



OUTBREAK STATUS REPORT

Middlesex-London Health Unit

Last Updated: January 19, 2022 8:21 PM

For more information or to report an outbreak, contact:
 The Infectious Disease Control Team
 Middlesex-London Health Unit
 519-663-5317 ext. 2330

Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Chelsey Park	Respiratory	Jan 18, 2022	3rd Flr-A Wing		COVID-19		
LHSC- Victoria Hospital	Respiratory	Jan 17, 2022	B7-200 Adult Mental Health		COVID-19		
LHSC- University Hospital	Respiratory	Jan 15, 2022	U10 Subacute Medicine and Palliative Care		COVID-19		
LHSC- University Hospital	Respiratory	Jan 15, 2022	U5 100/300 Cardiology Inpatient		COVID-19		
LHSC- University Hospital	Respiratory	Jan 15, 2022	U6 200/300 Cardiac Surgery		COVID-19		
LHSC- University Hospital	Respiratory	Jan 14, 2022	8-AC		COVID-19		
LHSC- University Hospital	Respiratory	Jan 11, 2022	A9 Inpatient - 100 & 200 Corridors		COVID-19		
Manor Village at London	Respiratory	Jan 10, 2022	4 West, 4 Centre		COVID-19		
Mount Hope Centre For Long Term Care	Respiratory	Jan 9, 2022	SM2		COVID-19		
Parkwood Institute Main Building	Respiratory	Jan 9, 2022	4AE/4AN		COVID-19		
Highview Residence - Chapin House	Respiratory	Jan 7, 2022	Facility-wide		COVID-19		
Strathmere Lodge	Respiratory	Jan 6, 2022	Bear Creek;Other units resolved Jan 19, 2022		COVID-19		
Parkwood Institute Main Building	Respiratory	Jan 5, 2022	2 Perth		COVID-19		
Arbor Trace Alzheimer's Special Care Center	Respiratory	Jan 4, 2022	Facility-wide		COVID-19		
Westmount Gardens	Respiratory	Jan 3, 2022	Daisy Unit		COVID-19		
Parkwood Institute Main Building	Respiratory	Jan 3, 2022	4 Bruce Elgin		COVID-19		
Earls Court Village	Respiratory	Jan 2, 2022	2nd & 3rd FLR (1&4 resolved Jan 18)		COVID-19		
Chartwell Parkhill	Respiratory	Jan 1, 2022	Countryside Unit		COVID-19		
Meadow Park Care Centre	Respiratory	Jan 1, 2022	Blue Unit (rest of facility resolved Jan 15)		COVID-19		
LHSC- University Hospital	Respiratory	Jan 1, 2022	7IP Clinical Neurosciences - 100 Wing, 202,220-232		COVID-19		

Active

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LHSC- Victoria Hospital	Respiratory	Dec 31, 2021	PICU		COVID-19		
Parkwood Institute Main Building	Respiratory	Dec 31, 2021	3 Kent/Essex		COVID-19		
Babcock Community Care Centre	Respiratory	Dec 31, 2021	Facility - wide		COVID-19		
Dearness Home	Respiratory	Dec 29, 2021	Oakdale (5E, 5W, 4E, 2W all resolved Jan 15)		COVID-19		
Henley Place LTC Residence	Respiratory	Dec 29, 2021	Facility-wide		COVID-19		
Country Terrace	Respiratory	Dec 28, 2021	Nottingham Unit		COVID-19		
Elmwood Place	Respiratory	Dec 27, 2021	Facility-wide (Springbank Unit resolved Jan 17)		COVID-19		
Village of Glendale Crossing	Respiratory	Dec 25, 2021	Facility-wide		COVID-19		
Extendicare	Respiratory	Dec 24, 2021	1st Floor; (2nd & 3rd both resolved)		COVID-19		
McCormick Home	Respiratory	Dec 14, 2021	Evergreen		COVID-19		

Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
McGarrell Place	Respiratory	Jan 1, 2022	Kingsmill, Lawson	Jan 19, 2022	COVID-19		
Peoplecare Oak Crossing	Respiratory	Dec 31, 2021	White Pine(resolved);Red Oak (respiratory unknown)	Jan 19, 2022		Respiratory Unknown- Not COVID-19	
Middlesex Terrace	Respiratory	Dec 26, 2021	3rd Floor	Jan 19, 2022	COVID-19		
Westmount Gardens	Enteric	Dec 13, 2021	Apple Blossom	Jan 19, 2022	Unknown		
Parkwood Institute Main Building	Respiratory	Jan 7, 2022	5AN and 5AE	Jan 18, 2022	COVID-19		
Kensington Village	Respiratory	Jan 4, 2022	2nd Floor (1st Floor resolved Jan 17)	Jan 18, 2022	COVID-19		
Dorchester Terrace	Respiratory	Jan 6, 2022	Facility-wide	Jan 17, 2022	COVID-19		
Kensington Village Retirement	Respiratory	Jan 4, 2022	Highbury area	Jan 17, 2022	COVID-19		
Chartwell London	Respiratory	Dec 18, 2021	Magnolia, Pinebrook	Jan 17, 2022	COVID-19		
Mount Hope Centre For Long Term Care	Respiratory	Dec 25, 2021	MV1 & MV5; (SM1 resolved Jan 13)	Jan 16, 2022	COVID-19		
Oakcrossing Retirement Living	Respiratory	Jan 4, 2022	Facility-wide	Jan 14, 2022	COVID-19		

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