

DETECT	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	<u>COVID-19</u>
<b>Case Definitions</b>	<ul style="list-style-type: none"> <li>✓ Two or more episodes of vomiting and/or diarrhea <b>OR</b></li> <li>✓ A combination of vomiting and diarrhea within 24 hours <b>OR</b></li> <li>✓ Lab confirmation of a known gastrointestinal pathogen and at least one symptom compatible with gastrointestinal infection.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Two or more respiratory symptoms.</li> <li>✓ <b>NOTE:</b> Respiratory outbreak case definitions should be developed for each individual outbreak as symptoms will vary based on pathogen(s) involved).</li> </ul>	<ul style="list-style-type: none"> <li>✓ New or worsening cough <b>AND</b> one or more of the following: fever, sore throat, malaise, myalgia/arthralgia, loss of appetite, headache, chills, fatigue/exhaustion.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A person with infection documented by a positive PCR test result (confirmed).</li> <li>✓ A person with symptoms compatible with COVID-19 infection AND a high-risk exposure to a confirmed case with or without positive test result (probable).</li> </ul>
<b>Outbreak Definition</b>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ Two cases in a specific area within 48 hours.</li> </ul>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ Two cases within 48 hours in a specific area <b>OR</b></li> <li>✓ More than one unit having a case within 48 hours.</li> </ul>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ Two cases within 48 hours in a specific area <b>OR</b></li> <li>✓ More than one unit having a case within 48 hours <b>OR</b></li> <li>✓ One lab-confirmed case of influenza.</li> </ul>	<p><b>Suspect:</b></p> <ul style="list-style-type: none"> <li>✓ One positive PCR or rapid molecular or rapid antigen test in a resident.</li> </ul>
	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ 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.</li> </ul>	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ Three or more cases within 48 hours in a specific area <b>OR</b></li> <li>✓ More than two units having a case within 48 hours <b>OR</b></li> <li>✓ Two cases with one being lab-confirmed.</li> </ul>	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ Two or more cases of nosocomial influenza within 48 hours in a specific area with at least one lab confirmed case.</li> </ul>	<p><b>Confirmed:</b></p> <ul style="list-style-type: none"> <li>✓ Two or more residents with a positive PCR test OR rapid antigen test AND with an epidemiological link** within a 10-day period.</li> </ul>
<b>REPORT</b>	<b>Elgin St. Thomas</b>		<b>Oxford</b>	
<b>During Business Hours</b>	Phone: 519-631-9900 ext. 1232 Fax: 519-631-1682		Phone: 519-421-9901 ext. 3500 Fax: 519-539-6206	
<b>Evenings, Weekends, Holidays</b>	Phone: 1-800-922-0096 ext. 0			
<b>CONTROL</b>	<u>Enteric</u>	<u>Respiratory</u>	<u>Influenza</u>	<u>COVID-19</u>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>✓ <b>Screen</b> staff and visitors for new, unexplained or worsening symptoms on entry to the facility.</li> <li>✓ <b>Monitor</b> residents for new, unexplained or worsening symptoms (minimum twice daily during suspect and confirmed outbreaks).</li> <li>✓ <b>Track</b> new cases to the line list and provide a daily update to the health unit outbreak investigator.</li> </ul>			

<p><b>Collect Samples</b></p>	<p><b>Symptomatic residents:</b></p> <ul style="list-style-type: none"> <li>✓ Collect stool sample for bacterial &amp; viral testing using enteric kit.</li> <li>✓ Collect nasopharyngeal swab to rule-out COVID-19.</li> </ul> <p><b>IMPORTANT:</b></p> <ul style="list-style-type: none"> <li>✓ Enteric outbreak samples should be transported to London Public Health Lab with SWPH courier. Print and complete <a href="#">general test requisition</a> on coloured paper.</li> </ul>	<p><b>Symptomatic residents:</b></p> <ul style="list-style-type: none"> <li>✓ Collect a nasopharyngeal swab as per SWPH direction.</li> <li>✓ Up to 4 samples from residents with respiratory symptoms should be tested for other respiratory viruses (MRVP) in addition to COVID-19.</li> </ul> <p><b>Asymptomatic residents:</b></p> <ul style="list-style-type: none"> <li>✓ Swab close contacts of cases (i.e., roommates) as per SWPH direction.</li> <li>✓ Refer to <a href="#">Ministry of Health COVID-19 Guidance</a>, Version 8, p.25-26 and appendix D.</li> </ul> <p><b>IMPORTANT:</b></p> <ul style="list-style-type: none"> <li>✓ Respiratory outbreak samples requiring MRVP testing should be transported to London Public Health Lab. Print and complete <a href="#">COVID-19 + Respiratory Virus test requisition</a> on coloured paper.</li> <li>✓ Samples for COVID-19 ONLY may be sent to PaLM using the facility courier. Samples for COVID-19 ONLY may also be sent to the London Public Health Lab using the COVID-19 &amp; Respiratory Virus test requisition and SWPH courier, depending on facility processes.</li> </ul>	
<p><b>Complete Test Requisition</b></p>	<p><b>IMPORTANT:</b> Requisitions for outbreak samples going to Public Health Laboratory should be printed on a PHOL req on coloured paper. Ask your SWPH outbreak investigator for a pre-filled requisition.</p> <ul style="list-style-type: none"> <li>✓ Public Health Ontario <a href="#">General Requisition</a> (for stool samples)</li> <li>✓ Public Health Ontario <a href="#">COVID-19 &amp; Respiratory Virus Test Requisition</a> (for COVID-19 + MRVP testing) AND <a href="#">How to fill out a COVID-19 requisition</a></li> <li>✓ London Health Science Centre (PaLM) <a href="#">COVID-19 Test Information for Webform Users</a></li> </ul>		
<p><b>PPE</b></p>	<ul style="list-style-type: none"> <li>✓ <a href="#">Droplet and contact precautions</a> - Gown, gloves, medical mask, goggles</li> <li>✓ <a href="#">Fit-tested N95 respirator</a>, Eye protection (goggles or face shield), gown and gloves (PREFERRED)</li> <li>✓ <a href="#">Droplet and contact precautions</a> - Gown, gloves, medical mask, goggles at a minimum</li> </ul>		
<p><b>Isolate Ill Residents</b></p>	<ul style="list-style-type: none"> <li>✓ Isolate ill residents until 2 days after symptoms have ended.</li> <li>✓ Extend isolation to 3 days after symptoms have ended during norovirus outbreaks.</li> </ul>	<p><b>Influenza, Rhinovirus, Enterovirus, Seasonal Coronavirus, Unknown</b></p> <ul style="list-style-type: none"> <li>✓ Isolate ill residents for <u>5 days OR until symptom-free, whichever is shorter.</u></li> </ul> <p><b>Parainfluenza, Human Metapneumovirus, RSV</b></p> <ul style="list-style-type: none"> <li>✓ Isolate ill residents for <u>8 days OR until symptom-free, whichever is shorter.</u></li> </ul>	<p><b>COVID-19 Cases</b></p> <ul style="list-style-type: none"> <li>✓ Isolate ill residents in private room, when possible, on additional precautions for <u>10 days from symptom-onset or positive test collection date.</u> Note: The case must be afebrile and respiratory symptoms improving for 24 hours (48 hours if enteric) before discontinuing isolation.</li> </ul> <p><b>COVID-19 Close Contacts of Case</b></p> <ul style="list-style-type: none"> <li>✓ Isolate close contacts (i.e., roommate of cases) of cases as per SWPH direction. For more information, refer to <a href="#">Ministry of Health COVID-19 Guidance</a>, Version 8, p..25-26 and appendix D.</li> </ul>
<p><b>Cohorting</b></p>	<ul style="list-style-type: none"> <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. Alternatively, consider assigning staff to a single unit/floor.</li> <li>✓ Where possible, have recovering staff returning to work care for symptomatic residents.</li> </ul> <p><b>Influenza Outbreaks:</b></p> <ul style="list-style-type: none"> <li>✓ During influenza season, keep a current list of staff working in the LTCH who are not immunized, to promptly implement control measures such as antiviral prophylaxis and cohorting staff.</li> <li>✓ Other control measures such as non-patient care work arrangements or staff exclusions should also be considered/implemented.</li> </ul>		<ul style="list-style-type: none"> <li>✓ Resident cases and close contacts should be placed in a single rooms when possible.</li> <li>✓ Consider assigning some staff members to look after ill residents and others to look after well residents. Alternatively, consider assigning staff to a single unit/floor.</li> <li>✓ Where possible, have recovering staff returning to work care for cases.</li> </ul>

<p><b>New Admissions, Readmissions and Transfers</b></p>	<ul style="list-style-type: none"> <li>✓ New admissions are discouraged until the outbreak is over.</li> <li>✓ If a new admission is necessary, refer to <a href="#">Ministry of Health Sample Transfer and Return Algorithm for use during Outbreaks</a></li> <li>✓ Hospitalized residents who were on the outbreak line list can be re-admitted once medically ready for re-admission.</li> <li>✓ Hospitalized residents who were not on the outbreak line list may be re-admitted on a case-by-case basis once the outbreak is under control. Refer to <a href="#">"Transfer and Return Algorithm for use During Outbreaks."</a></li> <li>✓ Transfer to another facility is generally discouraged.</li> </ul> <p><b>Influenza Outbreaks:</b></p> <ul style="list-style-type: none"> <li>✓ Hospitalized residents who had lab confirmed influenza can be re-admitted once medically ready for re-admission.</li> <li>✓ Hospitalized residents who have not had lab-confirmed influenza can be readmitted but should be on antiviral prophylaxis upon re-entry.</li> </ul>			<ul style="list-style-type: none"> <li>✓ New admissions are discouraged until the outbreak is under control.</li> <li>✓ Hospitalized residents may be re-admitted on a case-by-case basis once the outbreak is under control. Refer to <a href="#">Ministry of Health COVID-19 Guidance</a>, Version 8, p.18-20 and appendix E.</li> <li>✓ Transfer to another facility is generally discouraged.</li> </ul>
<p><b>Working at Other Facilities</b></p>	<ul style="list-style-type: none"> <li>✓ Wait 2 days from the day they last worked at the affected facility before working at another facility.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Wait 3 days from the day they last worked at the affected facility before working at another facility.</li> <li>✓ Consider lengthening this time to 5 days if the cause of the outbreak is RSV, Parainfluenza, or Human metapneumovirus -</li> </ul>	<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>	<ul style="list-style-type: none"> <li>✓ Staff who work have had close contact with a case should work in one facility under work self-isolation.</li> <li>✓ For more information, refer to <a href="#">Ministry of Health COVID-19 Guidance</a>, Version 8, p.42 and appendix D.</li> </ul>
<p><b>Return to Work</b></p>	<ul style="list-style-type: none"> <li>✓ Staff with any gastroenteritis should stay off work <b>a minimum of 48 hours after their GI symptoms (i.e., vomiting, diarrhea) have resolved.</b></li> <li>✓ The LTCH may consult with SWPH once a pathogen has been identified where the exclusion period may need to be adjusted.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Staff with respiratory symptoms (COVID-19 ruled-out) should stay off work for 5 days from the onset of symptoms of a respiratory illness or until symptoms have resolved whichever is shorter.</li> <li>✓ The LTCH may consult with SWPH once a pathogen has been identified where the exclusion period may need to be adjusted.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Staff with COVID-19 should stay off work for 10 days from symptom onset (or positive test collection date if never had symptoms), provided they are afebrile and symptoms improving for 24 hours (48 hours if enteric).</li> <li>✓ In <b>circumstances</b> where clinical care would be compromised without additional staffing, an earlier return to work for a COVID-19 positive HCW may be considered under <b>**work self-isolation.</b></li> <li>✓ Refer <a href="#">Ministry of Health Case and Contact Management Guidelines</a>, appendix A.</li> </ul>	
<p><b>Visitor Restrictions</b></p>	<ul style="list-style-type: none"> <li>✓ Visitors should be encouraged to postpone their visit.</li> <li>✓ If they do visit, they 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>			
<p><b>OUTBREAK RESOLUTION</b></p>	<p><u><a href="#">Enteric</a></u></p>	<p><u><a href="#">Respiratory</a></u></p>	<p><u><a href="#">Influenza</a></u></p>	<p><u><a href="#">COVID-19</a></u></p>
	<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 the symptom-resolution in the last case.</li> </ul> </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>8 days</b> after symptom-onset in the last case <b>OR</b></li> <li>○ <b>3 days</b> after symptom resolution in the last case, whichever is longer.</li> </ul> </li> </ul>		

References:  
Ministry of Health, COVID-19 Outbreak Guidance for Long Term Care Homes, Retirement Homes and Other Congregate Living Settings for Public Health Units, version 8  
Ministry of Health, Infectious Disease Protocol, Appendix 1: Gastroenteritis Outbreaks in Institutions and Public Hospitals, 2022  
Ministry of Health, Infectious Disease Protocol, Appendix 1: Respiratory Infection Outbreaks in Institutions and Public Hospitals, 2022  
Ministry of Health, 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  
Ministry of Health, Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018