

# **OUTBREAK STATUS REPORT**

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

Middlesex-London Health Unit

## Last Updated: February 10, 2022 7:21 PM

## Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Sprucedale Care Centre	Respiratory	Feb 9, 2022	Cedar Unit		Coronavirus (not COVID-19)		
Dearness Home	Respiratory	Feb 3, 2022	3E		COVID-19		
Waverley Mansion	Respiratory	Feb 3, 2022	Facility-wide		COVID-19		
Sprucedale Care Centre	Respiratory	Feb 3, 2022	Hickory		RSV		
Strathroy Middlesex General Hospital	Respiratory	Feb 2, 2022	1S		COVID-19		
Babcock Community Care Centre	Respiratory	Jan 31, 2022	Facility-wide		COVID-19		
Queens Village	Respiratory	Jan 28, 2022	Facility-wide		COVID-19		
Oneida Long Term Care Home	Respiratory	Jan 28, 2022	Facility-Wide		COVID-19		
LHSC- University Hospital	Respiratory	Jan 25, 2022	U4 Medicine 200/300		COVID-19		
Queens Village	Respiratory	Jan 25, 2022	Lower Level & Second Floor		COVID-19		
Chartwell Riverside Retirement Residence	Respiratory	Jan 21, 2022	Facility-wide		COVID-19		
Chelsey Park	Respiratory	Jan 18, 2022	2nd Floor & 4th Floor		COVID-19		
LHSC- University Hospital	Respiratory	Jan 15, 2022	U10 Subacute Medicine and Palliative Care		COVID-19		
LHSC- University Hospital	Respiratory	Jan 11, 2022	A9 Inpatient - 100 & 200 Corridors		COVID-19		
Meadow Park Care Centre	Respiratory	Jan 1, 2022	Blue Unit		COVID-19		
Henley Place LTC Residence	Respiratory	Dec 29, 2021	Gibbons, Springbank, Harris		COVID-19		
Village of Glendale Crossing	Respiratory	Dec 25, 2021	Facility-wide		COVID-19		
Extendicare	Respiratory	Dec 24, 2021	1st, 2nd & 3rd floors		COVID-19		

## **Declared Over**

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3

# **Declared Over**

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Manor Village at London	Respiratory	Jan 31, 2022	4E	Feb 9, 2022	COVID-19		
LHSC- Victoria Hospital	Respiratory	Jan 25, 2022	D6 100	Feb 9, 2022	COVID-19		
Elmwood Place	Enteric	Jan 30, 2022	Dementia Unit	Feb 7, 2022	Unknown		
LHSC- Victoria Hospital	Respiratory	Jan 25, 2022	D6 200	Feb 5, 2022	COVID-19		
Parkwood Institute Main Building	Respiratory	Jan 24, 2022	G3	Feb 4, 2022	COVID-19		
Elmwood Place	Respiratory	Dec 27, 2021	Victoria Unit	Feb 4, 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 <u>https://www.healthunit.com/outbreak-resources</u>

## **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). <u>https://www.healthunit.com/outbreak-resources</u>

## 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). <a href="https://www.healthunit.com/outbreak-resources">https://www.healthunit.com/outbreak-resources</a>

#### **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). <a href="http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/respinfectn">http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/respinfectn</a> ctrl guide ltc 2015 en.pdf