



OUTBREAK STATUS REPORT

Middlesex-London Health Unit

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For more information or to report an outbreak, contact:
The Infectious Disease Control Team
Middlesex-London Health Unit
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Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Henley Place LTC Residence	Respiratory	Nov 26, 2022	Harris Park		COVID-19		
Dearness Home	Respiratory	Nov 25, 2022	1E		Rhinovirus		
Highview Residence - Chapin House	Respiratory	Nov 22, 2022	Chapin House		Unknown	COVID-19	
LHSC- Victoria Hospital	Respiratory	Nov 21, 2022	B7-200 (Adult Mental Health) & PICU		COVID-19		
McGarrell Place	Respiratory	Nov 18, 2022	Harris House		Parainfluenza	Coronavirus (not COVID-19)	
LHSC- University Hospital	Respiratory	Nov 17, 2022	U4 Medicine		COVID-19		
Chartwell London	Respiratory	Nov 12, 2022	Magnolia (all), Pinebrook (Parainfluenza only)		Parainfluenza	Influenza A	Coronavirus (not COVID-19)
Dorchester Terrace	Respiratory	Nov 11, 2022	Facility-wide		COVID-19		
LHSC- Victoria Hospital	Respiratory	Nov 8, 2022	B7-100 Adult Mental Health		COVID-19		
Dearness Home	Respiratory	Oct 27, 2022	4 East and 3 East		COVID-19		
Village of Glendale Crossing	Respiratory	Oct 24, 2022	Glanworth & Westminster units		COVID-19		

Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
LHSC- Victoria Hospital	Respiratory	Nov 15, 2022	D6 200 Nephrology	Nov 26, 2022	COVID-19		
Southbridge London Long Term Care	Respiratory	Nov 9, 2022	Oak unit	Nov 26, 2022	COVID-19		
Parkwood Institute Mental Health Care Building	Respiratory	Nov 15, 2022	H5	Nov 25, 2022	COVID-19		
Parkwood Institute Main Building	Respiratory	Nov 14, 2022	3A East	Nov 25, 2022	COVID-19		
Arbor Trace Alzheimer's Special Care Center	Respiratory	Nov 2, 2022	Facility-wide	Nov 22, 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