

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>
Case Definitions	<ul style="list-style-type: none"> ✓ 2 or more episodes of diarrhea within a 24-hour period OR ✓ 2 or more episodes of vomiting within a 24-hour period OR ✓ 1 or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period. <p>NOTE: Symptoms must not be due to another cause (i.e., medication, laxatives, diet change underlying condition etc.).</p>	<ul style="list-style-type: none"> ✓ 2 or more new and/or unexplained respiratory symptoms. <p>NOTE: 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"> ✓ Cough and/or fever AND one or more new and/or unexplained respiratory symptoms OR ✓ Lab confirmation of influenza with clinically compatible symptoms of influenza. <p>NOTE: 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"> ✓ A person with a positive test (RAT or PCR) OR ✓ A person with symptoms compatible with COVID-19 infection AND testing was not completed OR there were concerns with timing or quality AND the person had an exposure to a confirmed case.
Outbreak Definition	<p>Suspect:</p> <ul style="list-style-type: none"> ✓ If an outbreak is suspected, notify SWPH to support with the investigation and management. 	<p>Suspect:</p> <ul style="list-style-type: none"> ✓ 2 cases of acute respiratory illness (ARI) within 48 hours with a common epi link (i.e., unit/floor). 	<p>Suspect:</p> <ul style="list-style-type: none"> ✓ 1 lab-confirmed case of influenza in a resident. 	<p>Suspect:</p> <ul style="list-style-type: none"> ✓ 1 positive PCR test in a resident where source of infection is thought to be from within the home or unknown.
	<p>Confirmed:</p> <ul style="list-style-type: none"> ✓ 2 or more cases meeting the outbreak case definition within a 48-hour period in a specific area (i.e., unit/floor). 	<p>Confirmed:</p> <ul style="list-style-type: none"> ✓ 3 or more cases of ARI (lab confirmation not necessary) within 48 hours in a specific area (i.e., unit/floor). OR ✓ 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. 	<p>Confirmed:</p> <ul style="list-style-type: none"> ✓ 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. 	<p>Confirmed:</p> <ul style="list-style-type: none"> ✓ 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.
<u>MANAGE</u>	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	<u>COVID-19</u>
Surveillance	<ul style="list-style-type: none"> ✓ Staff and visitors should be screened for symptoms. Screening tools and policies should be posted (available) and followed by all people entering the facility. ✓ All residents should be monitored for new, unexplained, or worsening symptoms (minimum twice daily). ✓ Track new cases (suspect and confirmed) on a line list. 			
Collect Samples	<ul style="list-style-type: none"> ✓ Collect stool sample for bacterial & viral testing using an enteric outbreak kit. ✓ Collect NP swab to rule-out COVID-19. ✓ Enteric outbreak samples should be transported to the London Public Health Lab. ✓ Complete general test req. Print on coloured paper. 	<ul style="list-style-type: none"> ✓ Collect NP swab as per SWPH direction. ✓ 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. ✓ During COVID-19 outbreaks, COVID-19 only testing may be recommended for asymptomatic high-risk contacts of cases (i.e., roommates). ✓ Respiratory outbreak samples requiring MRVP testing should be transported to the London Public Health Lab. ✓ Complete COVID-19 + Respiratory Virus test req. Print on coloured paper. 		
Case Management Checklist	<p>Unknown Pathogen:</p> <ul style="list-style-type: none"> ✓ Isolate on droplet/contact precautions until 48 hours symptom-free. <p>Norovirus:</p> <ul style="list-style-type: none"> ✓ Isolate on droplet/contact precautions until 72 hours symptom-free. 	<p>Parainfluenza, Rhinovirus, Enterovirus, Seasonal Coronavirus, or Unknown Pathogen:</p> <ul style="list-style-type: none"> ✓ Isolate on droplet/contact precautions for 5 days OR until symptom-free, whichever is shorter. <p>Human Metapneumovirus, RSV:</p> <ul style="list-style-type: none"> ✓ Isolate on droplet/contact precautions for 8 days OR until symptom-free, whichever is shorter. 	<ul style="list-style-type: none"> ✓ Isolate on droplet/contact precautions for 5 days OR until symptom-free, whichever is shorter. ✓ Notify physician and request initiation of antiviral treatment (Tamiflu) for suspected and confirmed. ✓ Notify Pharmacy to ensure timely dispensing of Tamiflu treatment and prophylaxis. 	<ul style="list-style-type: none"> ✓ Isolate on additional precautions (fit-tested N95 respirator, eye protection (goggles or face shield), gown and gloves) for 10 days from symptom-onset date or 10 days from test collection date if asymptomatic. ✓ Notify physician/NP to assess for Paxlovid. ✓ RAT positive residents do not require PCR confirmation to access Paxlovid.

Quick Reference to Outbreak Control & Management

MANAGE	Enteric	Respiratory	Influenza	COVID-19
Contact Management Checklist	<ul style="list-style-type: none"> ✓ Roommates - Once COVID is ruled-out, the roommate can come out of isolation if asymptomatic but should remain cohorted to the unit. Monitor for symptoms. Isolate and test if symptoms develop. ✓ Tablemates, activity partner, smoking partner - Should remain cohorted to the unit. Monitor for symptoms. Isolate and test if symptoms develop. <p>Influenza Outbreaks:</p> <ul style="list-style-type: none"> ✓ Well residents on the affected unit should receive antiviral prophylaxis for the duration of the outbreak. 			<ul style="list-style-type: none"> ✓ Isolate close contacts (i.e., roommate) on additional precautions. ✓ For information about testing and isolation of close contacts, refer to Ministry of Health COVID-19 Guidance, p.25-27 and appx. D.
Cohorting	<ul style="list-style-type: none"> ✓ 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. ✓ Minimize movement of staff, students, and volunteers between affected/unaffected floors/units. ✓ 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). ✓ Where possible, have recovering staff returning to work care for cases. <p>Influenza Outbreaks:</p> <ul style="list-style-type: none"> ✓ During influenza season, keep a current list of staff who are not immunized, to promptly implement control measures such as antiviral prophylaxis and cohorting. ✓ 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. 			
New Admissions, Readmissions and Transfers	New admissions, re-admissions and transfers are generally discouraged until the outbreak is over.			
	<ul style="list-style-type: none"> ✓ If a new admission and/or re-admission is necessary, refer to Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, section 5.1.1 	<ul style="list-style-type: none"> ✓ If a new admission and/or re-admission is necessary, refer to Ministry of Health Sample Transfer and Return Algorithm for use during Outbreaks ✓ Hospitalized Residents: <ul style="list-style-type: none"> ○ Lab confirmed cases may be re-admitted once medically ready. ○ Non-lab confirmed cases may be re-admitted IF vaccinated and on antiviral prophylaxis. 	<ul style="list-style-type: none"> ✓ If a new admission and/or re-admission is necessary, refer to Ministry of Health COVID-19 Guidance, appendix E. 	
Working at Other Facilities	<ul style="list-style-type: none"> ✓ Staff should wait one incubation period between working at the outbreak facility and non-outbreak facility. ✓ Staff should discuss the situation with the other facility and follow their direction. 	<ul style="list-style-type: none"> ✓ No exclusion needed for well staff that are immunized OR taking antivirals. ✓ Unimmunized staff who are not receiving antivirals should not work at another facility for 3 days from date last worked at the affected facility. 	<ul style="list-style-type: none"> ✓ Staff with high-risk exposure to a case should work in only one facility, where possible. ✓ Staff should discuss the situation with the other facility and follow their direction. ✓ For more information, refer to Ministry of Health COVID-19 Guidance, section 6.3. 	
Return to Work	<ul style="list-style-type: none"> ✓ Symptomatic staff should stay off work for 48 hours (72 hours for norovirus) after symptoms have resolved. 	<ul style="list-style-type: none"> ✓ Symptomatic staff should remain off work for 5 days from the onset of symptoms or until symptoms have resolved, whichever is shorter. ✓ The exclusion period may be adjusted once the outbreak pathogen is known. 	<ul style="list-style-type: none"> ✓ Staff with COVID-19 should be off work for 10 days from date of symptom onset or positive test collection, whichever is earlier. ✓ For early return to work options, refer to Case & Contact Management Guidelines, appx A. 	
Visitors	<ul style="list-style-type: none"> ✓ Encourage visitors to postpone their visit during outbreaks, when possible. ✓ 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. 			
OUTBREAK RESOLUTION	Enteric	Respiratory	Influenza	COVID-19
	<ul style="list-style-type: none"> ✓ The outbreak may be declared over by SWPH: <ul style="list-style-type: none"> ○ 4-5 days after symptom-resolution in last resident case OR 2 days after the last staff case worked, whichever is longer. 	<p>Influenza, Parainfluenza, Rhinovirus, Enterovirus, Seasonal Coronavirus, or Unknown Pathogen:</p> <ul style="list-style-type: none"> ✓ 8 days after symptom-onset in the last resident case OR 3 days after the last staff case worked, whichever is longer. <p>Human Metapneumovirus, RSV:</p> <ul style="list-style-type: none"> ✓ 13 days after symptom-onset in the last resident case OR 5 days after the last staff case worked, whichever is longer. 	<ul style="list-style-type: none"> ✓ The outbreak may be declared over by SWPH: <ul style="list-style-type: none"> ○ 7 days after the last potential exposure to a resident case in the home. 	
SWPH may extend an outbreak OR resolve an outbreak earlier based on an assessment of outbreak transmission risks.				
ADDITIONAL RESOURCES	<ul style="list-style-type: none"> ✓ Control of Gastro Outbreaks in Long-Term Care Homes A Guide for Long-Term Care Homes and Public Health Unit Staff, 2018 ✓ Appendix 1: Gastroenteritis Outbreaks in Institutions and Public Hospitals, 2022 	<ul style="list-style-type: none"> ✓ Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018 ✓ Appendix 1: Respiratory Infection Outbreaks in Institutions and Public Hospitals, 2022 	<ul style="list-style-type: none"> ✓ COVID-19 Outbreak Guidance for Long Term Care Homes, Retirement Homes and Other Congregate Living Settings for PHUs ✓ Management of Cases and Contacts of COVID-19 in Ontario 	