



# OUTBREAK STATUS REPORT

Middlesex-London Health Unit

*Last Updated: September 26, 2022 7:37 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
McGarrell Place	Respiratory	Sep 25, 2022	Windermere Way		COVID-19		
Chartwell London	Respiratory	Sep 25, 2022	Pinebrook Unit		COVID-19		
Manor Village at London	Respiratory	Sep 21, 2022	3E		COVID-19		
Kensington Village Retirement	Respiratory	Sep 21, 2022	3rd & 8th avenue		COVID-19		
LHSC- University Hospital	Respiratory	Sep 16, 2022	U4- Medicine		COVID-19		
Elmwood Place	Respiratory	Sep 16, 2022	Springbank Unit & Victoria Unit & Gibbons Unit		COVID-19		
Masonville Manor	Respiratory	Sep 14, 2022	2W, 3W & 3E (3rd floor)		COVID-19		

## Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Extendicare	Enteric	Sep 21, 2022	2nd Floor	Sep 26, 2022	Unknown		
LHSC- University Hospital	Respiratory	Sep 15, 2022	U6 CVT	Sep 26, 2022	COVID-19		
Sprucedale Care Centre	Respiratory	Sep 3, 2022	Hickory Unit	Sep 24, 2022	COVID-19		
Seasons Strathroy	Respiratory	Aug 21, 2022	Facility wide	Sep 24, 2022	COVID-19		
Chartwell London	Respiratory	Sep 8, 2022	Aspen Unit	Sep 21, 2022	COVID-19		
Earls Court Village	Respiratory	Sep 6, 2022	4th floor	Sep 21, 2022	COVID-19		
Chelsey Park	Respiratory	Sep 1, 2022	2nd floor	Sep 21, 2022	COVID-19		
Highview Residence - Chapin House	Respiratory	Sep 12, 2022	Smith Cottage	Sep 20, 2022	COVID-19		
Oakcrossing Retirement Living	Respiratory	Sep 3, 2022	2nd floor	Sep 20, 2022	COVID-19		
Ashwood Manor	Respiratory	Aug 30, 2022	Facility wide	Sep 20, 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](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](http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2015_en.pdf)