

OUTBREAK QUICK GUIDE

FOR LONG-TERM CARE AND RETIREMENT HOMES

VERSION 6.0

WINDSOR-ESSEX COUNTY **HEALTH UNIT**
Department of Infectious Disease Prevention
September 2026

WINDSOR-ESSEX COUNTY
HEALTH unit
Bureau de santé de Windsor-comté d'Essex

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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 steps and resources needed to detect potential infections, manage outbreaks, and control transmission. It draws on guidance from the Windsor-Essex County Health Unit (WECHU), Public Health Ontario (PHO), and the Ministry of Health (MOH). If you have questions about this guide or 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
CLS	Congregate Living Setting
CXR	Chest x-ray
DoPHS	Diseases of Public Health Significance
FLUVID	Influenza A/B and SARS-CoV-2 molecular testing
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
MRVP	Multiplex Respiratory Virus Panel
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 6.0

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 – February 2025, as well as guidance from the Provincial Infectious Diseases Advisory Committee (PIDAC) – April 2026.

This version of the Outbreak Quick Guide includes the following updates:

- Replaced "isolation" with "remain in room" to support resident mental health and well-being; additional precautions may still include isolation when required
- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings link revised with February 2025 update.
- 1.2 Outbreak Declaration Criteria Ontario Public Health Standards updated to reflect September 2025.
- Updated the enteric outbreak rescind criteria in Section 1.3 and added guidance for non-roommate close contacts.
- 2.4 WECHU Final Respiratory Outbreak Report Form has been updated December 2025.
- Updated the PHO Organizational Risk Assessment.
- Laboratory testing information has been updated to reflect current PHO testing requirements and specimen collection guidance.
- Added new abbreviations.
- Updated source for OPHS Infectious Disease Protocol – Appendix A.
- Removed Covid 19 from At a Glance - Outbreak Management Activities by Outbreak Type.
- Changed Isolation Length for Cases to Additional Precautions/Stay-In-Room Period for Cases.
- Updated Best Practices for Environment Cleaning Guide.
- Added "unformed" to the description of stool needed for testing.
- Ensure the date of symptom onset and date of collection are documented on the requisition.
- Reworded Control Measures on the Enteric Outbreak Management Checklist.

1.0 Outbreak Management

1.1 Steps to Outbreak Identification and Management

IMMEDIATELY REPORT ALL SUSPECTED AND CONFIRMED OUTBREAKS TO THE WECHU

Fax in a comprehensive line list 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, implement additional 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.
- Ensure laboratory testing and specimen collection are coordinated in consultation with WECHU as appropriate

OUTBREAK MANAGEMENT

- Follow the *Outbreak Control Measures Checklist – Respiratory or Enteric* (see Section 1.4) when an outbreak is declared. Additional guidance is available in the Ministry of Health's current Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025.
- 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 described on page 17 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.
    - Maintain adequate coverage for staff absences and cohorting. Designate an alternate staff member who understands the outbreak process and can fax line lists to the WECHU.
    - 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 which line-listed residents and staff have been hospitalized, have died, have chest x-ray-confirmed pneumonia, or are receiving antivirals and/or antibiotics.

DECLARING THE OUTBREAK OVER

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

1.2 Outbreak Declaration Criteria

Respiratory (including COVID-19) Outbreak Criteria

SUSPECT	CONFIRMED
Two or more patient/resident cases[1] 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.	**Two or more patient/resident cases**[1] 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. **OR** **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.
[1]Refer to the most up-to-date COVID-19 Infectious Disease Protocol for case definitions of confirmed and probable COVID-19 cases. [2]ARI 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). *Note: the elderly and those who are immune compromised may not be febrile in response to a respiratory infection.	

Source: OPHS Infectious Diseases Protocol - Appendix 1: Case Definitions and Disease-Specific Information: Respiratory Outbreaks in Institutions and Public Hospitals (September 2025)

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

Enteric Outbreak Criteria

SUSPECT	CONFIRMED
No definition. Notify the WECHU if an outbreak is suspected.	**Two or more cases**[1] meeting the case definition with a common epidemiological link (e.g., unit, floor, same caregiver) with initial onset within a 48-hour period.
[1]**Enteric Case Definition:** • Two or more episodes of diarrhea (e.g., loose/water bowel movements) within a 24-hour period, *OR* • Two or more episodes of vomiting within 24-hour period, *OR* • One or more episodes of diarrhea *AND* one or more episodes of vomiting within a 24-hour period. *Note: Signs and symptoms depend upon causative agent and may also include nausea, vomiting, diarrhea, abdominal pain, tenderness, headache, chills, fever and/or myalgia.	

Source: OPHS Infectious Diseases 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

Outbreak Activity	RESPIRATORY	ENTERIC
Precautions	Droplet/Contact	Contact (Droplet may be required)
PPE for staff/essential caregivers	Medical mask, eye protection, gown, gloves.	Gown and gloves*. *Mask and eye protection may be added if there is a risk of aerosol or splashing (e.g., active vomiting).
Additional Precautions/Stay-In-Room Period 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.	Until **48 hours** symptom free.
Additional Precautions/Stay-In-Room Period for Roommates	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, stay-in-room period until **5 days** from case's symptom onset, then wear well-fitted mask until **day 10** from case's symptom onset.	No
Non-roommate and close contacts	**In outbreak unit:** Monitor once daily for symptoms. Recommend resident wear a well-fitting mask, if tolerated, when receiving care and when outside their room for 7 days following last exposure to the individual with ARI. **In facility:** Monitor once daily for symptoms. Recommend resident wear a well-fitting mask, if tolerated, when receiving care and when outside their room for one incubation period (or 5 days if pathogen is unknown).	N/A
Antiviral prophylaxis and treatment	For influenza only: Refer to **Appendix B: Antivirals/Therapeutics** 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 **48 hours** symptom free, or longer if indicated by facility policies. If a specific causative agent is known, disease-specific exclusions apply.
Outbreak rescind criteria	**8 days** from onset of the last resident case or **3 days** from the last day of work of an ill staff member, whichever is longer.	**5 days** from onset of last resident case 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 facility's outbreak as per the Ministry of Health protocols and the Windsor-Essex County Health Unit (WECHU) guidance. Retain the completed checklist for your records.

Facility Name:	**Outbreak #:** **2268 - -**	**Date:**

Outbreak Declaration: ☐ Suspect ☐ Confirmed

Affected Area: Entire facility ☐ 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)

☐ Abnormal temperature	☐ New/worsening cough	☐ Shortness of breath
☐ Nasal congestion/runny nose	☐ Sore throat/hoarseness	☐ Loss of taste/smell
☐ Malaise/fatigue	☐ Headache	☐ Other: _____

CONTACT

☐ Identify the designated WECHU nurse for your outbreak:

Nurse Name: _____ **Phone #:** 519-258-2146 ext._____

WECHU's business hours are 8:30 a.m. to 4:30 p.m., Monday to Friday. For questions or concerns, contact your designated nurse or the Infectious Disease Prevention department at **519-258-2146 ext. 1420.** Outside business hours, call the after-hours hotline at **519-973-4510** to speak with on-call personnel.

IMMEDIATE PRECAUTIONS

If a client is symptomatic: *Expanded steps available below	Individual should remain in their room.
	Implement **additional precautions** (i.e., contact/droplet).
	Provide the necessary **medical assessments.**
	Test for COVID-19 and other respiratory illness.

TESTING & SPECIMEN COLLECTION

☐ 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.

☐ 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): 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. See FLUVID below.
	FLUVID: After four MRVP swabs, you may continue testing symptomatic individuals using FLUVID.
☐ Lab requisitions	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.**

		Arrange for delivery to the lab within 72 hours – ensure you refrigerate the sample in a dedicated specimen fridge.
LINE LISTS		
☐		Create a line list of clients who are part of the outbreak. Download the current line list from the WECHU website. Include only clients who meet the case definition on the line list.
☐		Update and fax line lists **daily** to WECHU **by 10:00 am** to **519-977-5097.**
COMMUNICATION		
☐		**Post outbreak signage at all entrances of building.**
☐		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.
☐		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		
☐		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		
☐		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 – February 2025 or as current. 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.
☐	Case Control Measures	Symptomatic clients should remain in their rooms 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 *Outbreak Quick Guide 6.0* for more information.
☐	Additional Precautions	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.
		Post additional precautions signage on the door of case rooms.
☐	Staff/Student/ Volunteers Control Measures	Minimize movement of staff/students/volunteers between affected and unaffected areas as much as possible (i.e., cohort staff).
		Exclude ill staff/students/volunteers **until symptoms have been improving for 24 hours and no fever present** or longer if indicated by your facilities internal policies. 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).

	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.
☐ Visitor Control Measures	Restrict visitors to essential caregivers on affected units.
	Ensure those who do visit: • 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
	Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.
	Provide visitors with the WECHU pamphlet "What Visitors Need to Know" during an outbreak.
☐ Enhanced Environmental Cleaning	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.).
	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 – November 2025 or as current.
	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.).
	Limit movement of equipment/supplies through affected areas.
☐ Hand Hygiene	Ensure proper handwashing is maintained by clients and staff by providing ample supply of soap and 70-90% alcohol-based hand sanitizers.
	Implement the use of alcohol-based hand rubs in areas where sinks are not readily available.
☐ PPE	Ensure proper PPE, for example, masks (N95 where applicable), gloves, gowns, eye protection are available and accessible throughout the facility.
	Wear proper masks, goggles and/or face shield when providing care within two meters of case/suspect case. *Dispose mask after **single use** and clean and disinfect goggles.
	Perform hand hygiene before applying and after removal of gloves. *Discard immediately after use and wash hands.
	Wear **gowns** only if skin or clothing likely to be contaminated during care.
	Provide a **container for soiled PPE/linen**: • If the container is located *inside* 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 *outside* the room a **minimum of 6ft** away from any clean linen. *Ensure alcohol-based hand sanitizer is available by the container.
☐ Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
☐ Dietary	Sick clients should receive meals (tray service) in their room.

	*Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms and wearing appropriate PPE.
☐ Activities	Discontinue group outings from the affected unit/floor.
	Reschedule communal meetings or large group 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.
	Conduct on-site programs in client/resident/patient rooms, if possible.
	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.
	Exceptions regarding non-outbreak units/floors should be discussed with the OMT involving outside groups such as entertainers, volunteer organizations, and community groups.
☐ Admissions/ Readmissions & Transfer	Limit, if possible, when a new outbreak has been declared. For specific guidance on admissions/readmission/transfers, refer to **Section 3.5 and 3.6** of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025, or the most current version.
☐ Medical/Other Appointments	If possible, reschedule non-urgent appointments until the outbreak is over.
	Symptomatic clients/residents/patients should wear a mask (as tolerated for respiratory illnesses) and the receiving facility should be notified of the outbreak.
ANTIVIRALS	
☐ For influenza and COVID-19, determine eligibility of antivirals for residents and staff. Refer to **Appendix B: Antivirals/Therapeutics** of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025 or as current.	
Signature and Designation:	**Date:**

Downloadable version available here: LTC/RH Outbreak Management Checklist – Enteric

ENTERIC OUTBREAK MANAGEMENT CHECKLIST

For Long-Term Care/Retirement Homes

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

Facility Name:	**Outbreak #:** **2268 – –**	**Date:**
Outbreak Declaration: ☐ Suspect ☐ Confirmed		
Affected Area: Entire facility ☐ OR Name of unit(s):		
"Client" refers to resident, patient, child, or other person being supported within the facility.		
Case definition: determined by the WECHU (Click here or visit wechu.org) ☐ Abnormal temperature ☐ Vomiting ☐ Diarrhea ☐ Chills ☐ Cramps ☐ Nausea ☐ Malaise/fatigue ☐ Headache ☐ Other: _____		

CONTACT	
☐	Identify the designated WECHU nurse for your outbreak: **Nurse Name**: _____ **Phone #:** 519-258-2146 ext._____ WECHU's business hours are 8:30 a.m. to 4:30 p.m., Monday to Friday. For questions or concerns, contact your designated nurse or the Infectious Disease Prevention department at **519-258-2146 ext. 1420**. Outside business hours, call the after-hours hotline at **519-973-4510** to speak with on-call personnel.

IMMEDIATE PRECAUTIONS	
If a client is symptomatic: *More information available below	Individual should remain in their room.
	Implement **additional precautions** (i.e., Contact, Droplet *if applicable*).
	Provide the necessary **medical assessments.**
	Test to determine specific illness.

TESTING & SPECIMEN COLLECTION		
☐	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.	
☐	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.
☐	Test all symptomatic individuals	A total of **five** unformed 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. Ensure the date of symptom onset and date of collection are documented on the requisition.
LINE LISTS		
☐		Create a line list of clients who are part of the outbreak. Download the current line list from the WECHU website. Include only clients who meet the case definition on the line list.
☐		Update and fax line lists **daily** to the WECHU **by 10:00 a.m.** at **519-977-5097.**
COMMUNICATION		
☐		**Post outbreak signage at all entrances of building.**
☐		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.
☐		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		
☐		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		
☐		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 – February 2025 (or as current) Appendix 1: Ontario Public Health Standards, Gastroenteritis Outbreaks in Institutions and Public Hospitals – May 2022 or as current.
☐	Client Control Measures	Symptomatic clients should remain in their rooms 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 *Outbreak Quick Guide 6.0* for more information.
☐	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.
☐	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.*
		If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift.

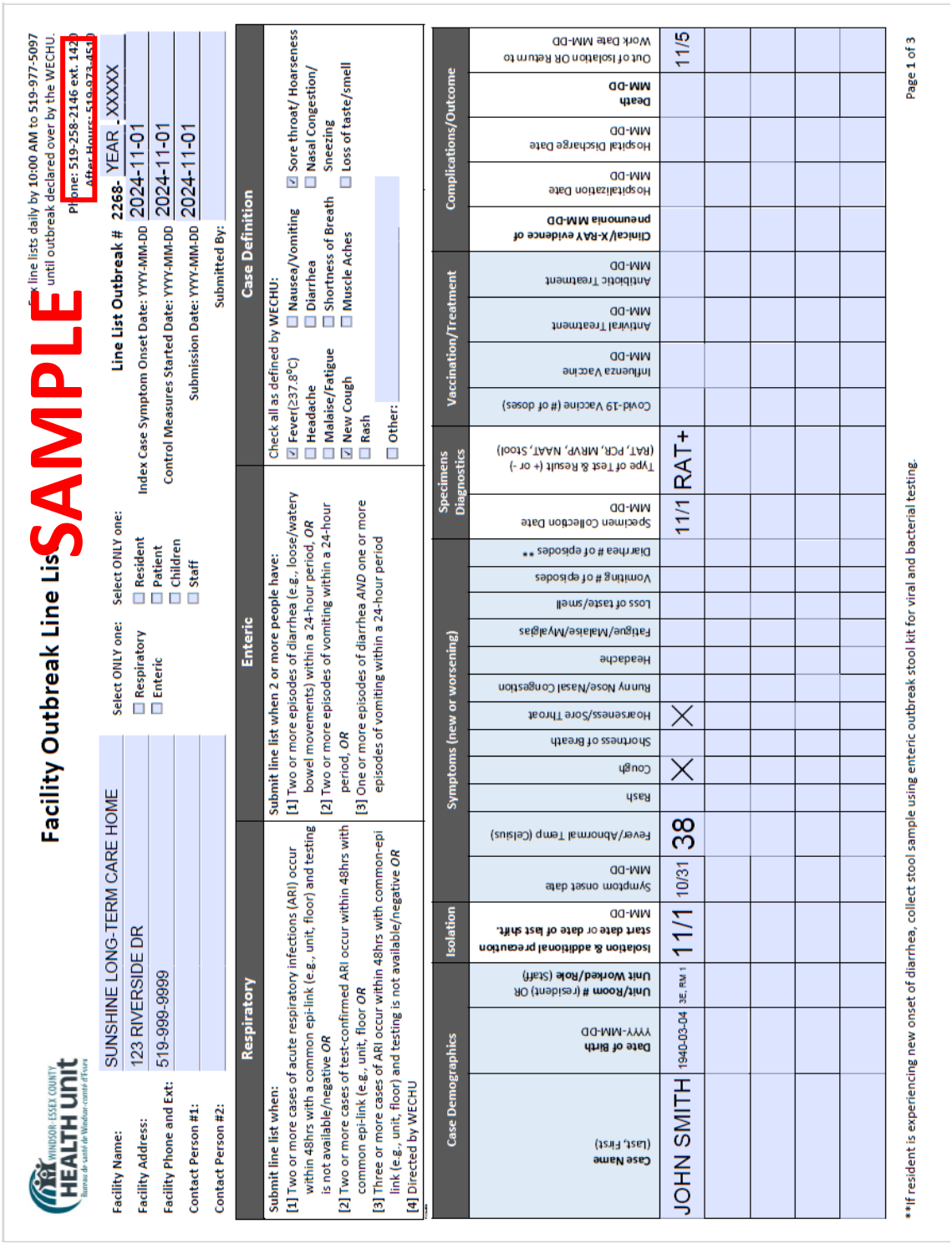
		Staff working at another facility should notify the other facility of their exposure and follow the WECHU and facility specific exclusion requirements.
☐	Dietary	Sick clients should receive meals (tray service) in their room.
		Ensure the staff who deliver meals are practicing proper hand hygiene in between rooms.
		DO NOT dispose of food samples until speaking with your PHI or PHN.
☐	Visitor Control Measures	Restrict visitors to essential caregivers on affected units.
		Ensure those who do visit: • 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
		Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended.
		Provide visitors with the WECHU pamphlet **"**What Visitors Need to Know" during an outbreak.
☐	Enhanced Environmental Cleaning	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.).
		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.
		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.).
		Commodes should remain with the client and are to be cleaned and disinfected. If possible, use disposable bedpans.
		Limit movement of equipment/supplies through affected areas.
☐	Hand Hygiene	Ensure proper hand washing is maintained by clients and staff by providing ample supply of soap and access to 70-90% alcohol-based hand sanitizers when sinks are not readily available.
		During suspected or confirmed Norovirus outbreaks, emphasize hand washing with soap and water. Hand sanitizer does not work well against Norovirus.
☐	PPE	Ensure proper PPE (for example, masks (N95 where applicable), gloves, gowns, eye protection etc.) are available and accessible throughout the facility.
		Wear proper masks, goggles and/or face shield when providing care within two meters of case/suspect case, if droplet precautions are initiated. *Dispose mask after **single use** and clean and disinfect goggles.
		Perform hand hygiene before applying and after removal of gloves. *Discard immediately after use and wash hands.
		Wear **gowns** only if skin or clothing likely to be contaminated during care.
		Provide a **container for soiled PPE/linen**:

		• If the container is located *inside* 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 *outside* the room a **minimum of 6ft** away from any clean linen. *Ensure alcohol-based hand sanitizer is available by the container.
☐	Audit	Increase audits of staff practices (e.g. hand hygiene, cleaning, use of PPE, etc.).
☐	Activities	Discontinue group outings from the affected unit/floor.
		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.
		Conduct on-site programs in client/resident/patient rooms, if possible.
		Social activities should be postponed for clients/residents/patients with GI symptoms until additional precautions are discontinued.
		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.
		Exceptions regarding non-outbreak units/floors should be discussed with the OMT involving outside groups such as entertainers, volunteer organizations, and community groups.
☐	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** of the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – February 2025 or the most current version.
☐	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] Always use the current WECHU Comprehensive Line List; do not save or distribute outdated versions.



Facility Outbreak Line List SAMPLE

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

Facility Name: SUNSHINE LONG-TERM CARE HOME
Facility Address: 123 RIVERSIDE DR
Facility Phone and Ext: 519-999-9999
Contact Person #1:
Contact Person #2:

Select ONLY one: ☐ Respiratory ☐ Enteric
Select ONLY one: ☐ Resident ☐ Patient ☐ Children ☐ Staff

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

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

Enteric

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

Case Definition

Check all as defined by WECHU:
☑ Fever(≥37.8°C) ☐ Nausea/Vomiting ☑ Sore throat/ Hoarseness
☐ Headache ☐ Diarrhea ☐ Nasal Congestion/ Sneezing
☐ Malaise/Fatigue ☐ Shortness of Breath ☐ Loss of taste/smell
☑ New Cough ☐ Muscle Aches
☐ Rash
☐ Other:

Case Demographics		Isolation	Symptoms (new or worsening)											Specimens Diagnostics		Vaccination/Treatment				Complications/Outcome			
Case Name (Last, First)	Date of Birth YYYY-MM-DD	Unit/Room # (resident) OR Unit Worked/Role (Staff)	Isolation & additional precaution start date or date of last shift. MM-DD	Symptom onset date MM-DD	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 MM-DD	Type of Test & Result (+ or -) (RAT, PCR, MRVP, NAAT, Stool)	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
JOHN SMITH	1940-03-04	3E. RM 1	11/1	10/31	38		X		X							11/1	RAT+									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

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

Submitter / Health Care Provider (HCP) Information

Licence No.:
Lab / Hospital or Facility Name: Sunshine Long-Term Care Home
HCP Full Name: Name of attending physician
Address: 123 Riverside Drive East
City: Windsor Postal Code: N1C 2A3 Province: ON
Tel: 519-555-1234 Fax: 519-555-6789

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

Licence No.:
Other Lab / Health Unit / Facility Name: Windsor-Essex County Health Unit
HCP Full Name: Dr. Mehdi Aloosh
Address: 1005 OUELLETTE AVE
City: Windsor Postal Code: N9A 4J8 Province: ON
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
- [x] Congregate Living Setting

Testing Indication(s) / Criteria

- [x] 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): 2025-10-06

- [x] Fever
- [ ] Rash
- [ ] STI
- [ ] Gastrointestinal
- [x] Respiratory
- [ ] Hepatitis
- [ ] Meningitis / Encephalitis

Other (Specify): (add all symptoms)

Relevant Exposure(s) (provide exposure)

- [ ] None / Not Applicable

Most Recent Date (yyyy-mm-dd): 2025-10-04

Occupational Exposure / Needlestick Injury (Specify): [ ] Source [ ] Exposed

Other (Specify): Sick visitor

Relevant Travel(s) (provide travel history)

- [x] None / Not Applicable

Most Recent Date (yyyy-mm-dd):

Travel Details:

Patient Information (minimum of 2 client identifiers)

Health Card No.: 1234-567-890 AB
Date of Birth (yyyy-mm-dd): 1955-05-23 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: 519-555-1234
Investigation / Outbreak No. from PHO or Health Unit (if applicable): 2268-YEAR-XXXXX

Specimen Information (specify specimen type collected)

★ Date Collected (yyyy-mm-dd): 2025-10-08 Submitter Lab No.:

[ ] Whole Blood	[ ] Serum	[ ] Plasma
[ ] Bone Marrow	[ ] Cerebrospinal Fluid (CSF)	[x] 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): e.g. viral throat swab, thracheal aspirate

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. Respiratory virus (specify if requesting MRVP test)
2. *NOTE: Only 4 MRVP tests will be done per outbreak*
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*, 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-SD-SCG-1000, version 004.2 (August 2024).

Ontario

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

Submitter / Health Care Provider (HCP) Information

Licence No.:
Lab / Hospital or Facility Name: Sunshine Long-Term Care Home
HCP Full Name: Name of attending physician
Address: 123 Riverside Drive East
City: Windsor Postal Code: N1C 2A3 Province: ON
Tel: 519-555-1234 Fax: 519-555-6789

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

Licence No.:
Other Lab / Health Unit / Facility Name: Windsor-Essex County Health Unit
HCP Full Name: Dr. Mehdi Aloosh
Address: 1005 OUELLETTE AVE
City: Windsor Postal Code: N9A 4J8 Province: ON
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
- [x] Congregate Living Setting

Testing Indication(s) / Criteria

- [x] 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): 2025-10-06
- [ ] Fever
- [ ] Rash
- [ ] STI
- [x] Gastrointestinal
- [ ] Respiratory
- [ ] Hepatitis
- [ ] Meningitis / Encephalitis

Other (Specify): (add all symptoms)

Relevant Exposure(s) (provide exposure)

- [ ] None / Not Applicable
- Most Recent Date (yyyy-mm-dd): 2025-10-04

Occupational Exposure / Needlestick Injury (Specify): [ ] Source [ ] Exposed

Other (Specify): Sick visitor

Relevant Travel(s) (provide travel history)

- [x] None / Not Applicable
- Most Recent Date (yyyy-mm-dd):

Travel Details:

Patient Information (minimum of 2 client identifiers)

Health Card No.: 1234-567-890 AB
Date of Birth (yyyy-mm-dd): 1955-05-23 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: 519-555-1234
Investigation / Outbreak No. from PHO or Health Unit (if applicable): 2268-YEAR-XXXXX

Specimen Information

- Date Collected (yyyy-mm-dd): 2025-10-08
- 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
- [x] 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*, 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-SD-SCG-1000, version 004.2 (August 2024).

Ontario

2.4 WECHU Final Respiratory Outbreak Report Form

Downloadable version available here: Final Respiratory Outbreak Report

FINAL RESPIRATORY OUTBREAK REPORT

Outbreak #: 2268 -	**YEAR - XXXX**	**Date:2026-09-01**
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] **"Affected area"** refers to the area of the current outbreak (i.e., unit, floor or if applicable, the entire facility).

[2] "**Line listed case**" refers to individuals (residents and staff) who became ill and determined to be part of the outbreak.

[3] "**Applicable vaccine**" refers to influenza, RSV or COVID-19.

[4] "**Seasonal Immunization**" for the purpose of this document indicates the most recent eligible vaccine dose was administered. Refer to Ontario's routine immunization schedule for current guidance.

*If the outbreak is in the entire facility, then your responses to questions 3 and 4 will be the same.

*For **ALL RESPIRATORY** outbreaks*	**Residents**	**Staff**
1. Total **# of individuals (i.e., both ill and non-ill)** in the **affected area**[1]	32	20
2. Total **# of individuals** in the **entire institution/facility**	256	200
3. Total **# of line listed cases**[2] **(i.e., only those who were ill)** in the facility	18	4
4. Total **# of line listed cases** admitted to hospital	1	0
5. Total **# line listed cases** with chest x-ray confirmed [CXR+] pneumonia during the current outbreak	0	0
6. Total **# of deaths** among **line listed cases** during the current outbreak	0	0
*Complete **ONLY** if the current outbreak was due to a virus with an **APPLICABLE VACCINE**[3]* *Provide the most recent **seasonal immunization**[4] data for the vaccine associated with the outbreak*		
7. Total **# of individuals** in the **entire institution/facility** who were:		
a. immunized prior to the onset of the current outbreak	214	151
b. *not* immunized prior to outbreak	42	49
c. immunized less than 14 days before the onset of current outbreak	2	0

	d. immunized once the outbreak was declared	0	0
8.	Total **# of individuals** in the **affected area** who were immunized prior to the onset of the current outbreak	30	17
9.	Total **# of line listed cases** who were:		
	a. immunized prior to the onset of the current outbreak	18	4
	b. *not* immunized prior to the current outbreak	0	0
	c. immunized less than 14 days prior to the current outbreak	0	0
10.	Total **# of line listed cases <u>admitted into the hospital during the current outbreak</u>** who were:		
	a. immunized prior to the onset of the current outbreak	1	0
	b. *not* immunized prior to outbreak	0	0
	c. immunized less than 14 days prior to the current outbreak	0	0
11.	Total **# of line listed cases <u>with CXR+ pneumonia during the current outbreak</u>** who were:		
	a. immunized prior to the onset of the current outbreak	0	0
	b. *not* immunized prior to outbreak	0	0
	c. immunized less than 14 days prior to the current outbreak	0	0
	*Complete only if **antivirals** were used in the current outbreak*		
12.	Total **# of individuals** that received antivirals **for prophylaxis**	238	49
13.	Total **# of individuals who became ill** who received antivirals **for treatment** *within* 48 hours of onset of symptoms	2	0
14.	Total **# of individuals who became ill** who received antivirals **for treatment** *over* 48 hours of onset of symptoms	3	0
15.	Total # of **individuals** that developed side effects from antivirals	2	2
16.	Of those that developed side effects, how many discontinued use of antivirals due to side effects	1	1

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

2.5 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: SAMPLE SUNSHINE LONG-TERM CARE HOME	**Outbreak #:** **2268 -** YEAR **-** XXXXX

Client Name:	**Gender:**	**DOB (YYYY-MM-DD):**
JOHN SMITH	M ☒ F ☐ Other ☐	1940-03-23

Influenza Vaccine Y ☒ N ☐	Vaccine Name: FLUVIRAL	Site: IM
	Lot #: LN12345	Date Administered: 2024-09-01
Ordering Physician:		Administered by:
Hospitalization: Y ☐ N ☒	Hospital Name:	Admission Date (YYYY-MM-DD)
Underlying Medical Conditions: NA		
Pneumonia diagnosed by chest x-ray (CXR): Y ☐ N ☒		Date of CXR:
Deceased: Y ☐ N ☒	Date of Death (YYYY-MM-DD)	Cause of death related to influenza: Y ☐ N ☐
Additional Information:		
Completed by: Name and Designation JANE DOE, RN		Date (YYYY-MM-DD) 2024-09-01

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

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	▪ Less common cause of outbreaks ▪ Fever, runny nose, sore throat, ▪ conjunctivitis	▪ 2 to 14 days	▪ As long as symptoms continue ▪ Days to weeks	▪ 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	▪ Nasopharyngeal swab (virus testing)	**Droplet/Contact Precautions** ▪ Hand hygiene ▪ Gloves ▪ Gown ▪ Protective eyewear ▪ Mask
Coronavirus	▪ Usually mild, similar to common cold: stuffy nose, cough	▪ 1 to 5 days	▪ As long as symptoms continue ▪ Less than 21 days			
Influenza Type A or B	▪ Sudden onset of fever, followed by muscle aches, headache, runny nose, sore throat, dry cough, lethargy, chills ▪ Note: immunized, elderly population ▪ may not always develop fever	▪ 1 to 4 days	▪ One day before symptoms and up to 10 days after onset of symptoms			
Metapneumovirus	▪ Runny nose, congestion, cough, shortness of breath, fever	▪ Not known	▪ As long as symptoms continue ▪ 1 to 2 weeks			
Parainfluenza	*Not related to the virus which causes influenza* ▪ Runny nose, sore throat, mild to moderate fever	▪ 2 to 6 days	▪ Up to 10 days			
Rhinovirus	▪ Most frequent cause of the common cold Runny nose, sore throat, sneezing, watery eyes, fatigue	▪ 2 to 4 days	▪ 1 to 3 weeks			
RSV	▪ Usually mild, similar to a common ▪ cold: stuffy nose, cough	▪ 3 to 7 days	▪ 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

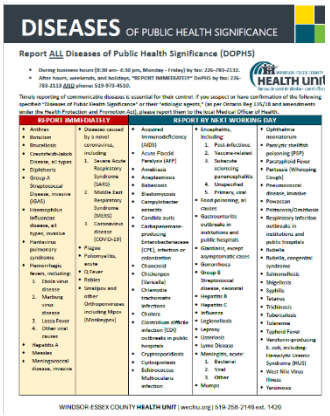
3.2 Common Viruses – Enteric Outbreaks

ORGANISM	SYMPTOMS	INCUBATION	PERIOD OF COMMUNICABILITY	MODE OF TRANSMISSION	DIAGNOSIS	PRECAUTIONS AND PPE
Adenovirus (Type 40 & 41)	▪ Nausea, vomiting, watery diarrhea, abdominal pain, and fever ▪ Symptoms usually last 1 to 7 days	▪ 3 to 10 days	▪ Most contagious during first few days of communicability	▪ Fecal-oral route through direct and indirect contact ▪ May also be spread when vomiting is occurring	▪ Stool specimen	**Contact Precautions** ▪ Hand hygiene ▪ Gloves ▪ Gown **Droplet Precautions (if vomiting is occurring)** ▪ Protective eyewear ▪ Mask
Norovirus	▪ 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	▪ 12 to 48 hours	▪ From onset of symptoms until 48 to 72 hours after symptoms resolve ▪ Can be as long as 3 weeks after symptoms resolve	▪ Fecal-oral route through direct and indirect contact ▪ May also be spread when vomiting is occurring		**Contact Precautions** ▪ Hand hygiene ▪ Gloves ▪ Gown **Droplet Precautions (if vomiting is occurring)** ▪ Protective eyewear ▪ Mask *Must use soap and water to wash hands, hand sanitizer will not kill norovirus**
Rotovirus	▪ Vomiting, fever, and sever watery diarrhea ▪ Symptoms usually last 3 to 9 days	▪ 24 to 72 hours	▪ 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	▪ Fecal-oral route through direct and indirect contact ▪ May also be spread when vomiting is occurring		**Contact Precautions** ▪ Hand hygiene ▪ Gloves ▪ Gown **Droplet Precautions (if vomiting is occurring)** ▪ 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



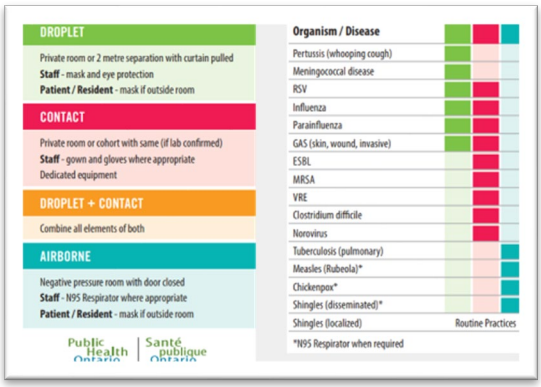
3.6 Putting On PPE Poster

Downloadable version available here: How to Put on PPE



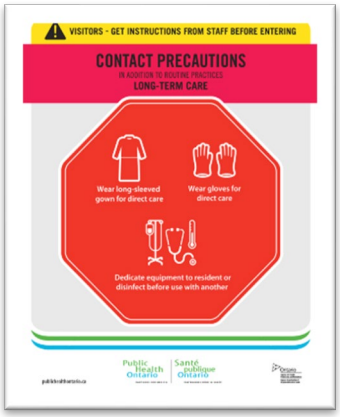
3.7 Taking Off PPE Poster

Downloadable version available here: How to Take Off PPE



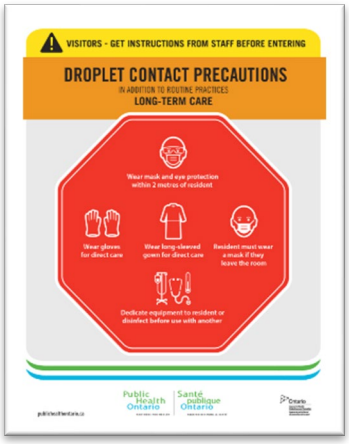
3.8 Additional Precautions Lanyard

Downloadable version available here: Additional Precautions Lanyard

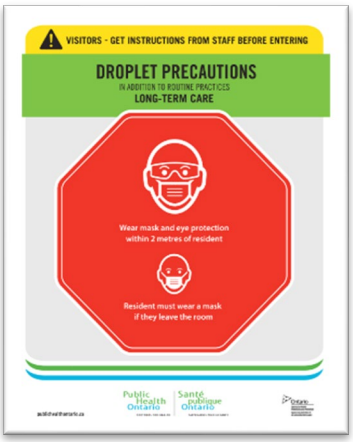


3.9 Contact and Droplet Precautions Posters

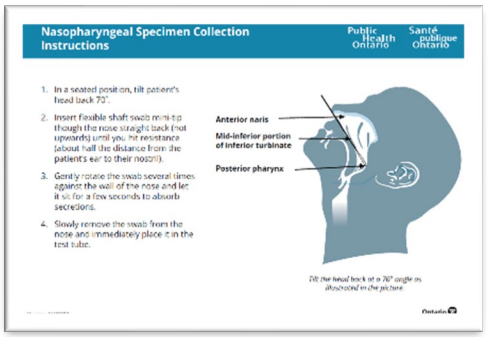
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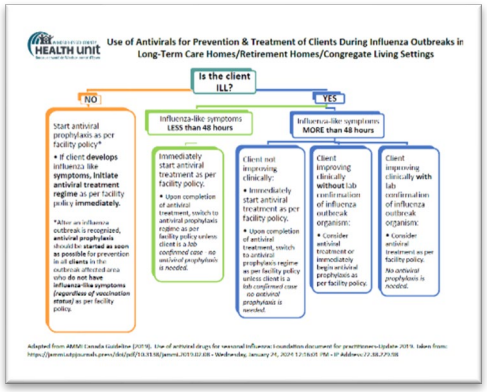


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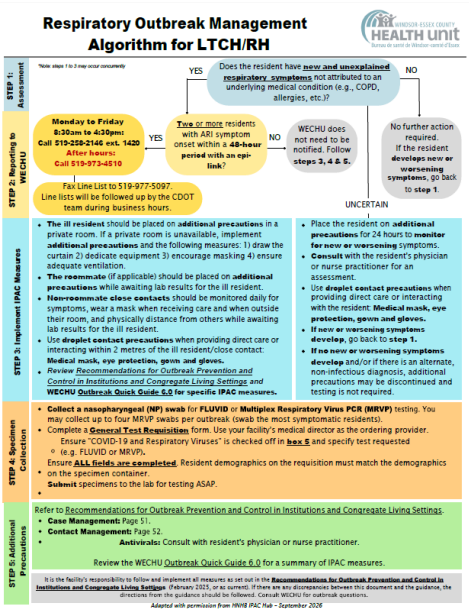
3.10 Nasopharyngeal Specimen Collection Instructions

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



3.12 WECHU Algorithm for Respiratory and Enteric Outbreaks

Downloadable version available here: LTC/RH Algorithms



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