challenges to antimicrobial stewardship as it may be difficult to identify infections in this population. Infections may present differently due to their aging immune system.

Other risk factors for LTCH residents include lower ability to fight off infections (poor immune systems from heart disease, diabetes, or old age) or decreased ability to make safe decisions (i.e. dementia) as well as through increased routes of transmission (i.e. open wounds).

Increased antibiotic use in LTCH has also been attributed to limited resources to diagnose infections, lower staff-to-resident ratios and increased dependence on diagnostic tests, such as urinalyses or chest radiographs for suspected infections.

Antimicrobial stewardship promotes the appropriate use of antibiotics to optimize clinical outcomes, limit development of AROs, and preserve the efficacy of antibiotics for future generations. Antimicrobial stewardship programs (ASPs) have been shown to be effective in reducing unnecessary antimicrobial use by implementing “coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents.”

For more information, visit Public Health Ontario’s [Antimicrobial Stewardship in Long Term Care | Public Health Ontario](#)

## Carbapenemase Producing Enterobacteriaceae (CPE)

Carbapenemase-producing *Enterobacteriaceae* (CPE) are resistant to carbapenem antimicrobials through the production of carbapenemase.

Carbapenemases are enzymes that inactivate certain antibiotics (carbapenem, cephalosporin and penicillin antibiotics). A person can be either colonized or infected with CPE.

Transmission is via direct and indirect contact. The primary site of colonization is the lower gastrointestinal tract. Because CPE is resistant to many antibiotics, treatment of infections with CPE can be difficult.

Long-term care homes (LTCH) experience unique issues when caring for residents that are infected or colonized with antibiotic-resistant organisms, such as CPE. These challenges include the ratio of private rooms to shared rooms/spaces.

Health care providers must balance infection prevention and control (IPAC) with the quality of care and life of the resident. To do this, health care providers must understand the potential risk of transmission of CPE from a colonized or infected resident to another resident, staff member, or visitor.

Public Health Ontario has several NEW [resources](#) available to help prevent or manage CPE transmission.

## Infection Prevention and Control for Environmental Cleaning in Health Care Online Learning Modules

Public Health Ontario now offers online learning modules for stakeholders seeking education and training on IPAC and environmental cleaning. They are intended for frontline environmental service workers and managers, as well as infection control professionals working in all health care settings.



Visit [Public Health Ontario](#) for details.

## References:

Government of Canada-[Factsheet-Varicella \(Chickenpox\)](#)

Government of Canada-[Fact Sheet-Shingles \(Herpes Zoster\)](#)

Ministry of Health-[Ontario Publicly Funded Shingles \(Herpes Zoster\) Immunization Program: Shingrix® Vaccine Information for Patients](#)

Public Health Ontario- [Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms \(AROs\) In All Health Care Setting](#)

Public Health Ontario- [Antimicrobial Stewardship Essentials in Long-Term Care Antimicrobial Stewardship as Quality Improvement](#)

