



OUTBREAK QUICK GUIDE

FOR LONG-TERM CARE AND
RETIREMENT HOMES

VERSION 4.0

WINDSOR-ESSEX COUNTY **HEALTH UNIT**
Department of Infectious Disease Prevention
October 2024



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Purpose

Outbreaks of respiratory or enteric illnesses can occur at any time of year. There is an opportunity for rapid disease spread in long-term care homes (LTCH), retirement homes (RH) and all other congregate living facilities. With the increased risk of severe complications due to characteristics such as older age, co-morbidities, and compromised immune systems, the timely implementation of infection control and outbreak management measures is necessary to protect the health and well-being of residents.

The goal of this guide is to provide staff with the necessary steps and resources from the Windsor-Essex County Health Unit (WECHU), Public Health Ontario (PHO) and the Ministry of Health (MOH) for outbreak management to detect the occurrence of potential infections and control their transmission. If you have questions about this guide or about a specific outbreak, please call the Infectious Disease Prevention department at **519-258-2146 ext. 1420**.

Refer to the online version of this guide for downloadable links.

Abbreviations

ARI	Acute respiratory infections
CXR	Chest x-ray
DOPHS	Diseases of Public Health Significance
HCP	Health care provider
ICP	Infection prevention and control professional
IDP	Infectious Disease Prevention department
IPAC	Infection prevention and control
LTC	Long-term care home
MOH	Ministry of Health
NP	Nasopharyngeal (swab)
OMT	Outbreak management team
PCR	Polymerase chain reaction
PHI	Public health inspector
PHO	Public Health Ontario
PPE	Personal protective equipment
RH	Retirement home
WECHU	Windsor-Essex County Health Unit

Summary of Updates – Version 4.0

This document was created in accordance with the Ministry of Health’s most up-to-date [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024](#).

In this version of the Outbreak Quick Guide:

- The following documents have been updated:
 - Comprehensive Line Lists
 - There is now one general line list document for all outbreaks, and is no longer specific to the type of outbreak (respiratory or enteric) or affected individuals (residents or staff)
 - WECHU’s Lab Confirmed Influenza Cases form
 - WECHU’s Final Respiratory Outbreak Report form
 - WECHU’s Outbreak Control Measures Checklist (Respiratory and Enteric)
- The following resources have been updated:
 - Diseases of Public Health Significance – HCP Reporting Requirements
 - WECHU’s hand washing poster
 - PHO’s putting on and taking off PPE posters
- The steps identifying and managing an outbreak, and the outbreak declaration criteria have been updated.
- The WECHU’s phone extension and fax numbers for outbreak reporting have been updated.
- The outbreak rescind criteria has been added to the document.
- Additional resources and posters have been added, as well as a link for more resources available on our website.

1.0 Outbreak Management

1.1 Steps to Outbreak Identification and Management

REPORT ALL **SUSPECTED** AND **CONFIRMED** OUTBREAKS TO THE WECHU

Fax in a comprehensive list listing to the WECHU **daily by 10:00AM**, including holidays and weekends, to **519-977-5097**. Call **519-258-2146 ext. 1420** for assistance with your facility outbreak.

SURVEILLANCE FOR OUTBREAK IDENTIFICATION

- Monitor or screen residents, staff and visitors daily for symptoms of illness.
- If symptoms are noted, isolate residents, implement droplet/contact precautions, use appropriate PPE, and practice hand hygiene.
- If you suspect an outbreak, refer to the *Outbreak Declaration Criteria* found in [Section 1.2](#).
- If cases meet criteria for outbreak definition, immediately report the outbreak to the WECHU using the *Comprehensive Line List* found on our website and in [Section 2.1](#).

OUTBREAK MANAGEMENT

- Follow the *Outbreak Control Measures Checklist – Respiratory or Enteric* (see [Section 1.4](#)) upon outbreak declaration. More details can be found in the ministry document [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024](#) or as current.
- Outbreak management activities by outbreak type are found in [Section 1.3](#).
- A WECHU nurse will provide an Outbreak Advisory Notice with an outbreak number (2268-YEAR-XXXXX).
 - Include this outbreak number on all lab requisitions and WECHU forms in [Section 2.0](#).
- An outbreak notice for the facility will be posted on the WECHU website.
- Designate an OMT, as per the page 15 of the ministry's [most up to date guidance](#) to ensure:
 - Line listings are accurate.
 - New cases meet case definition as per the outbreak criteria.
 - Surveillance is being conducted.
 - Outbreak control measures are being implemented and maintained.
 - Adequate coverage is maintained for staff absences and cohorting, in addition to designating an alternate person who is knowledgeable on the outbreak process to fax in line listings.
 - Communicate outbreak measures effectively with staff, residents, families, and volunteers.
- On the comprehensive line listing:
 - Track resident and staff cases and add only those who meet case definition (see [Section 1.2](#)).
 - Indicate all line listed residents and staff who are hospitalized, pass away or have CXR confirmed pneumonia.

DECLARING THE OUTBREAK OVER

- To identify when the outbreak meets conditions to be declared over, please refer to [Section 1.3](#).
- A formal Rescind Notification Advisory will be forwarded to your facility.
- Complete and fax in WECHU's *Lab Confirmed Outbreak Tracking Form* (see [Section 2.4](#)), and the *Final Respiratory Outbreak Report* (see [Section 2.5](#)), if applicable.

1.2 Outbreak Declaration Criteria



Outbreak Declaration Criteria – For Long-Term Care/Retirement Homes and Other Congregate Living Settings

Respiratory (including COVID-19) Outbreak Criteria

SUSPECT	CONFIRMED
<p>Two or more patient/resident cases¹ of acute respiratory infection (ARI)² with symptom onset within 48 hours and an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission within the setting AND testing is not available or all negative.</p>	<p>Two or more patient/resident cases¹ of test-confirmed acute respiratory infection (ARI)² with symptom onset within 48 hours and an epidemiological link (e.g. same unit/floor/service area) suggestive of transmission within the setting</p> <p>OR</p> <p>Three or more patient/resident cases of ARI with symptom onset within 48 hours and an epidemiological link suggestive of transmission within the setting AND testing is not available or all negative.</p>
<p>¹Refer to the most up-to-date COVID-19 Infectious Disease Protocol for case definitions of confirmed and probable COVID-19 cases.</p> <p>²ARI case definition: Any new onset ARI with symptoms of a new or worsening cough or shortness of breath and often fever, that could potentially be spread through the droplet route (either upper or lower respiratory tract).</p> <p>*Note: the elderly and those who are immune compromised may not be febrile in response to a respiratory infection.</p>	

Source: [OPHS Infectious Disease Protocol – Appendix 1: Case Definitions and Disease-Specific Information: Respiratory Infection Outbreaks in Institutions and Public Hospitals \(September 2024\)](#)

Source: [OPHS Infectious Disease Protocol – Appendix 1: Case Definitions and Disease-Specific Information: Coronavirus Disease 2019 \(COVID-19\) \(October 2024\)](#)

Enteric Outbreak Criteria

SUSPECT	CONFIRMED
<p>No definition. Notify the WECHU if an outbreak is suspected.</p>	<p>Two or more cases¹ meeting the case definition with a common epidemiological link (e.g., unit, floor, same caregiver) with initial onset within a 48-hour period.</p>
<p>¹Enteric Case Definition:</p> <ul style="list-style-type: none"> • Two or more episodes of diarrhea (e.g., loose/water bowel movements) within a 24-hour period, <i>OR</i> • Two or more episodes of vomiting within 24-hour period, <i>OR</i> • One or more episodes of diarrhea <i>AND</i> one or more episodes of vomiting within a 24-hour period. 	

Source: [OPHS Infectious Disease Protocol – Appendix 1: Case Definition and Disease Specific Information: Gastroenteritis Outbreaks in Institutions and Public Hospitals \(May 2022\)](#)

1.3 Outbreak Management Activities by Outbreak Type



AT A GLANCE – Outbreak Management Activities by Outbreak Type

Outbreak Activity	RESPIRATORY	COVID-19	ENTERIC
Precautions	Droplet/Contact	Droplet/Contact	Contact (Droplet may be required)
PPE for staff/essential caregivers	Medical mask, eye protection, gown, gloves.	Eye protection, gown, gloves, and fit-tested, seal check N95 respirator (or equivalent). If not yet fit-tested, wear a well-fitted surgical mask or a non-fit tested N95 respirator.	Gown and gloves*. *Mask and eye protection may be added if there is a risk of aerosol or splashing (e.g., active vomiting).
Isolation length for cases	5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter), then wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until 10 days from symptom onset.	5 days from symptom onset then wear a well-fitted mask when receiving care and when outside of their room until 10 days from symptom onset. If unable to mask, remain on additional precautions for 10 days from symptom onset.	Until 48 hours symptom free. For <i>norovirus</i> , isolate case until 72 hours symptom free.
Roommate isolation	Yes – Move roommate to single room* for one incubation period (or 5 days if pathogen is unknown). Roommates should then wear a well-fitting mask, if tolerated, when receiving care and when outside of their room until day 7 from the case’s symptom onset. *When not possible, isolate for 5 days from case’s symptom onset, then wear well-fitted mask until day 10 from case’s symptom onset.	Yes – Move roommate to single room* for one incubation period (or 5 days if pathogen is unknown). Roommates should then wear a well-fitting mask, if tolerated, when receiving care and when outside of their room until day 7 from the case’s symptom onset. *When not possible, isolate for 5 days from case’s symptom onset, then wear well-fitted mask until day 10 from case’s symptom onset.	No
Antiviral prophylaxis and treatment	For influenza only: Refer to Appendix B: Antivirals/ Therapeutics (page 82-92) of the ministry’s most up-to-date recommendations .	Refer to Appendix B: Antivirals/Therapeutics (page 82-92) of the ministry’s most up-to-date recommendations .	N/A
Staff return to work	Remain home until symptoms have been improving for 24 hours and no fever . Mask and avoid caring for highest risk residents for 10 days from symptom onset or specimen collection date (whichever is earlier).	Remain home until symptoms have been improving for 24 hours and no fever . Mask and avoid caring for highest risk residents for 10 days from symptom onset or specimen collection date (whichever is earlier).	Remain home until 48 hours symptom free, or longer if indicated by your facilities internal policies. If a specific causative agent is known, disease-specific exclusions apply.
Outbreak rescind criteria	8 days from the onset of the last resident case or 3 days from the last day of work of an ill staff, whichever is longer.	8 days from the onset of the last resident case or 3 days from the last day of work of an ill staff, whichever is longer.	5 days from onset of last resident case (if Norovirus or unknown pathogen). If pathogen is known, rescind based on the period of communicability plus incubation period of pathogen.

1.4 Outbreak Management Checklists – Respiratory and Enteric

Downloadable version available here: [LTC/RH Outbreak Management Checklist – Respiratory](#)

RESPIRATORY OUTBREAK MANAGEMENT CHECKLIST

For Long-Term Care/Retirement Homes

Refer to this checklist to manage your facilities outbreak as per the Ministry of Health protocols and the Windsor-Essex County Health Unit (WECHU). Retain for your records.

Facility Name:		Outbreak #: 2268 - -	Date:
Outbreak Declaration: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed			
Affected Area: Entire facility <input type="checkbox"/> OR Name of unit(s):			
"Client" refers to a resident, patient or other person being supported within the facility.			
Case definition: determined by the WECHU (Click here or visit wechu.org)			
<input type="checkbox"/> Abnormal temperature	<input type="checkbox"/> New/worsening cough	<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> Nasal congestion/runny nose	<input type="checkbox"/> Sore throat/hoarseness	<input type="checkbox"/> Loss of taste/smell	
<input type="checkbox"/> Malaise/fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Other: _____	
CONTACT			
Identify the designated WECHU nurse for your outbreak: Nurse Name: _____ Phone #: 519-258-2146 ext. _____			
<input type="checkbox"/> For any questions or concerns please contact your designated nurse or the Infectious Disease Department (IDP) at 519-258-2146 ext. 1420 . The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Contact the After-Hours hotline at 519-973-4510 to speak with on-call personnel outside of WECHU business hours.			
IMMEDIATE PRECAUTIONS			
If a client is symptomatic: *Expanded steps available below	Immediately self-isolate the individual .		
	Implement additional precautions (i.e., contact/droplet).		
	Provide the necessary medical assessments .		
	Test for COVID-19 and other respiratory illness.		
TESTING & SPECIMEN COLLECTION			
<input type="checkbox"/> Ensure your facility has non-expired nasopharyngeal specimen (NP) collection kits, stored in a location that is known and accessible to staff. Additional specimen kits can be ordered online, see PHO's Kit and Test Ordering Instructions webpage to request these tests.			
<input type="checkbox"/> Test all symptomatic individuals	COVID-19: All clients who test positive for COVID-19 by rapid test should complete parallel testing by MRVP.		
	Multiplex Respiratory Virus Panel (MRVP): You may collect up to four MRVP swabs per outbreak. For MRVP, obtain specimens from clients with the most representative symptoms of the suspected illness prior to starting antibiotics. See PHO's Respiratory Virus (including influenza) web page for more information.		
	FLUVID: After four MRVP swabs, you may continue testing symptomatic individuals using FLUVID.		

<input type="checkbox"/> Lab requisitions	<p>Complete lab requisition form in its entirety (ensure facility name and address on form). Include outbreak number and at least 2 client identifiers on both sample and requisition form.</p> <p>Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.</p>
LINE LISTS	
<input type="checkbox"/> Create a line list of clients who belong to the outbreak (click here to download the line list or visit wechu.org). *Only include clients to line list who meet case definition	
<input type="checkbox"/> Update and fax line lists daily to WECHU by 10:00 am to fax #519-977-5097.	
COMMUNICATION	
<input type="checkbox"/> Post outbreak signage at all entrances of building.	
<input type="checkbox"/> Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak. <input type="checkbox"/> The WECHU will send your facility an Advisory Notice to reflect the current outbreak. An Outbreak Notification will be posted on the WECHU website alerting other health care facilities and agencies of current outbreak in your facility.	
<input type="checkbox"/> Convene a multidisciplinary Outbreak Management Team (OMT) and meet daily to review the status of the outbreak and support infection control efforts across the various departments (i.e., Nursing, Dietary, Environmental, House Physician etc.).	
PUBLIC HEALTH INSPECTOR	
<input type="checkbox"/> Identify the designated Public Health Inspector (PHI) from WECHU for your facility: PHI Name: _____ Phone #: 519-258-2146 ext. _____ Your Public Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC lead/OMT.	
IPAC MEASURES	
<input type="checkbox"/> Refer to WECHU IPAC Hub website and the Ministry of Health documents for additional resources related to outbreak control measures: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024 or as current <input type="checkbox"/> Appendix 1: Ontario Public Health Standards, Respiratory Infection Outbreaks in Institutions and Public Hospitals – September 2024 or as current. Appendix 1: Ontario Public Health Standards, Coronavirus Disease 2019 (COVID-19) – October 2024 or as current.	
<input type="checkbox"/> Client Control Measures	<p>Isolate symptomatic clients and cohort cases (i.e., limit movement between clients in outbreak area and non-outbreak areas) where possible.</p> <p>Refer to Section 1.3 of the <i>Outbreak Quick Guide 4.0</i> for more information on isolation and cohorting requirements by outbreak type.</p>
<input type="checkbox"/> Additional Precautions	<p>All positive cases should be placed on Droplet and/or Contact Precautions in addition to routine practices. Refer to Public Health Ontario for more information on additional precautions.</p> <p>Post additional precautions signage on the door of case rooms.</p>
	<p>Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohort staff).</p>

<input type="checkbox"/> Staff/Student/ Volunteers Control Measures	<p>Exclude ill staff/students/volunteers until 24hr symptom-free and no fever present or longer if indicated by your facilities internal policies.</p> <p>Upon return to work, staff should mask and avoid caring for highest risk residents for 10 days from symptom onset or specimen collection date (whichever is earlier).</p> <p>Refer to your institutional policy regarding unvaccinated staff/students/volunteers during influenza outbreaks. Exclusion is strongly recommended if unvaccinated and not on antiviral prophylaxis. Offer vaccination.</p>
<input type="checkbox"/> Visitor Control Measures	<p>Restrict visitors to essential caregivers on affected units.</p> <p>Ensure those who do visit:</p> <ul style="list-style-type: none"> • Are screened for signs and symptoms of illness • Practice vigilant hand hygiene • Visit clients in their rooms and avoid communal areas • Visit only one client; do not mingle with other clients • Use appropriate PPE especially if providing direct care <p>Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.</p> <p>Provide visitors with the WECHU pamphlet “What Visitors Need to Know” during an outbreak.</p>
<input type="checkbox"/> Enhanced Environmental Cleaning	<p>Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility a minimum of twice daily (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.).</p> <p>Choose products with proven efficacy against identified pathogens. Follow the manufacturer’s directions on proper concentration and contact times. For more information, refer to PHO’s Best Practices for Environmental Cleaning – April 2018 or as current.</p> <p>Dedicate use of equipment, when possible, to the ill client or clean and disinfect between use as per manufacturer’s directions (e.g., wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers, etc.).</p> <p>Limit movement of equipment/supplies through affected areas.</p>
<input type="checkbox"/> Hand Hygiene	<p>Ensure proper handwashing is maintained by clients and staff by providing ample supply of soap and 70-90% alcohol-based hand sanitizers.</p> <p>Implement the use of alcohol-based hand rubs in areas where sinks are not readily available.</p>
<input type="checkbox"/> PPE	<p>Ensure proper PPE, for example, masks (N95 where applicable), gloves, gowns, eye protection are available and accessible throughout the facility.</p> <p>Wear proper masks, goggles and/or face shield when providing care within two meters of case/suspect case.</p> <p>*Dispose mask after single use and clean and disinfect goggles.</p> <p>Perform hand hygiene before applying and after removal of gloves.</p> <p>*Discard immediately after use and wash hands.</p> <p>Wear gowns only if skin or clothing likely to be contaminated during care.</p> <p>Provide a container for soiled PPE/linen:</p> <ul style="list-style-type: none"> • If the container is located <i>inside</i> the client room, the container must be a minimum of 6ft or more away from the client’s bed.

	<ul style="list-style-type: none"> If not possible, place the container <i>outside</i> the room a minimum of 6ft away from any clean linen. <p>*Ensure alcohol-based hand sanitizer is available by the container.</p>
<input type="checkbox"/> Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
<input type="checkbox"/> Dietary	<p>Sick clients should receive meals (tray service) in their room.</p> <p>*Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms and wearing appropriate PPE.</p>
<input type="checkbox"/> Activities	<p>Reschedule communal meetings or activities on the affected unit/floor (or entire facility if outbreak is determined to be facility wide). Meetings or activities may proceed in non-affected units/floors.</p> <p>*Visits to facility by outside groups (e.g., entertainers, community groups, etc.) are not permitted during an outbreak.</p> <p>Asymptomatic or well clients on affected units may continue to participate in small group activities (i.e. physiotherapies, OT) on the unit only; proper precautions should be taken, and the outbreak unit should be visited last.</p>
<input type="checkbox"/> Admissions/ Readmissions & Transfer	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission/transfers, refer to Section 3.4 and 3.5 (page 28-30) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024 or as current.
<input type="checkbox"/> Medical/Other Appointments	If possible, reschedule non-urgent appointments until the outbreak is over.
ANTIVIRALS	
<input type="checkbox"/>	For influenza and COVID-19, determine eligibility of antivirals for residents and staff. Refer to Appendix B: Antivirals/Therapeutics (page 82-92) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024 or as current.
Signature and Designation:	Date:

ENTERIC OUTBREAK MANAGEMENT CHECKLIST

For Long-Term Care/Retirement Homes

Refer to this checklist to manage your facilities outbreak as per the Ministry of Health protocols and the Windsor-Essex County Health Unit (WECHU). Retain for your records.

Facility Name:	Outbreak #: 2268 – –	Date:
Outbreak Declaration: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed		
Affected Area: Entire facility <input type="checkbox"/> <u>OR</u> Name of unit(s):		
"Client" refers to resident, patient, child, person supported etc.		
Case definition: determined by the WECHU (Click here or visit wechu.org)		
<input type="checkbox"/> Abnormal temperature	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Chills	<input type="checkbox"/> Cramps	<input type="checkbox"/> Nausea
<input type="checkbox"/> Malaise/fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Other: _____
CONTACT		
Identify the designated WECHU nurse for your outbreak: Nurse Name: _____ Phone #: 519-258-2146 ext. _____		
<input type="checkbox"/> For any questions or concerns please contact your designated nurse or the Infectious Disease Department (IDP) at 519-258-2146 ext. 1420 . The WECHU business hours are from 8:30am - 4:30pm Monday to Friday. Contact the After-Hours hotline at 519-973-4510 to speak with on-call personnel outside of WECHU business hours.		
IMMEDIATE PRECAUTIONS		
If a client is symptomatic: <small>*More information available below</small>	Immediately self-isolate the individual .	
	Implement additional precautions (i.e., Contact, Droplet <i>if applicable</i>).	
	Provided the necessary medical assessments .	
	Test to determine specific illness.	
TESTING & SPECIMEN COLLECTION		
<input type="checkbox"/> Ensure your facility has non-expired specimen collection kits, stored in a location that is known and accessible to staff. Additional specimen kits can be ordered online, see PHO's Kit and Test Ordering Instructions webpage to request these tests.		
<input type="checkbox"/> Lab Requisitions	Collect lab specimens from clients who most recently became ill within 48 hours of onset of symptoms and who have the most representative symptoms of the suspected illness. Consult with the WECHU as needed.	
	Complete the lab requisition form in its entirety (ensure facility name and address on form). Include the outbreak number and at least two client identifiers on both the sample and the requisition form.	
	Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.	

<input type="checkbox"/> Test all symptomatic individuals	A total of five stool specimens can be collected and sent to lab (testing will stop after two positive results). See PHO's Gastroenteritis – Stool Viruses webpage for more information.
LINE LISTS	
<input type="checkbox"/>	Create a line list of clients who belong to the outbreak (click here to download the line list or visit wechu.org). *Only include clients to line list who meet case definition.
<input type="checkbox"/>	Update and fax line lists daily to WECHU by 10:00 am to fax (519)-977-5097.
COMMUNICATION	
<input type="checkbox"/>	Post outbreak signage at all entrances of building.
<input type="checkbox"/>	Notify all staff (including the house physician, facility pharmacist, DOC, etc.), students, volunteers, client families, and visitors of the outbreak. The WECHU will send your facility an Advisory Notice to reflect the current outbreak. An Outbreak Notification will be posted on the WECHU website alerting other health care facilities and agencies of current outbreak in your facility.
<input type="checkbox"/>	Convene a multidisciplinary Outbreak Management Team (OMT) and meet daily to review the status of the outbreak and support infection control efforts across the various departments (i.e., Nursing, Dietary, Environmental, House Physician etc.).
PUBLIC HEALTH INSPECTOR	
<input type="checkbox"/>	Identify the designated Public Health Inspector (PHI) from WECHU for your facility: PHI Name: _____ Phone #: 519-258-2146 ext. _____ Your Public Health Inspector (PHI) may reach out to conduct a site visit and meet with the IPAC lead/OMT.
IPAC MEASURES	
<input type="checkbox"/>	Refer to WECHU IPAC Hub website and the Ministry of Health documents for additional resources related to outbreak control measures: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024 (or as current) Appendix 1: Ontario Public Health Standards, Gastroenteritis Outbreaks in Institutions and Public Hospitals – May 2022 or as current
<input type="checkbox"/> Resident Control Measures	Isolate symptomatic clients and cohort cases (i.e., limit movement between clients in outbreak area and non-outbreak areas) where possible. Refer to Section 1.3 of the <i>Outbreak Quick Guide 4.0</i> for more information on isolation and cohorting requirements by outbreak type.
<input type="checkbox"/> Additional Precautions	All positive cases should be placed on Contact Precautions in addition to routine practices. Droplet Precautions may be required based on PHO's Risk Assessment Related to Routine Practices and Additional Precautions . Refer to Public Health Ontario for more information on additional precautions. Post additional precautions signage on the door of case rooms.
<input type="checkbox"/> Staff/ Students/ Volunteers Control Measures	Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohorting staff). Exclude ill staff/students/volunteers for at least 48 hours after their last symptom or longer if indicated by your facilities internal policies. NOTE: If a specific causative agent is known, disease-specific exclusions apply.


	<p>If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift.</p> <p>Staff working at another facility should notify the facility NOT in outbreak and wait at least 48 hours from last exposure at the outbreak facility and be symptom-free. This period may be modified if the specific illness type is known.</p>
<input type="checkbox"/> Dietary	<p>Sick clients should receive meals (tray service) in their room.</p> <p>Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms.</p> <p>DO NOT dispose of food samples until speaking with your PHI or PHN.</p>
<input type="checkbox"/> Visitor Control Measures	<p>Restrict visitors to essential caregivers on affected units.</p> <p>Ensure those who do visit:</p> <ul style="list-style-type: none"> • Practice vigilant hand hygiene • Visit clients in their rooms and avoid communal areas • Visit only one client; do not mingle with other clients • Use appropriate PPE especially if providing direct care <p>Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.</p> <p>Provide visitors with the WECHU pamphlet “What Visitors Need to Know” during an outbreak.</p>
<input type="checkbox"/> Enhanced Environmental Cleaning	<p>Increase frequency of cleaning and disinfecting of high touched areas and surfaces to entire facility a minimum of twice daily (e.g., washrooms, handrails, tabletops, chair arm rests, doorknobs, etc.).</p> <p>Choose products with proven efficacy against identified germs. Follow the manufacturer’s directions on proper concentration and contact times. For more information, refer to PHO’s Best Practices for Environmental Cleaning – April 2018 or as current.</p> <p>Dedicate use of equipment, when possible, to the ill client or clean and disinfect between use as per manufacturer’s directions (e.g., wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers, etc.).</p> <p>Commodes should remain with the client and are to be cleaned and disinfected. If possible, use disposable bedpans.</p> <p>Limit movement of equipment/supplies through affected areas.</p>
<input type="checkbox"/> Hand Hygiene	<p>Ensure proper handwashing is maintained by clients and staff by providing ample supply of soap and 70-90% alcohol-based hand sanitizers.</p> <p>Implement the use of alcohol-based hand rubs in areas where sinks are not readily available.</p>
<input type="checkbox"/> PPE	<p>Ensure proper PPE (for example, masks (N95 where applicable), gloves, gowns, eye protection etc.) are available and accessible throughout the facility.</p> <p>Wear proper masks, goggles and/or face shield when providing care within two meters of case/suspect case, if droplet precautions are initiated.</p> <p>*Dispose mask after single use and clean and disinfect goggles.</p> <p>Perform hand hygiene before applying and after removal of gloves.</p> <p>*Discard immediately after use and wash hands.</p> <p>Wear gowns only if skin or clothing likely to be contaminated during care.</p>

	<p>Provide a container for soiled PPE/linen:</p> <ul style="list-style-type: none"> • If the container is located <i>inside</i> the client room, the container must be a minimum of 6ft or more away from the client's bed. • If not possible, place the container <i>outside</i> the room a minimum of 6ft away from any clean linen. <p>*Ensure alcohol-based hand sanitizer is available by the container.</p>
<input type="checkbox"/> Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
<input type="checkbox"/> Activities	<p>Reschedule communal meetings or activities on the affected unit/floor (or entire facility if outbreak is determined to be facility wide). Meetings or activities may proceed in non-affected units/floors.</p> <p>*Visits to facility by outside groups (e.g., entertainers, community groups, etc.) are not permitted during an outbreak.</p> <p>Asymptomatic or well clients on affected units may continue to participate in small group activities (i.e. physiotherapies, occupational therapy etc.) on the unit only; proper precautions should be taken, and the outbreak unit should be visited last.</p>
<input type="checkbox"/> Admissions/ Readmissions & Transfers	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission, refer to Section 8.5 and 8.6 (page 73-74) of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – October 2024 or as current.
<input type="checkbox"/> Medical/Other Appointments	If possible, reschedule non-urgent appointments until the outbreak is over.
Signature and Designation:	Date:

2.0 WECHU & PHO Outbreak Forms

2.1 WECHU Comprehensive Line List

Downloadable version available here: [WECHU Comprehensive Line List](#)



Facility Outbreak Line List

SAMPLE

SUNSHINE LONG-TERM CARE HOME
123 RIVERSIDE DR
519-989-9899

Facility Name: _____
 Facility Address: _____
 Facility Phone and Ext: _____
 Contact Person #1: _____
 Contact Person #2: _____

Fax line lists daily by 10:00 AM to 519-977-5097 until outbreak declared over by the WECHU.
 Phone: 519-258-2146 ext. 1420
 After Hours: 519-973-4510

Line List Outbreak # **2268** YEAR .XXXXX
 Index Case Symptom Onset Date: YYYY-MM-DD 2024-11-01
 Control Measures Started Date: YYYY-MM-DD 2024-11-01
 Submission Date: YYYY-MM-DD 2024-11-01

Submitted By: _____

Respiratory	Enteric	Case Definition
Submit line list when: [1] Two or more cases of acute respiratory infections (ARI) occur within 48hrs with a common epi-link (e.g., unit, floor) and testing is not available/negative OR [2] Two or more cases of test-confirmed ARI occur within 48hrs with common epi-link (e.g., unit, floor) OR [3] Three or more cases of ARI occur within 48hrs with common-epi link (e.g., unit, floor) and testing is not available/negative OR [4] Directed by WECHU	Submit line list when 2 or more people have: [1] Two or more episodes of diarrhea (e.g., loose/watery bowel movements) within a 24-hour period, OR [2] Two or more episodes of vomiting within a 24-hour period, OR [3] One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period	Check all as defined by WECHU: <input checked="" type="checkbox"/> Fever(>37.8°C) <input type="checkbox"/> Nausea/Vomiting <input checked="" type="checkbox"/> Sore throat/ Hoarseness <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nasal Congestion/ <input type="checkbox"/> Malaise/Fatigue <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Sneezing <input checked="" type="checkbox"/> New Cough <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Loss of taste/smell <input type="checkbox"/> Rash <input type="checkbox"/> Other: _____



Case Name (Last, First)	Date of Birth	Unit/Room # (resident) OR Unit Worked/Role (Staff)	Isolation start date or date of last shift.	Symptom onset date	Fever/Abnormal Temp (Celsius)	Rash	Cough	Shortness of Breath	Hoarseness/Sore Throat	Runny Nose/Nasal Congestion	Headache	Fatigue/Malaise/Myalgias	Loss of taste/smell	Vomiting # of episodes	Diarrhea # of episodes **	Specimen Collection Date	Specimens Diagnostics	Vaccination/Treatment	Complications/Outcome
JOHN SMITH	1940-08-04	3E, RW 1	11/1	10/31	38		X	X								11/1	RAT+	Covid-19 Vaccine (# of doses) Influenza Vaccine MM-DD Antiviral Treatment MM-DD Antibiotic Treatment MM-DD Clinical/X-RAY evidence of pneumonia MM-DD Hospitalization Date MM-DD Hospital Discharge Date MM-DD Death MM-DD Out of Isolation OR Return to Work Date MM-DD	11/5

**if resident is experiencing new onset of diarrhea, collect stool sample using enteric outbreak stool kit for viral and bacterial testing.

Page 1 of 3

2.2 PHO Test Requisition – Respiratory Example

Downloadable version available here: [PHO Respiratory Test Requisition](#)

SAMPLE

COVID-19 and Respiratory Virus Test Requisition

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)

Surname, First Name: DOE, JOHN
 OHIP/CPSO/Prof. License No.: 0000000
 Name of clinic/facility/health unit: SUNSHINE LONG-TERM CARE HOME
 Address: 123 RIVERSIDE DR EAST Postal code: N1C 2A3
 Phone: (519) 999-9999 Fax: (519) 888-8888

cc Hospital Lab (for entry into LIS)

Hospital Name: _____
 Address (if different from ordering clinician): _____
 Postal Code: _____
 Phone: _____ Fax: _____

cc Other Authorized Health Care Provider:

Surname, First name: ALOOSH, MEHDI
 OHIP/CPSO/Prof. License No.: _____
 Name of clinic/facility/health unit: WECHU
 Address: 1005 OUELLETTE AVE Postal code: N9A 4J8
 Phone: (519) 258-2148 Fax: (519) 977-5097

6 - Specimen Type (check all that apply)

Specimen Collection Date (yyyy-mm-dd): 2024-09-01 (required)

NPS Throat Swab Saliva (Swish & Gargle)
 Deep or Mid-turbinate Nasal Swab Throat + Nasal Saliva (Neat)
 Oral (Buccal) + Deep Nasal BAL Anterior Nasal (Nose)
 Other (Specify): _____

8 - COVID-19 Vaccination Status

Received all required doses >14 days ago Unimmunized / partial series / ≤14 days after final dose Unknown

9 - Clinical Information

Asymptomatic Fever Pregnant
 Symptomatic Pneumonia Other (Specify): _____
 Date of symptom onset (yyyy-mm-dd): 2024-09-01 Cough _____
 Sore Throat

For laboratory use only

Date received (yyyy-mm-dd): _____ PHOL No.: _____

ALL Sections of this form must be completed at every visit

2 - Patient Information

Health Card No.: XXXX-XXX-XXX Medical Record No.: _____
 Last Name: SMITH
 First Name: JOHN
 Date of Birth (yyyy-mm-dd): 1940-03-23 Sex: M F
 Address: 123 RIVERSIDE DR EAST
 Postal Code: N1C 2A3 Patient Phone No.: (519) 555-5555
 Investigation or Outbreak No.: 2268-YEAR-XXXXX

3 - Travel History

Travel to: _____
 Date of Travel (yyyy-mm-dd): _____ Date of Return (yyyy-mm-dd): _____

4 - Exposure History

Exposure to probable, or confirmed case? Yes No
 Exposure details: _____
 Date of symptom onset of contact (yyyy-mm-dd): _____

5 - Test(s) Requested

COVID-19 Virus Respiratory Viruses COVID-19 Virus AND Respiratory Viruses

7 - Patient Setting / Type

Assessment Centre Family doctor / clinic Outpatient / ER not admitted
 Only if applicable, indicate the group:
 ER - to be hospitalized Deceased / Autopsy
 Healthcare worker Institution / all group living settings
 Inpatient (Hospitalized) Facility Name: SUNSHINE LONG TERM CARE HOME
 Inpatient (ICU / CCU) Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND): _____
 Remote Community _____
 Unhoused / Shelter _____
 Other (Specify): _____

CONFIDENTIAL WHEN COMPLETED
 The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.36 (1)(c)(iii) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567, F-00-0CG-4000 version 006.1 (August 2024).



2.3 PHO Test Requisition – Enteric Example

Downloadable version available here: [PHO General Test Requisition](#)

General Test Requisition **SAMPLE**

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that all testing requirements are met before collecting a specimen.

For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: [publichealthontario.ca/requisitions](#)

For Public Health Ontario's laboratory use only:

Date Received (yyyy-mm-dd):

PHO Lab No.:

Submitter / Health Care Provider (HCP) Information

Licence No.: 123456 Lab / Hospital or Facility Name: SUNSHINE LONG-TERM CARE HOME
HCP Full Name: ATTENDING PHYSICIAN Address: 123 RIVERSIDE DRIVE EAST
City: WINDSOR Postal Code: N1C 2A3 Province:
Tel: XXX-XXX-XXXX Fax: XXX-XXX-XXXX

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: Other Lab / Health Unit / Facility Name: WECHU
HCP Full Name: DR. MEHDI ALOOSH Address: 1005 OUELLETTE AVE
City: WINDSOR Postal Code: N9A 4J8 Province:
Tel: 519-258-2146 Fax: 226-783-2132

Patient Setting

Clinic / Community ER (Not Admitted / Not Yet Determined) ER (Admitted)
 Inpatient (Non-ICU) ICU / CCU Congregate Living Setting

Testing Indication(s) / Criteria

Diagnosis Screening Immune Status Follow-up / Convalescent
 Pregnancy / Perinatal Impaired Immunity Post-mortem

Other (Specify):

Signs / Symptoms

No Signs / Symptoms Onset Date (yyyy-mm-dd): 2024-09-01
 Fever Rash STI
 Gastrointestinal Respiratory Hepatitis Meningitis / Encephalitis

Other (Specify):

Relevant Exposure(s)

None / Not Applicable Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): Source Exposed

Other (Specify):

Relevant Travel(s)

None / Not Applicable Most Recent Date (yyyy-mm-dd):
Travel Details:

Patient Information

Health Card No.: XXXX-XXX-XXX
Date of Birth (yyyy-mm-dd): 1940-03-23 Sex: Male Female
Medical Record No.:
Last Name (per health card): SMITH
First Name (per health card): JOHN
Address: 123 RIVERSIDE DRIVE EAST Postal Code: N1C 2A3
City: WINDSOR Tel: 519-999-9999
Investigation / Outbreak No. from PHO or Health Unit (if applicable): 2268-YEAR-XXXXX

Specimen Information

★ Date Collected (yyyy-mm-dd): 2024-09-01 Submitter Lab No.:
 Whole Blood Serum Plasma
 Bone Marrow Cerebrospinal Fluid (CSF) Nasopharyngeal Swab (NPS)
 Oropharyngeal / Throat Swab Sputum Bronchoalveolar Lavage (BAL)
 Endocervical Swab Vaginal Swab Urethral Swab
 Urine Rectal Swab Faeces
Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the [publichealthontario.ca/testdirectory](#).
1. STOOL FOR BACTERIA AND VIRUS TESTING
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A Immune Status (HAV IgG) Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B Immune Status (anti-HBs) Chronic Infection (HBsAg + total anti-HBc)
 Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(ii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-GD-SCG-1000, version 004.1 (January 2024).

Ontario 

2.4 WECHU Lab Confirmed Influenza Outbreak Tracking Form

Downloadable version available at wechu.org or click here: [Lab Confirmed Outbreak Tracking Form](#)



Lab Confirmed Influenza Outbreak Outcome Tracking

Please complete the following for line listed clients who were lab confirmed cases of Influenza.

Facility Name: SUNSHINE LONG-TERM CARE HOME	SAMPLE	Outbreak #: 2268 - YEAR - XXXXX
---	---------------	---

Client Name: JOHN SMITH		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	DOB (YYYY-MM-DD): 1940-03-23
Influenza Vaccine Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Vaccine Name: FLUVIRAL	Site: IM	
	Lot #: LN12345	Date Administered: 2024-09-01	
Ordering Physician:		Administered by:	
Hospitalization: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Hospital Name:	Admission Date (YYYY-MM-DD)	
Underlying Medical Conditions: NA			
Pneumonia diagnosed by chest x-ray (CXR): Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Date of CXR:	
Deceased: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Date of Death (YYYY-MM-DD)	Cause of death related to influenza: Y <input type="checkbox"/> N <input type="checkbox"/>	
Additional Information:			
Completed by: Name and Designation JANE DOE, RN			Date (YYYY-MM-DD) 2024-09-01

Client Name:		Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	DOB (YYYY-MM-DD):
Influenza Vaccine Y <input type="checkbox"/> N <input type="checkbox"/>	Vaccine Name:	Site:	
	Lot #:	Date Administered:	
Ordering Physician:		Administered by:	
Hospitalization: Y <input type="checkbox"/> N <input type="checkbox"/>	Hospital Name:	Admission Date (YYYY-MM-DD)	
Underlying Medical Conditions:			
Pneumonia diagnosed by chest x-ray (CXR): Y <input type="checkbox"/> N <input type="checkbox"/>		Date of CXR:	
Deceased: Y <input type="checkbox"/> N <input type="checkbox"/>	Date of Death (YYYY-MM-DD)	Cause of death related to influenza: Y <input type="checkbox"/> N <input type="checkbox"/>	
Additional Information:			
Completed by: Name and Designation			Date (YYYY-MM-DD)

Fax to WECHU Infectious Disease Prevention Department at **519-977-5097**.

If you have questions, please call **519-258-2146 ext. 1420**.

2.5 WECHU Final Respiratory Outbreak Report Form

Downloadable version available here: [Final Respiratory Outbreak Report](#)

FINAL RESPIRATORY OUTBREAK REPORT

Outbreak #: 2268 - YEAR - XXXXX	Date (YYYY-MM-DD): 2024-09-01
Facility Name: SUNSHINE LONG-TERM CARE HOME	SAMPLE

INSTRUCTIONS:

Please complete this form following every respiratory outbreak and fax it to the WECHU at **519-977-5097**. Please note, immunization numbers are required by the Ministry of Health and do not breach privacy as there is no personal health information or personal identifiers (name, DOB, etc.) provided.

¹“Case” refers to those people who are line listed and have been determined to be part of the outbreak (residents and staff).

²“Applicable vaccine” refers to influenza, RSV or COVID-19.

³“Affected area” refers to the area of the current outbreak (i.e., unit, floor or if applicable, the entire facility). *If the outbreak is in the entire facility, then your responses to questions 5.a. and 6. will be the same.

<i>For ALL RESPIRATORY outbreaks</i>		Residents	Staff
1.	Total # of line listed cases ¹	20	10
2.	Total # of line listed cases admitted into the hospital during the current outbreak	0	0
3.	Total # of line listed cases diagnosed with CXR+ confirmed pneumonia during the current outbreak	0	0
4.	Total # of deaths among line listed cases during the current outbreak	0	0
<i>Complete only if the current outbreak was due to a virus with an APPLICABLE VACCINE²</i>			
5.	Total # of people (i.e., both ill and non-ill) in the entire institution/facility:		
a.	who were immunized prior to the onset of the current outbreak	117	44
b.	who were immunized less than 14 days before the onset of current outbreak	16	10
c.	who were immunized once the outbreak was declared	0	0
6.	Total # of people (i.e., both ill and non-ill) in the affected area³ who were immunized prior to the onset of the current outbreak	43	28
7.	Among all line listed cases (i.e., only those who were ill):		
a.	total # who were immunized prior to current outbreak	12	4
b.	total # who were immunized less than 14 days prior to the current outbreak	0	0
c.	total # who were <i>not</i> immunized prior to the current outbreak	8	6
8.	Among the line listed cases (i.e., only those who were ill) <u>admitted to the hospital during the current outbreak:</u>		
a.	the total # who were immunized prior to the current outbreak	0	0

b.	the total # who were immunized less than 14 days prior to the current outbreak	0	0
c.	the total # who were <i>not</i> immunized prior to the current outbreak	0	0
9.	Among the line listed cases (i.e., only those who were ill) <u>with CXR+ pneumonia during the current outbreak:</u>		
a.	the total # who were immunized prior to the current outbreak	0	0
b.	the total # who were immunized less than 14 days prior to the current outbreak	0	0
c.	the total # who were <i>not</i> immunized prior to the current outbreak	0	0
10.	Among the line listed cases (i.e., only those who were ill) <u>which resulted in death during the current outbreak:</u>		
a.	the total # who were immunized prior to the current outbreak	0	0
b.	the total # who were immunized less than 14 days prior to the current outbreak	0	0
c.	the total # who were <i>not</i> immunized prior to the current outbreak	0	0
<i>Complete only if antivirals were used in the current outbreak</i>			
11.	Total # of persons that received antivirals for prophylaxis	0	0
12.	Total # of persons who became ill and received antivirals for treatment <i>within</i> 48 hours of onset of symptoms	0	0
13.	Total # of persons who became ill and received antivirals for treatment <i>over</i> 48 hours of onset of symptoms	0	0
14.	Total # of persons that developed side effects from antivirals	0	0
15.	Of those that developed side effects, how many discontinued use of antivirals due to side effects	0	0

Please attach the completed Lab Confirmed Influenza Outbreak Outcome Tracking form for ALL influenza outbreaks.

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed disease of public health significance to the Medical Officer of Health.

September 2024

3.0 Resources and Posters

3.1 Common Viruses – Respiratory Outbreaks

ORGANISM	SYMPTOMS	INCUBATION	PERIOD OF COMMUNICABILITY	MODE OF TRANSMISSION	DIAGNOSIS	PRECAUTIONS AND PPE
Adenovirus	<ul style="list-style-type: none"> Less common cause of outbreaks Fever, runny nose, sore throat, conjunctivitis 	<ul style="list-style-type: none"> 2 to 14 days 	<ul style="list-style-type: none"> As long as symptoms continue Days to weeks 	<ul style="list-style-type: none"> Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands Indirect contact by exposure to contaminated respiratory secretions on articles/ environmental surfaces 	<ul style="list-style-type: none"> Nasopharyngeal swab (virus testing) 	Droplet/Contact Precautions <ul style="list-style-type: none"> Hand hygiene Gloves Gown Protective eyewear Mask
Coronavirus	<ul style="list-style-type: none"> Usually mild, similar to common cold: stuffy nose, cough 	<ul style="list-style-type: none"> 1 to 5 days 	<ul style="list-style-type: none"> As long as symptoms continue Less than 21 days 			
Influenza Type A or B	<ul style="list-style-type: none"> Sudden onset of fever, followed by muscle aches, headache, runny nose, sore throat, dry cough, lethargy, chills <u>Note:</u> immunized, elderly population may not always develop fever 	<ul style="list-style-type: none"> 1 to 4 days 	<ul style="list-style-type: none"> One day before symptoms and up to 10 days after onset of symptoms 			
Metapneumovirus	<ul style="list-style-type: none"> Runny nose, congestion, cough, shortness of breath, fever 	<ul style="list-style-type: none"> Not known 	<ul style="list-style-type: none"> As long as symptoms continue 1 to 2 weeks 			
Parainfluenza	<p><i>Not related to the virus which causes influenza</i></p> <ul style="list-style-type: none"> Runny nose, sore throat, mild to moderate fever 	<ul style="list-style-type: none"> 2 to 6 days 	<ul style="list-style-type: none"> Up to 10 days 			
Rhinovirus	<ul style="list-style-type: none"> Most frequent cause of the common cold Runny nose, sore throat, sneezing, watery eyes, fatigue 	<ul style="list-style-type: none"> 2 to 4 days 	<ul style="list-style-type: none"> 1 to 3 weeks 			
RSV	<ul style="list-style-type: none"> Usually mild, similar to a common cold: stuffy nose, cough 	<ul style="list-style-type: none"> 3 to 7 days 	<ul style="list-style-type: none"> Usually 3 to 8 days Up to 3 to 4 weeks 			

References:

Baker, C., Long, S., & McMillan, J. (Eds.). (2012). Red Book: Report of the Committee on Infectious Diseases, 29th edition. Elk Grove Village, IL: American Academy of Pediatrics. Heymann, D. (Ed.). (2015) Control of Communicable Diseases Manual, 20th edition. Washington, DC: American Public Health Association
 Ontario Public Health Standards: Disease-Specific Chapters. http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx PHO Test Information Index. <https://www.publichealthontario.ca/en/laboratory-services/test-information-index>

3.2 Common Viruses – Enteric Outbreaks

ORGANISM	SYMPTOMS	INCUBATION	PERIOD OF COMMUNICABILITY	MODE OF TRANSMISSION	DIAGNOSIS	PRECAUTIONS AND PPE
Adenovirus (Type 40 & 41)	<ul style="list-style-type: none"> ▪ Nausea, vomiting, watery diarrhea, abdominal pain, and fever ▪ Symptoms usually last 1 to 7 days 	<ul style="list-style-type: none"> ▪ 3 to 10 days 	<ul style="list-style-type: none"> ▪ Most contagious during first few days of communicability 	<ul style="list-style-type: none"> ▪ Fecal-oral route through direct and indirect contact ▪ May also be spread when vomiting is occurring 		<p>Contact Precautions</p> <ul style="list-style-type: none"> ▪ Hand hygiene ▪ Gloves ▪ Gown <p>Droplet Precautions (if vomiting is occurring)</p> <ul style="list-style-type: none"> ▪ Protective eyewear ▪ Mask
Norovirus	<ul style="list-style-type: none"> ▪ Sudden onset of watery, non-bloody diarrhea, vomiting, abdominal cramps, and nausea ▪ Headaches, low-grade fever, chills, and malaise may also be present ▪ Symptoms usually last 24 to 72 hours 	<ul style="list-style-type: none"> ▪ 12 to 48 hours 	<ul style="list-style-type: none"> ▪ From onset of symptoms until 48 to 72 hours after symptoms resolve ▪ Can be as long as 3 weeks after symptoms resolve 	<ul style="list-style-type: none"> ▪ Fecal-oral route through direct and indirect contact ▪ May also be spread when vomiting is occurring 	<ul style="list-style-type: none"> ▪ Stool specimen 	<p>Contact Precautions</p> <ul style="list-style-type: none"> ▪ Hand hygiene ▪ Gloves ▪ Gown <p>Droplet Precautions (if vomiting is occurring)</p> <ul style="list-style-type: none"> ▪ Protective eyewear ▪ Mask <p><i>Must use soap and water to wash hands, hand sanitizer will not kill norovirus*</i></p>
Rotovirus	<ul style="list-style-type: none"> ▪ Vomiting, fever, and severe watery diarrhea ▪ Symptoms usually last 3 to 9 days 	<ul style="list-style-type: none"> ▪ 24 to 72 hours 	<ul style="list-style-type: none"> ▪ Before symptoms appear, during acute stage of illness and up to approximately 8 days after symptoms resolve ▪ May be as long as 30 days in people who are immune compromised 	<ul style="list-style-type: none"> ▪ Fecal-oral route through direct and indirect contact ▪ May also be spread when vomiting is occurring 		<p>Contact Precautions</p> <ul style="list-style-type: none"> ▪ Hand hygiene ▪ Gloves ▪ Gown <p>Droplet Precautions (if vomiting is occurring)</p> <ul style="list-style-type: none"> ▪ Protective eyewear ▪ Mask

References:

Baker, C., Long, S., & McMillan, J. (Eds.). (2012). Red Book: Report of the Committee on Infectious Diseases, 29th edition. Elk Grove Village, IL: American Academy of Pediatrics. Heymann, D. (Ed.). (2015) Control of Communicable Diseases Manual, 20th edition. Washington, DC: American Public Health Association
 Ontario Public Health Standards: Disease-Specific Chapters. http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx PHO Test Information Index. <https://www.publichealthontario.ca/en/laboratory-services/test-information-index>

For more downloadable signs and brochures, [click here](#) or visit our website.



3.3 DOPHS List – HCP Reporting Requirements

Downloadable version available here: [DOPHS List](#)



3.4 Hand Washing Poster

Downloadable version available in [English](#), [French](#) or [Arabic](#)



3.5 Outbreak Signage

Downloadable version available here: [Outbreak Signage](#)



3.6 Putting On PPE Poster

Downloadable version available here: [How to Put on PPE](#)



3.7 Taking Off PPE Poster

Downloadable version available here: [How to Take Off PPE](#)

Precaution Level	Organism / Disease
DROPLET Private room or 2 metre separation with curtain pulled Staff - mask and eye protection Patient / Resident - mask if outside room	Pertussis (whooping cough) Meningococcal disease RSV Influenza Parainfluenza GAS (skin, wound, invasive) ESBL MRSA VRE Clostridium difficile Norovirus Tuberculosis (pulmonary) Measles (Rubella)* Chickengpox* Shingles (disseminated)* Shingles (localized) Routine Practices
CONTACT Private rooms or cohort with same (if lab confirmed) Staff - gown and gloves where appropriate Dedicated equipment	
DROPLET + CONTACT Combine all elements of both	
AIRBORNE Negative pressure room with door closed Staff - N95 Respirator where appropriate Patient / Resident - mask if outside room	

*N95 Respirator when required

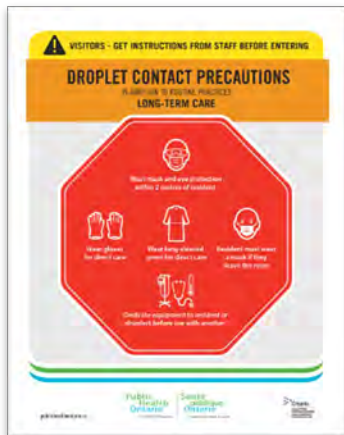
3.8 Additional Precautions Lanyard

Downloadable version available here: [Additional Precautions Lanyard](#)

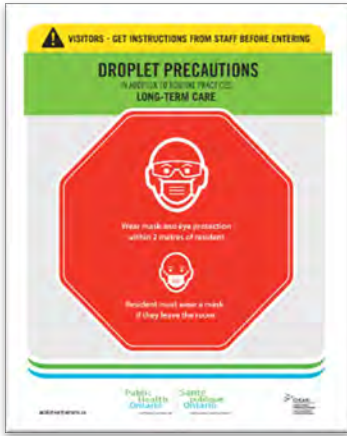


3.9 Contact and Droplet Precautions Posters

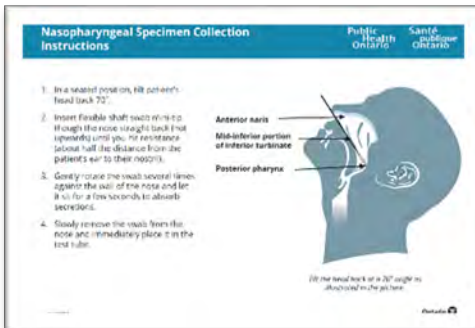
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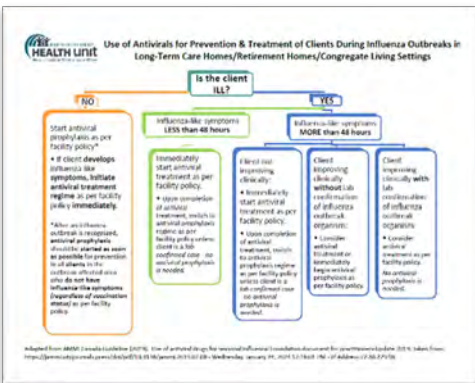


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3.10 Nasopharyngeal Specimen Collection Instructions

Downloadable version available here: [Nasopharyngeal Specimen Collection](#)



3.11 Use of Antivirals for Prevention & Treatment of Clients During Influenza Outbreaks in Long-term Care Homes, Retirement Homes and other Congregate Living Settings

Downloadable version available here: [Use of Antivirals for Prevention and Treatment](#)



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