

Quick Reference to Outbreak Control & Management

Detect. Report. Control.

Detect	Enteric	Respiratory	Influenza
Case Definition	Two or more episodes of vomiting and/or diarrhea OR a combination of vomiting and diarrhea within 24 hours OR lab confirmation of a pathogen with one symptom.	Two or more respiratory symptoms (respiratory outbreak case definitions should be developed for each individual outbreak as symptoms will vary based on pathogen(s) involved).	New or worsening cough PLUS one or more of the following: fever, malaise, myalgia, loss of appetite, headache, chills.
Outbreak Definition	Suspect: Two cases in a specific area within 48 hours.	Suspect: Two cases within 48 hours in a specific area OR more than one unit having a case within 48 hours.	Suspect: Two cases within 48 hours in a specific area OR more than one unit having a case within 48 hours OR one lab-confirmed case of influenza.
	Confirmed: Three or more cases within a four-day period in a specific area OR three or more units or floors having a case within 48 hours.	Confirmed: Three or more cases within 48 hours in a specific area OR more than two units having a case within 48 hours OR two cases with one being lab-confirmed.	Confirmed: Two or more cases of nosocomial influenza within 48 hours in a specific area with at least one lab confirmed case.
Report	Elgin St. Thomas		Woodstock
During Business Hours	Phone: 519-631-9900 ext. 1232 -OR- Fax: 519-631-1682		Phone: 519-421-4900 ext. 3500 -OR- Fax: 519-539-6206
Evenings, Weekends and Holidays	Phone: 519-631-9900 ext. 0		
Control	Enteric	Respiratory	Influenza
Surveillance	Monitor closely for new cases. Add new cases to the line list and update the health unit outbreak investigator daily.		
Use PPE	Droplet Contact Precautions - gown, gloves, mask, goggles		
Isolate Ill Residents	Keep ill residents isolated until 48 hours after symptoms have ended (72 hours during norovirus outbreaks).	Keep ill residents isolated for 5 days or until symptom-free, whichever is shorter (a longer isolation period may be required for some pathogens, consult with health unit investigator for direction).	
Collect Samples	Collect 2 stool samples (bacterial and viral) using enteric outbreak kit. Complete requisition; refrigerate sample; and, contact the health unit.	Collect a nasopharyngeal (NP) swab using respiratory outbreak kit. Complete requisition; refrigerate sample; and, contact the health unit.	
Treatment	Not applicable		Speak with the health unit investigator for Tamiflu® treatment/prophylaxis recommendations.
New Admissions	Generally discouraged until outbreak is under control; if admission is necessary, consult with Health Unit and IPAC. All parties are to be informed of risk.	Admissions from hospital are generally acceptable. Community admissions on a case-by-case basis. Client, family and physician should be notified about risk and measures in place to protect new admission i.e. flu vaccination/antivirals.	

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Resident Transfers	<p>Hospitalized residents that were in the outbreak facility at the time of the outbreak can be re-admitted once medically ready for re-admission.</p> <p>Hospitalized residents that have not had exposure to the outbreak pathogen may be re-admitted on a case-by-case basis once the outbreak is under control.</p> <p>Transfer to another facility is generally discouraged.</p>		<p>Hospitalized residents who have been lab-confirmed with influenza can be re-admitted once medically ready for re-admission.</p> <p>Hospitalized residents who do not have lab-confirmed influenza can be readmitted but should be on antiviral prophylaxis upon re-entry.</p>
Working at Other Facilities	<p>Staff members/volunteers from facilities in outbreak should not work at your facility until at least 48 hours have elapsed since they last worked at the affected facility. This period can be modified if the causative agent is known.</p>	<p>Staff members/volunteers from facilities in outbreak should not work at another facility until at least 72 hours have passed since they worked at the affected facility.</p> <p>If RSV, Parainfluenza virus, Human metapneumovirus or adenovirus is identified consider lengthening this time to 5 days.</p>	<p>Non-immunized staff/volunteers who are not on an appropriate antiviral drug, should refrain from working at another facility until it has been at least 72 hours since they last worked at the affected facility.</p> <p>There are no restrictions for staff who have had a flu shot and/or staff that are taking the appropriate antivirals.</p>
Ill Staff	<p>Ill staff should not work at any facility until they have been symptom-free for at least 48 hours.</p>	<p>Ill staff should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved. If RSV is identified in the outbreak, lengthen this time to 8 days.</p>	<p>Staff members/volunteers who are experiencing respiratory/ influenza symptoms should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved, whichever is shorter.</p>
Staff Exclusion	<p>Ill staff at work should be sent home immediately. Exclude ill staff/volunteers until 48 to 72 hours symptoms free.</p>	<p>Ill staff at work should be sent home immediately. Exclude staff 5 days from onset or less if symptoms resolve.</p>	<p>Staff/volunteers who have not received influenza vaccine and who refuse antivirals should be excluded for the duration of the outbreak. Refer to institutional exclusion policy.</p>
Visitor Restrictions	<p>Visitors informed not to visit if ill or don't want to become ill, to visit only one resident/patient, use PPE as appropriate, perform hand hygiene. During influenza outbreaks use PPE or maintain two-meter distance from ill resident/patient.</p>		

References:

Ministry of Health and Long-Term Care, Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018

Ministry of Health and Long-Term Care, Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes A Guide for Long-Term Care Homes and Public Health Unit Staff, 2018