

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 16, 2022 7:25 PM

Active

| Premise | Type of Outbreak | Date Declared | Affected Area(s) | Date Resolved | Pathogen 1 | Pathogen 2 | Pathogen 3 |
|--------------------------------------|------------------|---------------|------------------------------------|---------------|------------|------------|------------|
| Westmount Gardens | Respiratory | Feb 15, 2022 | Lily Unit | | COVID-19 | | |
| Maple View Terrace | Respiratory | Feb 12, 2022 | 3rd Floor | | COVID-19 | | |
| Sprucedale Care Centre | Respiratory | Feb 3, 2022 | Hickory | | RSV | | |
| Waverley Mansion | Respiratory | Feb 3, 2022 | Facility-wide | | COVID-19 | | |
| Strathroy Middlesex General Hospital | Respiratory | Feb 2, 2022 | 1S | | COVID-19 | | |
| Babcock Community Care Centre | Respiratory | Jan 31, 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 | | |
| 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 | Harris Unit | | COVID-19 | | |
| Extendicare | Respiratory | Dec 24, 2021 | 1st & 2nd | | COVID-19 | | |

Declared Over

| Type of Outbreak | Date Declared | Affected Area(s) | Date Resolved | Pathogen 1 | Pathogen 2 | Pathogen 3 |
|------------------|--|---|--|--|---|---|
| Respiratory | Jan 15, 2022 | U10 Subacute Medicine and Palliative Care | Feb 15, 2022 | COVID-19 | | |
| Respiratory | Feb 9, 2022 | Cedar Unit | Feb 14, 2022 | Coronavirus (not COVID-19) | | |
| Respiratory | Jan 28, 2022 | Facility-wide | Feb 14, 2022 | COVID-19 | | |
| Respiratory | Jan 25, 2022 | Lower Level & Second Floor | Feb 14, 2022 | COVID-19 | | |
| Respiratory | Jan 18, 2022 | 4th Floor | Feb 14, 2022 | COVID-19 | | |
| Respiratory | Dec 25, 2021 | Facility-wide | Feb 14, 2022 | COVID-19 | | |
| Respiratory | Feb 3, 2022 | 3E | Feb 12, 2022 | COVID-19 | | |
| - | Respiratory Respiratory Respiratory Respiratory Respiratory Respiratory | RespiratoryJan 15, 2022RespiratoryFeb 9, 2022RespiratoryJan 28, 2022RespiratoryJan 25, 2022RespiratoryJan 18, 2022RespiratoryDec 25, 2021 | RespiratoryJan 15, 2022U10 Subacute Medicine and Palliative CareRespiratoryFeb 9, 2022Cedar UnitRespiratoryJan 28, 2022Facility-wideRespiratoryJan 25, 2022Lower Level & Second FloorRespiratoryJan 18, 20224th FloorRespiratoryDec 25, 2021Facility-wide | RespiratoryJan 15, 2022U10 Subacute Medicine and Palliative CareFeb 15, 2022RespiratoryFeb 9, 2022Cedar UnitFeb 14, 2022RespiratoryJan 28, 2022Facility-wideFeb 14, 2022RespiratoryJan 25, 2022Lower Level & Second FloorFeb 14, 2022RespiratoryJan 18, 20224th FloorFeb 14, 2022RespiratoryDec 25, 2021Facility-wideFeb 14, 2022 | RespiratoryJan 15, 2022U10 Subacute Medicine and Palliative CareFeb 15, 2022COVID-19RespiratoryFeb 9, 2022Cedar UnitFeb 14, 2022Coronavirus (not COVID-19)RespiratoryJan 28, 2022Facility-wideFeb 14, 2022COVID-19RespiratoryJan 25, 2022Lower Level & Second FloorFeb 14, 2022COVID-19RespiratoryJan 18, 20224th FloorFeb 14, 2022COVID-19RespiratoryDec 25, 2021Facility-wideFeb 14, 2022COVID-19 | RespiratoryJan 15, 2022U10 Subacute Medicine and Palliative CareFeb 15, 2022COVID-19RespiratoryFeb 9, 2022Cedar UnitFeb 14, 2022Coronavirus (not COVID-19)RespiratoryJan 28, 2022Facility-wideFeb 14, 2022COVID-19RespiratoryJan 25, 2022Lower Level & Second FloorFeb 14, 2022COVID-19RespiratoryJan 18, 20224th FloorFeb 14, 2022COVID-19RespiratoryDec 25, 2021Facility-wideFeb 14, 2022COVID-19 |

Declared Over

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|---|------------------|---------------|------------------|---------------|------------|------------|------------|
| Chartwell Riverside Retirement Residence | Respiratory | Jan 21, 2022 | Facility-wide | Feb 11, 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). 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/respinfectn ctrl guide ltc 2015 en.pdf