

OUTBREAK STATUS REPORT

For more information or to report an outbreak, contact:
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Middlesex-London Health Unit

Last Updated: April 16, 2020 6:06 PM

Active

Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Respiratory	Apr 15, 2020	Facility		COVID-19		
Respiratory	Apr 11, 2020	C6-100		COVID-19		
Respiratory	Apr 9, 2020	SM5 (St. Mary's 5th Floor)		COVID-19		
Respiratory	Apr 8, 2020	St. Josephs Hospice		COVID-19		
Respiratory	Apr 6, 2020	Facility		COVID-19		
Respiratory	Apr 4, 2020	Facility		COVID-19		
Respiratory	Apr 4, 2020	Facility		COVID-19		
Respiratory	Apr 4, 2020	5th Floor		COVID-19		
Respiratory	Apr 3, 2020	1st floor (small unit), 2nd floor		COVID-19		
Respiratory	Apr 1, 2020	Facility		COVID-19	Influenza A	
Respiratory	Mar 31, 2020	Facility		COVID-19		
Respiratory	Mar 28, 2020	Facility		COVID-19		
Enteric	Mar 19, 2020	Facility				
Respiratory	Mar 13, 2020	harris house		Rhinovirus		
	Respiratory	Respiratory Apr 15, 2020 Respiratory Apr 11, 2020 Respiratory Apr 9, 2020 Respiratory Apr 8, 2020 Respiratory Apr 6, 2020 Respiratory Apr 4, 2020 Respiratory Apr 4, 2020 Respiratory Apr 4, 2020 Respiratory Apr 4, 2020 Respiratory Apr 3, 2020 Respiratory Apr 1, 2020 Respiratory Mar 31, 2020 Respiratory Mar 28, 2020 Enteric Mar 19, 2020	Respiratory Apr 15, 2020 Facility Respiratory Apr 11, 2020 C6-100 Respiratory Apr 9, 2020 SM5 (St. Mary's 5th Floor) Respiratory Apr 8, 2020 St. Josephs Hospice Respiratory Apr 6, 2020 Facility Respiratory Apr 4, 2020 Sth Floor Respiratory Apr 3, 2020 1st floor (small unit), 2nd floor Respiratory Apr 1, 2020 Facility Respiratory Mar 31, 2020 Facility Respiratory Mar 28, 2020 Facility Respiratory Mar 28, 2020 Facility Enteric Mar 19, 2020 Facility	Respiratory Apr 15, 2020 Facility Respiratory Apr 11, 2020 C6-100 Respiratory Apr 9, 2020 SM5 (St. Mary's 5th Floor) Respiratory Apr 8, 2020 St. Josephs Hospice Respiratory Apr 6, 2020 Facility Respiratory Apr 4, 2020 Sth Floor Respiratory Apr 3, 2020 1st floor (small unit), 2nd floor Respiratory Apr 1, 2020 Facility Respiratory Mar 31, 2020 Facility Respiratory Mar 31, 2020 Facility Respiratory Mar 28, 2020 Facility Respiratory Mar 19, 2020 Facility Enteric Mar 19, 2020 Facility	Respiratory Apr 15, 2020 Facility COVID-19 Respiratory Apr 11, 2020 C6-100 COVID-19 Respiratory Apr 9, 2020 SM5 (St. Mary's 5th Floor) COVID-19 Respiratory Apr 8, 2020 St. Josephs Hospice COVID-19 Respiratory Apr 6, 2020 Facility COVID-19 Respiratory Apr 4, 2020 Sth Floor COVID-19 Respiratory Apr 3, 2020 1st floor (small unit), 2nd floor COVID-19 Respiratory Apr 1, 2020 Facility COVID-19 Respiratory Apr 3, 2020 Facility COVID-19 Respiratory Apr 3, 2020 Facility COVID-19 Respiratory Mar 31, 2020 Facility COVID-19 Respiratory Mar 28, 2020 Facility COVID-19 Respiratory Mar 28, 2020 Facility COVID-19 Respiratory Mar 28, 2020 Facility	Respiratory Apr 15, 2020 Facility COVID-19 Respiratory Apr 11, 2020 C6-100 COVID-19 Respiratory Apr 9, 2020 SM5 (St. Mary's 5th Floor) COVID-19 Respiratory Apr 8, 2020 St. Josephs Hospice COVID-19 Respiratory Apr 6, 2020 Facility COVID-19 Respiratory Apr 4, 2020 Facility COVID-19 Respiratory Apr 4, 2020 Facility COVID-19 Respiratory Apr 3, 2020 1st floor (small unit), 2nd floor COVID-19 Respiratory Apr 1, 2020 Facility COVID-19 Respiratory Apr 1, 2020 Facility COVID-19 Respiratory Mar 31, 2020 Facility COVID-19 Respiratory Mar 28, 2020 Facility COVID-19 Enteric Mar 19, 2020 Facility COVID-19

Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Chelsey Park	Respiratory	Apr 2, 2020	Facility	Apr 14, 2020	COVID-19		
Glendale Crossing	Respiratory	Apr 7, 2020	Brighton, Lambeth	Apr 13, 2020			
Amica & Company Retirement	Respiratory	Mar 22, 2020	facility	Apr 11, 2020			

This information is to be used as a guide and is intended to help you prevent infections and outbreaks in your facility. The decision regarding who can work at a facility rests with that facility, but should take into account the need for adequate staffing levels and the risk of infection from staff working at multiple facilities. For more information please visit https://www.healthunit.com/outbreak-resources

Enteric Outbreaks

- 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.
- Staff members/volunteers who are experiencing gastrointestinal illness should not work at any facility until they have been symptom-free for at least 48 hours. Good hand hygiene should be reinforced with returning staff members/volunteers.
- Staff should change to a clean uniform between facilities and before leaving the affected facility.
 (Source Control of Gastroenteritis Outbreaks in Long-Term Care Homes: A Guide for Long-Term Care Homes and Public Health Unit Staff, 2013). https://www.healthunit.com/outbreak-resources

Clostridium difficile Outbreaks

• Provided that all required infection control practices are in place, staff can work at both affected and unaffected facilities without restrictions. Residents/patients with suspected or confirmed Clostridium difficile-associated diarrhea (CDAD) can be transferred within the health care system; however, the receiving facility must be notified and be able to comply with the recommended infection control precautions. Clostridium difficile is suspected in a resident/patient who develops diarrhea and has been in a facility experiencing a Clostridium difficile outbreak. Initiate Isolation rapidly and stool samples should be collected. (Source: Annex C: Testing, Surveillance and Management of Clostridium difficile In All Health Care Settings, January 2013). https://www.healthunit.com/outbreak-resources

Respiratory Outbreaks (non-influenza)

• Staff members/volunteers from facilities in outbreak should not work at your facility until at least 72 hours have elapsed since they last worked at the affected facility. For outbreaks attributable to Respiratory Syncytial Virus (RSV), Parainfluenza virus, Human metapneumovirus, and Adenovirus consider lengthening this time period to 5 days.

Staff members/volunteers who are experiencing respiratory symptoms should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved. For outbreaks attributable to RSV, lengthen this time period to 8 days. Good hand hygiene should be reinforced with returning staff members/volunteers. (Source: A Guide to the Control of Respiratory Infection Outbreak in Long-Term Care Homes, Ministry of Health and Long-Term Care, November, 2015). http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2015_en.pdf

Influenza Outbreaks

- The Health Unit recommends that you ask non-immunized staff/volunteers who are from facilities in outbreak, and who are not on an appropriate antiviral drug, to refrain from working at your facility until it has been at least 72 hours since they last worked at the affected facility.
- 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 time period is shorter. Good hand hygiene should be reinforced with returning staff members/volunteers.

 (Source: A Guide to the Control of Respiratory Infection Outbreak in Long-Term Care Homes, Ministry of Health and Long-Term Care, November, 2015). http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2015_en.pdf