



# OUTBREAK

# 2.0

# QUICK GUIDE

OCTOBER 2017



## Steps to Outbreak Management

Respiratory	
<p><b><u>Suspect Outbreaks:</u></b></p> <p><b><i>Suspect Respiratory Infection Outbreak:</i></b></p> <ul style="list-style-type: none"> <li>Two cases of acute respiratory tract illness occurring within 48 hours in a geographic area (e.g., unit, floor), <b>OR</b></li> <li>More than one unit having a case of acute respiratory illness within 48 hours</li> </ul> <p><b><i>Suspect Influenza Outbreak:</i></b></p> <ul style="list-style-type: none"> <li>One laboratory-confirmed case of Influenza, <b>OR</b></li> <li>Two cases of acute respiratory tract illness occurring within 48 hours in a geographic area (e.g., unit, floor), <b>OR</b></li> <li>More than one unit having a case of acute respiratory illness within 48 hours</li> </ul>	<p><b><u>Confirmed Outbreaks:</u></b></p> <p><b><i>Confirmed Respiratory Infection Outbreak:</i></b></p> <ul style="list-style-type: none"> <li>Two cases of acute respiratory tract illness within 48 hours, at least one of which must be laboratory-confirmed, <b>OR</b></li> <li>Three cases of acute respiratory illness (laboratory confirmation not necessary) occurring within 48 hours in a geographic area (e.g., unit, floor), <b>OR</b></li> <li>More than two units have a case of acute respiratory tract illness within 48 hours</li> </ul>
Enteric	
<p><b><u>Suspect Outbreaks:</u></b></p> <p><b><i>Suspect Gastroenteritis Outbreak:</i></b></p> <ul style="list-style-type: none"> <li>Two suspected cases of infectious gastroenteritis in a specific area such as a home, unit or floor within 48 hours</li> </ul>	<p><b><u>Confirmed Outbreaks:</u></b></p> <p><b><i>Confirmed Gastroenteritis Outbreak:</i></b></p> <ul style="list-style-type: none"> <li>Three or more cases of infectious gastroenteritis in a specific area within a 4 day period, <b>OR</b></li> <li>3 or more units/floors having a case of infectious gastroenteritis within 48 hours</li> </ul>

The role of Windsor Essex County Health Unit (WECHU) is to provide effective support and assistance in the prevention and management of outbreaks. Prompt reporting of an outbreak results in a rapid response in the initiation of infection prevention and control measures. This can help to decrease the length and severity of the outbreak. Healthcare facilities and institutions are legally required to report outbreaks. It is the obligation of each facility to contact WECHU with any questions or concerns. Facilities can access WECHU's website for current resources and updated information on outbreaks occurring in our community at [www.wechu.org](http://www.wechu.org).

## **Step 1 - Surveillance is Key**

Surveillance is an essential component of Infection Prevention and Control (IPAC). Surveillance ensures early identification of symptoms in residents and staff and can help to identify a potential outbreak in its early stages.

### ***Surveillance includes:***

- Conducting unit rounds and communication of outbreak status
- Identification of residents with symptoms
- Utilization of line lists for monitoring purposes
- Verbal reports from unit staff based on clinical observations
- Reporting of accurate and current information to WECHU

## **Step 2 - Communication is Essential**

Providing contact information for the individuals at the facility who are most responsible for the outbreak investigation is essential because this allows for easy and consistent information sharing with WECHU.

Communication is important for keeping WECHU aware of the outbreak status at the facility. Completed line lists for both residents and staff are required to be faxed daily. There is always an on call manager available should you require assistance after business hours. The After Hours telephone number is **519-973-4510**.

Line lists need to be faxed daily to **226-783-2132** by 10:00 am until the outbreak is declared over by WECHU.

WECHU Line lists and resources are available at: <http://www.wechu.org>

- ***Please refer to Sample 1 A & B for Respiratory Line lists***
- ***Please refer to Sample 2 A & B for Enteric Line lists***

## **Step 3 - Identifying that your Facility is in an Outbreak**

### **All Suspected and Confirmed Outbreaks must be reported to WECHU.**

Please telephone WECHU and speak with a member of the Infectious Disease Prevention (IDP) team to report a Suspected Outbreak or for assistance identifying if your facility is in Outbreak. The IDP team member will request the facility to fax over line lists for both residents and staff for further evaluation of the Outbreak. It is important to ensure that the line list information is

accurate and complete. Once an outbreak is declared, a primary nurse will be assigned to your facility and contact information provided.

The Initial Facility Outbreak Reporting Form must be faxed to WECHU within 24 hours of the Outbreak being declared. This is a Ministry requirement that must be completed.

→ ***Please refer to Sample 3 for an Initial Facility Outbreak Reporting Form***

#### ***Outbreak Control Measures Forms:***

The Outbreak Control Measures forms were developed for facilities to utilize for a quick review of the outbreak process. The goal of this tool is to facilitate the guidance through the outbreak and can be posted for all staff to view. This form is for the facility's records only.

→ ***Please Refer to Sample 4 for Respiratory Outbreak Control Measures***

→ ***Please Refer to Sample 5 for Enteric Outbreak Control Measures***

#### **Step 4 - Initiate an Outbreak Management Team (OMT)**

- OMT should include a lead representative from each department and an IPAC lead that has the capacity to implement activities. It is also recommended that a Joint Health and Safety representative is a part of this team.
- Designate alternate coverage during vacations and absences from work to ensure that there is consistent contact with someone from your facility who is knowledgeable about the outbreak process.
- The OMT should review line lists, cases, and outbreak definitions daily to ensure all members of the OMT have a common understanding of the surveillance criteria and outbreak status.
- Line lists should be reviewed to ensure that accurate information is being provided to WECHU. This will help to minimize telephone calls from the IDP team members for clarification and minimize the interruptions in your daily activities.
- Prepare and distribute appropriate internal communication to staff, residents, families, and volunteers.
- Review the current control measures being implemented and recommend any necessary modifications.

***Remember to implement Outbreak control measures as soon as an Outbreak is suspected.***

## Step 5 - Correct Specimens are Collected & Forms are Completed

- WECHU will provide an Outbreak number for Suspected or Confirmed Outbreaks to obtain timely lab results. It is important for your facility to identify the causative organism to help facilitate treatment and aid in the determination of the length of the Outbreak.
- Once WECHU has received the results from the Public Health Lab, the facility will be notified to institute any further precautions or treatments.
- The Outbreak number is to be recorded on all laboratory and WECHU forms.
- Collect lab specimens from residents who most recently became ill within 48 hours of onset of symptoms and who have the most representative symptoms of the suspected illness. Advise WECHU which residents the specimens have been collected from. If there is any uncertainty of which resident to swab please contact WECHU.
- A total of 4 nasopharyngeal samples can be collected and sent to the lab.
- A total of 3 stool samples can be sent to the lab.
- Specimens collected are to be picked-up by Health Trans Courier **519-791-0515** and sent to Public Health Ontario Laboratory.
- It is essential to complete the lab form in its entirety including at least 2 patient identifiers. The 2 identifiers **must be the same on both the sample and the requisition** or the samples will be discarded. As well, please confirm that the kit being used has ***not*** expired.
- Contact the IDP department or your Public Health Inspector to arrange for new respiratory or enteric kits if they have expired. It is important to have the nasopharyngeal kits and stool specimen kits available and on hand in the event of an Outbreak.

→ ***Please refer to Sample 6 A & B for Completed lab requisitions. WECHU contact information has been added for your convenience.***

## Step 6 - Managing Daily Activities During an Outbreak

When communicating during an outbreak, the IDP team will emphasize the need for adherence to IPAC measures.

*The hands of health care providers are the most common vehicle for the transmission of microorganisms from:*

- Resident to resident
- From resident to equipment and the environment
- From the environment to resident

Influenza outbreaks require heightened attention to IPAC measures as this presents a greater risk to the resident population.

Recognize the importance of implementing audits to assess:

- Hand hygiene rates
- Use of PPE
- Environmental cleaning practices

Audits assist in outbreak management and control and are often overlooked. WECHU highly recommends audits as an effective measure to monitor IPAC practices.

### *Case Definitions:*

- Case definitions are developed by WECHU for each outbreak on an individual basis for each facility once an outbreak is declared. The case definition will be reviewed during the course of the outbreak and modified if necessary.

### *Line Lists:*

- Line lists are intended to provide a clear picture of the outbreak including: onset dates, where residents reside in the facility, symptoms, hospitalizations, etc. Do not hesitate to ask WECHU questions regarding line lists.
- Please refer to the case definition for the defining symptoms of the outbreak. The case definition will not change unless WECHU notifies the facility.
- Complete the line lists in their entirety to ensure that WECHU is aware of what is happening at the facility. It is essential that staff members are informed about how to complete the line lists. Identifying the residents that need to be on the line list is important and can affect the length your facility remains in outbreak. If any clarification or missed information has occurred on a line list please contact WECHU for any corrections that may be needed.
- When completing line lists only add cases if the symptoms are **new** for that resident and are not due to a preexisting condition. Consideration should be taken to rule out laxative use, medication side effects, or underlying chronic health conditions. A resident must have 2 or more symptoms to be placed on a line list. There are two boxes to indicate the recovery of the resident and staff members. The purpose of the 24 and 48 hour symptomatic free boxes is for monitoring the recovery progression. If a resident or staff member is no longer on the line list and was previously indicated as being a line listed case, an IDP team member will contact the facility to clarify what happened to that resident or staff member.

### *Identifying Symptoms for New Cases for the Line List:*

To be determined as a case of an **Acute Respiratory Infection** at least **2** of the following symptoms must be identified as **new** for that individual:

**Abnormal temperature  $\geq 37.5^{\circ}\text{C}$  or  $\leq 35.5^{\circ}\text{C}$ , new dry/productive cough, nasal congestion/sneezing, sore throat/hoarseness, muscle aches, malaise/fatigue, and headache.**

To be determined as a case of **Infectious Gastroenteritis** for outbreak at least one of the following must be met:

**Two or more episodes of loose/watery bowel movements that conforms to the shape of the container and cannot be attributed to another cause within a 24- hour period, or two or more episodes of vomiting within a 24- hour period;**

**OR**

**One episode of loose/watery bowel movements that conforms to the shape of the container and one episode of vomiting within a 24 hour period;**

**OR**

**Laboratory confirmation of a known gastrointestinal pathogen and at least one symptom compatible with gastrointestinal infection-nausea, vomiting, diarrhea, abdominal pain or tenderness.**

- It is important that line lists be created for both ill residents and staff every day the facility continues to be in Outbreak. For example, if there are no further illnesses among the staff, WECHU still requires a line list detailing that there were no ill staff until the outbreak is declared over.
- WECHU requires line lists to be completed on weekends and holidays for consistent monitoring. WECHU staff will still be working to support you.
- WECHU must be notified of all Chest X-ray confirmed cases of pneumonia of residents who are on the line list.
- WECHU must be notified of all line listed residents or staff who were hospitalized or who passed away.

### ***Influenza Outbreaks Only:***

The Ministry of Health requires detailed immunization information on the residents who were laboratory confirmed cases of influenza.

*Complete the Lab Confirmed Influenza Case Report Form and fax to WECHU once Influenza has been identified as the causative organism at the facility. This information must be received within 24 hours.*

→ ***Please refer to Sample 7 for Lab Confirmed Influenza Case Reporting Form***

- Please refer to the Respiratory and Enteric Guides for Infection Outbreaks in Long-Term Care Homes for more detailed outbreak management information.
- Please refer to the “Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes” outlining treatment recommendations and exclusions.



## **Step 7 - Declaring the Outbreak Over**

- An IDP team member will have regular communication with your facility and keep you informed of the status of the Outbreak. WECHU will contact your facility to advise when the outbreak is over. A formal Rescind Notification Advisory will be forwarded to your facility. This information will also be updated on WECHU's web site which can be viewed by all community partners.

### ***Declaring Outbreaks Over:***

- The Medical Officer of Health (MOH), or designate, after consultation with the Director of Care and/or Administration at the Long Term Care Home or Rest/Retirement Home will declare an outbreak in the facility over.
- Outbreaks can only be declared over by the MOH or designate which is usually the manager of the IDP department.

### ***For Influenza Outbreaks:***

There is a Final Respiratory Outbreak Report that is required to be filled out for every respiratory Outbreak once the outbreak has been declared over. If the Outbreak is due to Influenza, then the entire form must be completed. For all other respiratory Outbreaks, only the bulleted information is required to be completed. This is a Ministry requirement and must be faxed to WECHU within 24 hours of the Outbreak being declared over.

→ ***Please Refer to Sample 8 for the Final Respiratory Outbreak Report***

## **Step 8 - Post Outbreak Communication**

The Outbreak Management Final Summary Report will be completed by WECHU and faxed to the facility. This is a summary of the data collected from the Outbreak with the strengths and potential enhancements highlighted.

→ ***Please Refer to Sample 9 for the Outbreak Management Final Summary Report***

Facilities will be encouraged to complete an anonymous Electronic Post Outbreak Survey. This will provide WECHU with helpful feedback and suggestions for improvement in our response and support to your Outbreak.

***For any further questions or concerns to help facilitate your Outbreak please contact:***

**Windsor Essex County Health Unit**

**519-258-2146 Ext 1420**

**Fax: 226-783-2132**

**After Hours: 519-973-4510**

**<http://www.wechu.org>**



# RESPIRATORY LINE LIST RESIDENTS

Fax line lists daily by 10:00am to 226-783-2132  
until outbreak declared over by WECHU  
Phone: 519-258-2146 Ext 1420  
After Hours: 519-973-4510  
Health Trans Courier- 519-791-0515

<b>Name of Facility:</b> Serenity Hill Long Term Care Home				<b>Outbreak # :</b> 2268 - 2017-050				<b>Date:</b> 2017-10-19													
<b>Affected Area:</b> Entire facility: <input type="checkbox"/> OR Specific unit/floor: <b>1<sup>st</sup> Floor</b>										<b># of Pages:</b> 1 of 2											
<b>Suspect Outbreak Definition:</b> 2 cases of acute respiratory illness occurring within <b>48 hrs</b> in a geographic area (e.g., unit, floor) OR more than <b>1</b> unit having a case within <b>48 hrs</b> . <b>Line Listing:</b> A resident must have <b>2</b> or more symptoms to be placed on the line list that are abnormal for that resident. <b>Case Definition:</b> Please check all symptoms as defined by WECHU. Only place residents on the line list that have symptoms that meet the <b>case definition</b> . <input checked="" type="checkbox"/> Abnormal temp <input type="checkbox"/> Dry cough <input checked="" type="checkbox"/> Productive cough <input checked="" type="checkbox"/> Nasal congestion/sneezing <input checked="" type="checkbox"/> Sore throat/hoarseness <input type="checkbox"/> Muscles aches <input type="checkbox"/> Malaise <input type="checkbox"/> Headache																					
Case Identification				Symptoms (check symptoms that apply)								Treatment		Complications							
Name of Resident	Room Number	DOB (Y/M/D)	Onset Date First Symptom (Y/M/D)	Record abnormal temp only $\geq 37.5$ or $\leq 35.5$ °C	New dry cough	New productive cough	Nasal congestion/sneezing	Sore throat/ hoarseness	Muscle aches	Malaise/ fatigue	Headache	24 hours symptom free	48 hours symptom free	Influenza vaccine (Y/N)	Antiviral medication (Y/N)	Antibiotic treatment (Y/N)	CXR confirmed pneumonia (Y/N)	Hospitalization Admission (Y/M/D)	Remains in hospital Y/N	Hospitalization discharge (Y/M/D)	Death (Y/M/D)
John Smith	101	1925/01/01	2017/10/15			✓	✓	✓						Y	N	Y	Y	17/10/16		17/10/17	
Martha Brown	114	1932/02/02	2017/10/15	38.1		✓	✓							Y	N	N	N				
George Mullins	102	1930/04/06	2017/10/16															17/10/18	Y		
Nora Needs	116	1929/09/10	2017/10/16	37.9		✓		✓						Y	N	N	N				

Residents can only be removed from the line list when they have been asymptomatic for 48 hours or if they have deceased in the last 24 hours

Completed By: \_\_\_\_\_  
(Print Name)

Faxed By:

# RESPIRATORY LINE LIST STAFF

Fax line lists daily by 10:00am to 226-783-2132

until outbreak declared over by WECHU

Phone: 519-258-2146 Ext 1420

After Hours: 519-973-4510

Health Trans Courier- 519-791-0515

<b>Name of Facility:</b> Serenity Hill Long Term Care Home				<b>Outbreak # :</b> 2268 - 2017-050										<b>Date:</b> 2017/10/19				
<b>Affected Area:</b> Entire Facility: <input type="checkbox"/> OR Affected area staff worked: 1 <sup>st</sup> Floor														<b># of Pages:</b> 2 of 2				
<p><b>Suspect Definition:</b> 2 cases of acute respiratory illness occurring within 48 hrs in a geographic area (e.g., unit, floor) OR more than 1 unit having a case within 48 hrs.</p> <p><b>Line Listing:</b> A staff must have 2 or more symptoms to be placed on the line list. Please be sure that symptoms are abnormal for that staff member.</p> <p><b>Case Definition:</b> Please check all symptoms as defined by WECHU. Only add staff to the line list if they have symptoms that meet case definition.</p> <p><input checked="" type="checkbox"/> Abnormal temp <input type="checkbox"/> Dry cough <input checked="" type="checkbox"/> Productive cough <input checked="" type="checkbox"/> Nasal congestion/sneezing <input checked="" type="checkbox"/> Sore throat/hoarseness <input type="checkbox"/> Muscles aches <input type="checkbox"/> Malaise <input type="checkbox"/> Headache</p>																		
Case Identification				Symptoms ( check symptoms that apply)										Treatment				
Name of Staff Member	Work Assignment Location	Onset Date First symptom (Y/M/D)	Last Day of Work (Y/M/D))	Temperature reported (Y/N)	New dry cough	New productive cough	Nasal Congestion/ sneezing	Sore throat/hoarseness	Muscle aches	Malaise/fatigue	Headache	Remains at Work (Y/N)	Date Returned to Work (Y/M/D)	Influenza Vaccine (Y/N)	Antiviral medication (Y/N)	Antibiotic treatment (Y/N)	Pneumonia (CXR confirmed) (Y/N)	Employed at other facility (Y/N)
Anne Moore	1 <sup>st</sup> Floor	17/10/15	17/15/15	Y		✓	✓							Y	N	N	N	N
Betty Brown	1 <sup>st</sup> Floor	17/10/17	17/10/16			✓		✓						Y	N	N	N	N
Staff can only be removed from the line list when they have been asymptomatic for 48 hours																		

Completed By: \_\_\_\_\_  
(Print Name)

Faxed By:

**ENTERIC LINE LIST  
RESIDENTS**

<b>Name of Facility:</b> Tranquil Trails Nursing Home				<b>Outbreak # :</b> 2268 - 2017 - 058				<b>Date:</b> 2017/10/31								
<b>Affected Area:</b> Entire facility: <input type="checkbox"/> OR Specific unit/floor: Lavender Hill -2 <sup>nd</sup> Floor										<b># of Pages:</b> 1 of 2						
<p><b>Suspect Outbreak Definition:</b> 2 cases of acute gastroenteritis in a specific area or floor within 48 hrs.</p> <p><b>Line Listing:</b> A resident must have: 2 episodes of loose/watery bowel movements that conforms to the shape of the container within 24 hrs, OR 2 or more episodes of vomiting within 24 hrs, OR 1 episode of diarrhea AND 1 episode of vomiting within 24 hrs. Ensure symptoms are abnormal for that resident and not due to laxative use, medication side effect, diet or prior medical condition. <b>Case Definition:</b> Please check all symptoms as defined by WECHU. Only place residents on the line list that meet case definition:</p> <p><input checked="" type="checkbox"/> Abnormal temp   <input checked="" type="checkbox"/> Nausea   <input checked="" type="checkbox"/> Vomiting   <input checked="" type="checkbox"/> Abdominal pain   <input checked="" type="checkbox"/> Diarrhea</p>																
Case Identification			Symptoms (check symptoms that apply)							Treatment		Complications				
Name of Resident	Room Number	DOB (Y/M/D)	Onset Date First Symptom (Y/M/D)	Record abnormal temp $\geq 37.5$ or $\leq 35.5$ °C	Nausea	Vomiting - indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea - indicate # of episodes e.g. X 2	24 hours symptom free	48 hours symptom free	Stool specimen collection (Y/M/D)	Antibiotic treatment (Y/N)	Hospitalization admission (Y/M/D)	Remains in hospital (Y/N)	Hospitalization discharge (Y/M/D)	Death (Y/M/D)
Philip State	201	1934/05/05	2017/12/28	37.9	✓	x 4	✓					N				
Arthur Mathers	205	1928/03/13	2017/12/28			x 2	✓	x 2			17/12/29	N				
Glen Long	208	1930/06/27	2017/12/28	38	✓		✓	x 4			17/12/29	N				
Richard Downs	210	1928/02/18	2017/12/28		✓	x 2	✓	x 2			17/12/29	N				

**Residents can only be removed from the line list when they have been asymptomatic for 48 hours or if they have deceased in the last 24 hours**

Completed By: \_\_\_\_\_

(Print Name)

Faxed By:

## ENTERIC LINE LIST STAFF

Fax line lists daily by 10:00am to 226-783-2132  
until outbreak declared over by WECHU  
Phone: 519-258-2146 Ext 1420  
After Hours: 519-973-4510  
Health Trans Courier- 519-791-0515

<b>Name of Facility:</b> Tranquil Trails Nursing Home				<b>Outbreak # :</b> 2268 - <u>2017</u> - <u>058</u>				<b>Date:</b> 2017/10/31				
<b>Affected Area:</b> Entire Facility: <input type="checkbox"/> OR Affected area staff worked: <b>Lavender Hill- 2<sup>nd</sup> Floor</b>										<b># of Pages:</b> 2 of 2		
<p><b>Suspect Outbreak Definition:</b> 2 cases of acute gastroenteritis in a specific area or floor within 48 hrs.</p> <p><b>Line Listing:</b> A staff member must have: 2 episodes of loose/watery bowel movements that conform to the shape of the container within 24 hours, OR 2 or more episodes of vomiting within 24 hours, OR 1 episode of diarrhea AND 1 episode of vomiting within 24 hrs. Ensure that symptoms are abnormal for that staff member and not due to laxative use, medication side effect, diet or a prior medical condition.</p> <p><b>Case Definition:</b> Please check all symptoms as defined by WECHU. Only place staff on line list that meet WECHU case definition:  <input checked="" type="checkbox"/> Abnormal temp   <input checked="" type="checkbox"/> Nausea   <input checked="" type="checkbox"/> Vomiting   <input checked="" type="checkbox"/> Abdominal pain   <input checked="" type="checkbox"/> Diarrhea</p>												
Case Identification		Dates		Symptoms (check symptoms that apply)							Treatment	
Name of Staff Member	Work Assignment Location	Onset Date First Symptom (Y/M/D)	Last Day of Work (Y/M/D)	Temp reported – (Y/N)	Nausea	Vomiting- indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea- indicate # of episodes e.g. X 2	24 hours symptom free	48 hours symptom free	Antibiotic treatment (Y/N)	Stool sample collected (Y/N)
Terry Toms	2 <sup>nd</sup> Floor	17/10/30	17/10/29	N	✓	x 2	✓				N	N
Georgia Sears	2 <sup>nd</sup> Floor	17/01/30	17/10/29	Y			✓	x 4			N	N

**Staff can only be removed from the line list when they have been asymptomatic for 48 hours**

Completed By: \_\_\_\_\_  
(Print Name)

Faxed By:

## Initial Facility Outbreak Report

**SAMPLE 3**

Complete and fax to WECHU @ 226-783-2132 as soon as your facility  
has been declared in Outbreak

Facility Name: Serenity Hill LTCH

Outbreak#: 2268- 2017 - 050

☒ Respiratory ☐ Enteric

Date of First Symptom

Onset (Index case): 2017/10/15  
(YY/MM/DD)

### Contact Information

Facility Contacts and Title	Email	Phone & Ext
Main Contact:		
Mary Moore – DOC	m.moore@hotmail.com	519-999-1234 Ext 104
Secondary Contact:		
Julie Jones – Charge Nurse		519-999-1234 Ext 100
After Hours Contact:		
Mary Moore's Cell		226-301-1234

### Facility Information

The Total # of People:	Residents	Staff
In the affected area	32	35
In the entire facility	85	102
Who were immunized in the entire facility prior to outbreak	85	102
Who were Immunized in the affected area prior to outbreak	32	35
Who were line listed when outbreak declared	4	1
Who were admitted to hospital when outbreak declared	1	0
Who were diagnosed with CXR confirmed pneumonia when outbreak declared	1	0
Who were line listed and passed away when outbreak declared	0	0

Initial Outbreak Control Measures Instituted ☒ Yes

- ☒ Personal Protective Equipment
- ☒ Enhanced Environmental Cleaning
- ☒ Cohorting of Staff
- ☒ Cohorting of Residents and Isolation
- ☒ Signage and Notification of Outbreak
- ☒ Lab Samples
- ☒ Outbreak Control Measures Form

Completed By: \_\_\_\_\_

(Print Name)





## RESPIRATORY OUTBREAK CONTROL MEASURES

<b>Name of Facility:</b>	<b>Outbreak #:</b> 2268 - ____ - ____	<b>Date:</b>
<b>Affected Area:</b> Entire Facility: <input type="checkbox"/> OR Name of Affected Area:		
<b>Case definition: will be determined by WECHU.</b> Only add residents to line list that meet case definition once outbreak declared. Select symptoms that apply: <input type="checkbox"/> abnormal temp <input type="checkbox"/> new dry cough <input type="checkbox"/> new productive cough <input type="checkbox"/> nasal congestion/sneezing <input type="checkbox"/> sore throat/hoarseness <input type="checkbox"/> muscle aches <input type="checkbox"/> malaise/fatigue <input type="checkbox"/> headache		
<b>SURVEILLANCE</b>		<b>Start Date</b>
<b>Track resident and staff cases on line lists.</b> Update and fax the list daily to WECHU at <b>226-783-2132</b> or call <b>519-258-2146 Ext 1420</b> and ask to speak with an Infectious Disease Prevention team member. WECHU business hours are from 8:30am - 4:30pm Monday - Friday. After Hours and on weekends please contact WECHU at 519-973-4510 to speak with the person on call		
<b>Audit</b> – if outbreak persists observe staff practices (e.g. hand hygiene, cleaning, use of PPE)		
<b>COMMUNICATION</b>		<b>Start Date</b>
<b>Ensure outbreak signage is posted at your facility for staff and visitors</b>		
<b>Notify resident families</b> – at facility's discretion		
<b>Notify staff</b> – ensure to post outbreak control measures for staff in a location that is known and accessible		
<b>Medical advisor</b> – facility to notify medical advisor		
<b>Other health care facilities and agencies</b> – WECHU will send out an outbreak notification		
<b>WECHU Website</b> – a list of current outbreaks are available at <a href="http://www.wechu.org">www.wechu.org</a>		
<b>HAND HYGIENE</b>		<b>Start Date</b>
<b>Hand hygiene</b> <input type="checkbox"/> Reinforce resident and staff hand hygiene, soap/water, 70-90% alcohol-based hand sanitizers <input type="checkbox"/> Implement the use of alcohol-based hand rubs in areas where sinks are not readily available <input type="checkbox"/> Food handlers must use liquid soap and water to wash their hands		
<b>Ensure availability</b> of handwashing supplies and hand sanitizer		
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>		<b>Start Date</b>
<b>Droplet-contact precautions</b>	<b>Post additional precautions (droplet-contact) signage on the door of case rooms</b>	
	<b>Masking and goggles or a shield</b> -providing care within 2 meters of case/suspect case; dispose mask after <b>single</b> use or clean and disinfect goggles	
	<b>Gloving</b> – perform hand hygiene before applying and after removal; discard immediately after use and wash hands	
	<b>Gowning</b> – only if skin or clothing likely to be contaminated during patient care	
	<b>Provide containers in resident's rooms for the disposal of soiled PPE</b>	
<b>ENVIRONMENTAL CLEANING / RESIDENT EQUIPMENT</b>		<b>Start Date</b>
<b>Enhanced environmental cleaning</b>	Increase frequency of cleaning and disinfecting of high touched areas and surfaces (e.g. washrooms, handrails, table tops, chair arm rests, door knobs)	
<b>Disinfection</b>	Choose product with proven efficacy against identified pathogens – Follow manufacturer's directions on proper concentration and contact times. Contact your PHI with any further questions or clarifications <b>519-258-2146 Ext 4475</b>	
<b>Dedicate use of equipment</b>	Dedicate use of equipment when possible to the ill resident or clean and disinfect between use as per manufacturer's directions (e.g. wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers)	
<b>Limit movement of equipment/supplies</b> through affected areas		

## RESPIRATORY OUTBREAK CONTROL MEASURES

SPECIMEN COLLECTION		Start Date
<b>Timing and selection of cases</b> – consult with WECHU as needed on which residents are to be sampled		
<b>Communication of results</b> – WECHU will notify the facility of test results as soon as they are available		
<b>Ensure availability and adequate supply</b> – of non-expired test kits, stored in a location that is known and accessible to staff		
RESIDENT MOVEMENT		Start Date
<b>Isolate suspect cases</b>	Residents with one symptom should be isolated for at <b>least 48 hours</b> using same precautions; extend isolations if symptoms persist or worsen	
<b>Isolate residents who meet case definition</b>	Isolate cases for <b>5 days</b> from onset or <b>until symptom-free</b> , whichever is <b>shorter</b> ; maintain physical separation from roommates  Note: Do not confine/restrain ill residents to their room if it causes undue stress or agitation	
<b>Restrict residents to the unit</b>	If the outbreak is confined to one unit/floor, the residents from the affected area should avoid contact with residents in other areas of the home  Note: Asymptomatic residents from the outbreak unit/floor may leave the LTCH to visit in the community as long as they understand they are not to visit other health care institutions	
<b>Activities/meetings on the unit</b>	Reschedule communal meetings on the affected unit/floor. Visits by outside groups (e.g. entertainers, community groups) are not permitted during the outbreak. Well residents may participate in small group activities and therapies on the unit only; proper precautions should be taken and the outbreak unit should be visited last. Please consult with WECHU for further direction regarding restrictions during outbreaks	
<b>Admissions/readmissions</b>	For <b>all outbreaks</b> , admissions and readmissions can be considered on a case by case basis. Please refer to the “ <b>Sample Transfer &amp; Return Algorithm for use during Outbreaks</b> ” (pg. 89 in A Guide to the Control of Respiratory Infection Outbreaks in Long –Term Care Homes)  You may consult the WECHU public health nurse to assist in making the appropriate determination @ 519- 258-2146 Ext. 1420 or contact the assigned nurse to your case	
<b>Medical/other appointments</b>	If possible, reschedule non-urgent appointments until outbreak is over	
<b>Transfers to hospital</b>	Advise ambulance service of outbreak prior to resident transfer	
<b>Transfer to other facilities</b>	Generally discouraged	

## RESPIRATORY OUTBREAK CONTROL MEASURES

STAFF/VOLUNTEERS/STUDENTS		Start Date
<b>Exclude ill staff/volunteers/students</b>	<b>Exclude for 5 days</b> from onset or <b>until symptom-free</b> , whichever is <b>shorter</b>	
<b>Exclude UNVACCINATED staff/volunteers/students during INFLUENZA outbreaks</b>	Refer to institutional policy; exclusion is strongly recommended if unvaccinated and not on antiviral prophylaxis; offer vaccination	
<b>Cohort staff</b>	Minimize movement of staff/students/volunteers between affected and unaffected units/areas and consider cohorting staff – assigning some staff to care for ill residents and others to care for well residents. Where possible, have recovering staff returning to work, care for symptomatic residents	
<b>Working/volunteering at other facilities</b>	Staff working at another facility should wait at least <b>72 hours</b> from last exposure and be symptom-free. This period may be modified if the causative agent is known. During influenza outbreaks, staff that are immunized and/or taking antivirals can work at other facilities without waiting 72 hours	
VISITORS		Start Date
<b>Provide education</b>	E.g. hand hygiene; use of appropriate PPE	
<b>Discuss visiting conditions</b>	<p>Encourage visitors to postpone visits whenever possible. Discourage children from visiting unless there are exceptional circumstances. Those who do visit should:</p> <ul style="list-style-type: none"> <li>practice vigilant hand hygiene</li> <li>visit residents in their rooms and avoid communal areas</li> <li>visit only one resident; do not mingle</li> <li>use appropriate PPE especially if providing direct care</li> </ul> <p>Provide visitors with WECHU pamphlet “<b>What Visitors Need to Know</b>” during an outbreak</p>	
<b>Active screening of outside workers and visitors</b>	Ill visitors should be advised not to visit while they are ill and wait until symptoms have ended	
ANTIVIRALS – Influenza Outbreaks ONLY		Start Date
<b>Reviewed MOHLTC Guidelines for treatment and prophylaxis of influenza</b>		

Contacts	Name	Phone	Ext	Comments
Public Health Nurse		519-258-2146		
Public Health Inspector		519-258-2146		

**Facility Lead Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# ENTERIC OUTBREAK CONTROL MEASURES

<b>Name of Facility:</b>		<b>Outbreak #:</b> 2268 - _____ - _____	<b>Date:</b>
<b>Affected Area:</b> Entire Facility: <input type="checkbox"/> OR Name of Affected Area:			
<b>Case definition: will be determined by WECHU.</b> Only add residents to line list that meet case definition once outbreak declared. Select symptoms that apply: <input type="checkbox"/> abnormal temp <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input type="checkbox"/> abdominal pain <input type="checkbox"/> diarrhea			
<b>SURVEILLANCE</b>			<b>Start Date</b>
<b>Track resident and staff cases on line lists.</b> Update and fax the list daily to WECHU at <b>226-783-2132</b> or call <b>519-258-2146 Ext 1420</b> and ask to speak with an Infectious Disease Prevention team member. WECHU business hours are from 8:30am - 4:30pm Monday - Friday. After Hours and on weekends please contact WECHU at 519-973-4510 to speak with the person on call			
<b>Audit</b> – observe staff practices (i.e. hand hygiene, cleaning, use of PPE) if outbreak persists			
<b>COMMUNICATION</b>			<b>Start Date</b>
<b>Ensure outbreak signage is posted at your facility for staff and visitors</b>			
<b>Notify resident families</b> – at facility's discretion			
<b>Notify staff</b> – ensure that outbreak control measures is posted for staff in known and accessible areas			
<b>Medical advisor</b> – facility to notify medical advisor			
<b>Other health care facilities and agencies</b> – WECHU will send out an outbreak notification			
<b>WECHU Website</b> – a list of current outbreaks are available at <a href="http://www.wechu.org">www.wechu.org</a>			
<b>HAND HYGIENE</b>			<b>Start Date</b>
<b>Hand Hygiene</b> <input type="checkbox"/> Reinforce resident and staff hand hygiene, soap/water, 70-90% alcohol-based hand sanitizers <input type="checkbox"/> Implement the use of alcohol-based hand rubs in areas where sinks are not readily available <input type="checkbox"/> Food handlers must use liquid soap and water to wash their hands			
<b>Ensure availability</b> of handwashing supplies and hand sanitizer			
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>			<b>Start Date</b>
<b>Droplet-contact precautions</b>	<b>Post additional precautions (droplet-contact) signage on the door of case rooms</b>		
	<b>Masking and goggles or a shield</b> is recommended for direct contact with an ill resident who has active vomiting or explosive diarrhea as one of their symptoms		
	<b>Gloving</b> – perform hand hygiene before applying and after removal; discard immediately after use and wash hands		
	<b>Gowning</b> if clothing likely to be contamination during patient care		
	<b>Provide covered containers in resident's rooms for the disposal of soiled PPE</b>		
<b>ENVIRONMENTAL CLEANING/RESIDENT EQUIPMENT</b>			<b>Start Date</b>
<b>Enhanced environmental cleaning</b>	Increase frequency of cleaning and disinfecting of frequently touched items and surfaces (e.g. washrooms, handrails, table tops, chair arm rests)		
<b>Disinfection</b>	Choose product with proven efficacy against identified pathogens – Follow manufacturer's directions on proper concentration and contact times. Contact your PHI with any further questions or clarifications <b>519-258-2146 Ext 4475</b>		
<b>Dedicate use of equipment</b>	Dedicate use of equipment when possible to the ill resident or clean and disinfect between use as per manufacturer's directions e.g. wheelchairs, lifts, scales, blood glucose meters, BP cuffs, thermometers		

# ENTERIC OUTBREAK CONTROL MEASURES

<b>Handle commodes/bedpans carefully</b>	Commodes should remain with the resident and are to be cleaned and disinfected. If possible, use disposable bedpans	
<b>Do not take temperatures rectally</b>		
<b>SPECIMEN COLLECTION</b>		<b>Start Date</b>
<b>Timing and selection of cases</b> – consult with WECHU as needed on which residents are to be sampled		
<b>Communication of results</b> – WECHU will notify the facility of test results as soon as they are available		
<b>Ensure availability and adequate supply</b> – of non-expired test kits, stored in a location that is known and accessible to staff		
<b>RESIDENT MOVEMENT</b>		<b>Start Date</b>
<b>Isolate suspect cases</b>	<p>Residents with one symptom should be isolated for <b>at least 24</b> hours using same precautions; extend isolations if symptoms persist or worsen</p> <p>Note: Frail residents with small appetites may only have one episode of vomiting or diarrhea and may not exhibit other signs and symptoms associated with gastrointestinal illness</p>	
<b>Isolate residents who meet case definition</b>	<p><b>For 48 hours after their last symptom has stopped</b></p> <p>Note: Confining ill residents to their room should not be done if it causes undue stress or agitation and can be done without applying restraints</p>	
<b>Restrict residents to the unit</b>	<p>If the outbreak is confined to one unit/floor, the residents from the affected area should avoid contact with residents in other areas of the home.</p> <p>Note: Asymptomatic residents from the outbreak unit/floor may leave the LTCH to visit in the community as long as they understand they are not to visit other health care institutions</p>	
<b>Activities/meetings on the unit</b>	Reschedule communal meetings on the affected unit/floor. Visits by outside groups (i.e. entertainers, community groups) are not permitted during the outbreak. Well residents may participate in small group activities and therapies on the unit only; proper precautions should be taken and the outbreak unit should be scheduled last	
<b>Admissions/readmissions</b>	<p>For <b>all outbreaks</b>, admissions and readmissions can be considered on a case by case basis. Please refer to the “<b>Sample Transfer &amp; Return Algorithm for use during Outbreaks</b>” (pg. 89 in A Guide to the Control of Respiratory Infection Outbreaks in Long –Term Care Homes)</p> <p>You may consult the WECHU public health nurse to assist in making the appropriate determination @ 519- 258-2146 Ext. 1420 or contact the assigned nurse to your case</p>	
<b>Medical/other appointments</b>	If possible, reschedule non-urgent appointments until outbreak is over	
<b>Transfers to hospitals</b>	Advise ambulance service of outbreak prior to resident transfer	
<b>Transfers to other facilities</b>	Generally discouraged	

# ENTERIC OUTBREAK CONTROL MEASURES

STAFF/VOLUNTEERS/STUDENTS		Start Date
Exclude ill staff/students/volunteers	Ill staff should not enter the home, but should report the illness to their supervisor. Ill staff/students/volunteers should be excluded for at least <b>48 hours after their last symptom</b>	
	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	
Cohort staff	Minimize movement of staff/students/volunteers between affected and unaffected units/areas and consider cohorting staff – assigning some staff to care for ill residents and others to care for well residents. Where possible, have recovering staff returning to work, care for symptomatic residents	
Working/volunteering at other facilities	Staff working at another facility should <b>wait at least 48 hours</b> after their last exposure at the outbreak facility. This period may be modified if the causative agent is known	
VISITORS		Start Date
Provide education	E.g. hand hygiene; appropriate use of PPE	
Discuss visiting conditions	Encourage visitors to postpone visit whenever possible. Discourage children from visiting unless there are exceptional circumstances. Those who do visit should: <ul style="list-style-type: none"> <li>• practice vigilant hand hygiene</li> <li>• visit residents in their rooms and avoid communal areas</li> <li>• visit only one resident</li> <li>• do not mingle</li> <li>• use appropriate PPE especially if providing direct care</li> </ul> Provide visitors with WECHU pamphlet “ <b>What Visitors Need to Know</b> ” during an outbreak	
Active screening of outside workers and visitors	Ill visitors should be advised not to visit while they are ill and until 48 hours after symptoms have ended	

## Specific Outbreak Measures:

☐ Enteric Precautions

☐ Kitchen Inspection

☐ Specimens Collected

Contacts	Name	Phone	Ext	Comments
Public Health Nurse		519-258-2146		
Public Health Inspector		519-258-2146		

Facility Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# General Test Requisition

ALL Sections of this Form MUST be Completed

<b>1 - Submitter</b>  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Courier Code</p> <p>Provide Return Address:</p> <p><b>WECHU</b> 1005 Ouellette Ave Windsor On N9A 4J8</p> </div> <p>Clinician Initial / Surname and OHIP / CPSO Number <b>DR. AHMED</b></p> <p>Tel: <b>519-258-2146</b> Fax: <b>226-783-2132</b></p>	<b>2 - Patient Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>Health No. (OHIP #)</b> 000-000-0000  <b>Medical Record No.</b> </td> <td style="width: 40%;"> <b>Sex</b>   <b>Date of Birth:</b> 1900/01/01             </td> </tr> <tr> <td colspan="2"> <b>Patient's Last Name (per OHIP card)</b> SMITH  <b>First Name (per OHIP card)</b> JOHN             </td> </tr> <tr> <td colspan="2"> <b>Patient Address</b>                  FACILITY NAME AND ADDRESS             </td> </tr> <tr> <td> <b>Postal Code</b> XXX XXX             </td> <td> <b>Patient Phone No.</b> 519-000-0000             </td> </tr> <tr> <td colspan="2"> <b>Submitter Lab No.</b> </td> </tr> <tr> <td colspan="2"> <b>Public Health Unit Outbreak No.</b> 2268-2017-XXX             </td> </tr> </table>	<b>Health No. (OHIP #)</b> 000-000-0000 <b>Medical Record No.</b>	<b>Sex</b>  <b>Date of Birth:</b> 1900/01/01	<b>Patient's Last Name (per OHIP card)</b> SMITH <b>First Name (per OHIP card)</b> JOHN		<b>Patient Address</b> FACILITY NAME AND ADDRESS		<b>Postal Code</b> XXX XXX	<b>Patient Phone No.</b> 519-000-0000	<b>Submitter Lab No.</b>		<b>Public Health Unit Outbreak No.</b> 2268-2017-XXX	
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<b>Public Health Unit Outbreak No.</b> 2268-2017-XXX													
<b>cc Doctor Information</b> <b>Name:</b> HOUSE DR'S NAME <b>Tel:</b> <b>Lab/Clinic Name:</b> <b>Fax:</b> <b>CPSO #:</b> <b>Address:</b> <b>Postal Code:</b>	<b>Public Health Investigator Information</b> <b>Name:</b> OUTBREAK TEAM <b>Health Unit:</b> WINDSOR ESSEX COUNTY HEALTH UNIT <b>Tel:</b> 519-258-2146 <b>Fax:</b> 226-783-2132												
<b>3 - Test(s) Requested</b> (Please see descriptions on reverse) <b>Test:</b> Enter test descriptions below  Influenza A and B (flu) Virus	<b>Hepatitis Serology</b>  <b>Reason for test (Check (✓) only one box):</b> <input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection <b>Indicate specific viruses (Check (✓) all that apply):</b> <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)												
<b>4 - Specimen Type and Site</b> <input type="checkbox"/> blood / serum <input type="checkbox"/> faeces <input checked="" type="checkbox"/> nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other -	<b>Patient Setting</b> <input type="checkbox"/> physician office/clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward) <input type="checkbox"/> inpatient (ICU) <input checked="" type="checkbox"/> institution												
<b>5 - Reason for Test</b> <input checked="" type="checkbox"/> diagnostic <input type="checkbox"/> immune status <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other -	<b>Clinical Information</b> <input type="checkbox"/> fever <input type="checkbox"/> gastroenteritis <input checked="" type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input type="checkbox"/> other -  <input checked="" type="checkbox"/> influenza high risk - <input type="checkbox"/> recent travel -												

# Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

For historical duplex code information please access website at [www.publichealthontario.ca/requisitions](http://www.publichealthontario.ca/requisitions)

## Test (enter in Test Description Section 3)

Adenovirus (virus detection only)  
 Antimicrobial Susceptibility Testing - Bacteria  
 Antimicrobial Susceptibility Testing - Fungi, Nocardia  
 Antimicrobial Susceptibility Testing - Mycobacteria  
 Arbovirus Serology  
 Arthropod identification (ticks, lice, mites from human sources)  
 Bacterial Culture and Sensitivity  
 Bacterial Vaginosis - Gram Stain  
 Bordetella - PCR  
 Cat Scratch Fever (Bacillary angiomatosis, Bartonella)  
 Chlamydia trachomatis - NAAT/Culture  
 Chlamydophila pneumoniae - PCR  
 Clostridium difficile toxin  
 Cytomegalovirus (CMV) Culture/Early Antigen  
 Cytomegalovirus (CMV) IgG Immune status  
 Cytomegalovirus (CMV) IgG/IgM Diagnosis  
 Dengue Virus Serology  
 Diphtheria antitoxin antibody<sup>1</sup>  
 Electron microscopy  
 Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)  
 Epstein Barr Virus (EBV) - EBV VCA IgG/EA/EBNA  
 Epstein Barr Virus (EBV) - EBV VCA IgM  
 Fungus - Superficial - Microscopy & Culture  
 Fungus - Systemic - Microscopy & Culture  
 Haemorrhagic Fever Serology (Yellow Fever, Ebola, Lassa)<sup>2</sup>  
 Hantavirus Serology  
 Helicobacter pylori serology (H. pylori)  
 Hepatitis A Virus Immune Status  
 Hepatitis A Virus Acute  
 Hepatitis B Virus Immune Status  
 Hepatitis B Virus Acute  
 Hepatitis B Virus Chronic  
 Hepatitis B - HBcIgM<sup>3</sup>  
 Hepatitis B - HBeAb<sup>3</sup>  
 Hepatitis B - HBeAg<sup>3</sup>  
 Hepatitis B Virus DNA<sup>4</sup>  
 Hepatitis C Virus Serology  
 Hepatitis C Virus RNA - Genotyping<sup>4</sup>  
 Hepatitis C Virus RNA - Quantitative<sup>4</sup>  
 Hepatitis D Virus (Delta Agent)  
 Hepatitis E Virus  
 Herpes Simplex Virus (HSV) IgG Immune Status  
 Herpes Simplex Virus (HSV) Virus Detection  
 Human Herpes Virus 6 (Roseola, Exanthema Subitum) - PCR  
 Influenza A, B (Flu) Virus Detection  
 Legionnaires Disease  
 Lyme Disease - Serology  
 Measles IgG Immune Status  
 Measles IgG/IgM Diagnosis  
 Measles Virus Detection  
 Molluscum contagiosum (Poxvirus) Virus Detection

## Test (enter in Test Description Section 3)

Mycoplasma pneumoniae - Culture  
 Mycoplasma pneumoniae - PCR  
 Mumps IgG Immune Status  
 Mumps IgG/IgM Diagnosis  
 Mumps Virus Detection  
 Neisseria gonorrhoeae - NAAT/Culture  
 Norovirus Detection  
 Parainfluenza 1, 2, 3 (virus detection only)  
 Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status  
 Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG/IgM Diagnosis  
 Q Fever Serology  
 Rabies Virus Antibody Screen  
 Referred Culture - Fungus Nocardia  
 Referred Culture - TB  
 Respiratory Syncytial Virus (RSV) (virus detection only)  
 Rickettsia (Typhus, RMSF) Serology  
 Rotavirus (virus detection only)  
 Rubella (German Measles) IgG Immune Status  
 Rubella (German Measles) IgG/IgM Diagnosis  
 Rubella (German Measles) Virus Detection  
 Serology - Bacterial (specify agent)  
 Serology - Mycotic (specify agent)  
 Serology - Parasitic (specify agent)  
 Stool parasites  
 Syphilis - Direct Fluorescence  
 Syphilis CSF (VDRL)  
 Syphilis screen  
 TB - Culture and Susceptibility (Mycobacteria culture)  
 Tetanus antitoxin antibody  
 TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen  
 TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen  
 Torovirus (virus detection only)  
 Toxoplasmosis - Serology  
 Urogenital mycoplasma/ureaplasma  
 Varicella - Zoster (Chicken Pox) IgG Immune Status  
 Varicella - Zoster (Chicken Pox) IgG/IgM Diagnosis  
 Varicella - Zoster (Chicken Pox) Virus Detection  
 Viral Diarrhea (virus detection only)  
 Virus Isolation/Detection  
 West Nile Virus - Serology  
 Worm Identification

1. Testing is available only for the rare event of an adverse reaction to Diphtheria vaccine or the possibility of humoral immunodeficiency in the patient. This must be indicated on the test requisition in order for testing to be performed.
2. Contact Medical Officer of Health and Public Health Ontario Laboratory before ordering, 416.235.6556 or toll: 1.877.604.4567.
3. Individual Hepatitis B virus markers may be ordered individually.
4. The General Test Requisition is not required. Use the form F-C-HE-036, Hepatitis PCR Requisition and Information Form located at: [www.publichealthontario.ca/requisitions](http://www.publichealthontario.ca/requisitions)

## Public Health Ontario Laboratories

### Customer Service Centre

7:30 am - 7:00 pm, Monday to Friday  
 8:00 am - 3:45 pm, Saturday

### Emergency After-Hours Duty Officer

tel: 416.235.6556  
 toll free: 1.877.604.4567  
 fax: 416.235.6552  
 email: [customerservicecentre@oahpp.ca](mailto:customerservicecentre@oahpp.ca)

tel: 416.605.3113  
 website: [www.publichealthontario.ca](http://www.publichealthontario.ca)



Date received

yyyy / mm / dd

PHOL No.

**SAMPLE 6B**

## General Test Requisition

ALL Sections of this Form MUST be Completed

<b>1 - Submitter</b>  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: right;">Courier Code</p>  <p>Provide Return Address:</p> <p><b>WECHU</b>  <b>1005 Ouellette Ave</b>  <b>Windsor On</b>  <b>N9A 4J8</b></p> </div> <p>Clinician Initial / Surname and OHIP / CPSO Number  <b>DR. AHMED</b></p> <p>Tel: <b>519-258-2146</b> Fax: <b>226-783-2132</b></p>	<b>2 - Patient Information</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>Health No.</b>  <b>(OHIP #) 000-000-0000</b>  Medical Record No. </td> <td style="width: 10%;"> Sex </td> <td style="width: 30%;"> <b>Date of Birth:</b>  yyyy / mm / dd  <b>1900/01/01</b> </td> </tr> <tr> <td colspan="2"> <b>Patient's Last Name (per OHIP card)</b>  <b>BROWN</b> </td> <td> <b>First Name (per OHIP card)</b>  <b>BARBARA</b> </td> </tr> <tr> <td colspan="3"> <b>Patient Address</b>  <b>FACILITY NAME AND ADDRESS</b> </td> </tr> <tr> <td> <b>Postal Code</b>  <b>XXX XXX</b> </td> <td colspan="2"> <b>Patient Phone No.</b>  <b>519-000-0000</b> </td> </tr> <tr> <td colspan="3"> <b>Submitter Lab No.</b> </td> </tr> <tr> <td colspan="3"> <b>Public Health Unit Outbreak No. 2268-2017-XXX</b> </td> </tr> </table>	<b>Health No.</b> <b>(OHIP #) 000-000-0000</b> Medical Record No.	Sex	<b>Date of Birth:</b> yyyy / mm / dd <b>1900/01/01</b>	<b>Patient's Last Name (per OHIP card)</b> <b>BROWN</b>		<b>First Name (per OHIP card)</b> <b>BARBARA</b>	<b>Patient Address</b> <b>FACILITY NAME AND ADDRESS</b>			<b>Postal Code</b> <b>XXX XXX</b>	<b>Patient Phone No.</b> <b>519-000-0000</b>		<b>Submitter Lab No.</b>			<b>Public Health Unit Outbreak No. 2268-2017-XXX</b>		
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<b>Public Health Unit Outbreak No. 2268-2017-XXX</b>																			
<b>cc Doctor Information</b>  Name: <b>HOUSE DR.' S NAME</b> Tel: _____ Lab/Clinic Name: _____ Fax: _____ CPSO #: _____ Address: _____ Postal Code: _____	<b>Public Health Investigator Information</b>  Name: <b>OUTBREAK TEAM</b> Health Unit: <b>WINDSOR ESSEX COUNTY HEALTH UNIT</b> Tel: <b>519-258-2146</b> Fax: <b>226-783-2132</b>																		
<b>3 - Test(s) Requested</b> (Please see descriptions on reverse) Test: Enter test descriptions below  <b>STOOL for Bacteria and Virus Testing</b>       	<b>Hepatitis Serology</b>  Reason for test (Check (✓) only one box): <input type="checkbox"/> Immune status <input type="checkbox"/> Acute infection <input type="checkbox"/> Chronic infection Indicate specific viruses (Check (✓) all that apply): <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C (testing only available for acute or chronic infection; no test for determining immunity to HCV is currently available)																		
<b>4 - Specimen Type and Site</b> <input type="checkbox"/> blood / serum <input checked="" type="checkbox"/> <b>faeces</b> <input type="checkbox"/> nasopharyngeal <input type="checkbox"/> sputum <input type="checkbox"/> urine <input type="checkbox"/> vaginal smear <input type="checkbox"/> urethral <input type="checkbox"/> cervix <input type="checkbox"/> BAL <input type="checkbox"/> other - (specify) _____	<b>Patient Setting</b> <input type="checkbox"/> physician office/clinic <input type="checkbox"/> ER (not admitted) <input type="checkbox"/> inpatient (ward) <input type="checkbox"/> inpatient (ICU) <input checked="" type="checkbox"/> <b>institution</b>																		
<b>5 - Reason for Test</b>  <input checked="" type="checkbox"/> <b>diagnostic</b> <input type="checkbox"/> immune status    Date Collected: <b>2017/10/10</b> m / dd <input type="checkbox"/> needle stick <input type="checkbox"/> follow-up <input type="checkbox"/> prenatal <input type="checkbox"/> chronic condition    Onset Date: <b>2017/10/08</b> m / dd <input type="checkbox"/> immunocompromised <input type="checkbox"/> post-mortem <input type="checkbox"/> other - (specify) _____	<b>Clinical Information</b> <input type="checkbox"/> fever <input checked="" type="checkbox"/> <b>gastroenteritis</b> <input type="checkbox"/> respiratory symptoms <input type="checkbox"/> STI <input type="checkbox"/> headache / stiff neck <input type="checkbox"/> vesicular rash <input type="checkbox"/> pregnant <input type="checkbox"/> encephalitis / meningitis <input type="checkbox"/> maculopapular rash <input type="checkbox"/> jaundice <input type="checkbox"/> other - (specify) _____  <input type="checkbox"/> influenza high risk - (specify) _____ <input type="checkbox"/> recent travel - (specify location) _____																		

Public Health Laboratories Testing Menu

For HIV, please use the HIV Serology form.

For historical duplex code information please access website at [www.publichealthontario.ca/requisitions](http://www.publichealthontario.ca/requisitions)

Test (enter in Test Description Section 3)	Test (enter in Test Description Section 3)
Adenovirus (virus detection only)	Mycoplasma pneumoniae - Culture
Antimicrobial Susceptibility Testing - Bacteria	Mycoplasma pneumoniae - PCR
Antimicrobial Susceptibility Testing - Fungi, Nocardia	Mumps IgG Immune Status
Antimicrobial Susceptibility Testing - Mycobacteria	Mumps IgG/IgM Diagnosis
Arbovirus Serology	Mumps Virus Detection
Arthropod identification (ticks, lice, mites from human sources)	Neisseria gonorrhoeae - NAAT/Culture
Bacterial Culture and Sensitivity	Norovirus Detection
Bacterial Vaginosis - Gram Stain	Parainfluenza 1, 2, 3 (virus detection only)
Bordetella - PCR	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG Immune Status
Cat Scratch Fever (Bacillary angiomatosis, Bartonella)	Parvovirus B19 (Fifth Disease, Erythema Infectiosum) IgG/IgM Diagnosis
Chlamydia trachomatis - NAAT/Culture	Q Fever Serology
Chlamydophila pneumoniae - PCR	Rabies Virus Antibody Screen
Clostridium difficile toxin	Referred Culture - Fungus Nocardia
Cytomegalovirus (CMV) Culture/Early Antigen	Referred Culture - TB
Cytomegalovirus (CMV) IgG Immune status	Respiratory Syncytial Virus (RSV) (virus detection only)
Cytomegalovirus (CMV) IgG/IgM Diagnosis	Rickettsia (Typhus, RMSF) Serology
Dengue Virus Serology	Rotavirus (virus detection only)
Diphtheria antitoxin antibody <sup>1</sup>	Rubella (German Measles) IgG Immune Status
Electron microscopy	Rubella (German Measles) IgG/IgM Diagnosis
Enterovirus (Coxsackie, ECHO, Polio) (virus detection only)	Rubella (German Measles) Virus Detection
Epstein Barr Virus (EBV) - EBV VCA IgG/EA/EBNA	Serology - Bacterial (specify agent)
Epstein Barr Virus (EBV) - EBV VCA IgM	Serology - Mycotic (specify agent)
Fungus - Superficial - Microscopy & Culture	Serology - Parasitic (specify agent)
Fungus - Systemic - Microscopy & Culture	Stool parasites
Haemorrhagic Fever Serology (Yellow Fever, Ebola, Lassa) <sup>2</sup>	Syphilis - Direct Fluorescence
Hantavirus Serology	Syphilis CSF (VDRL)
Helicobacter pylori serology (H. pylori)	Syphilis screen
Hepatitis A Virus Immune Status	TB - Culture and Susceptibility (Mycobacteria culture)
Hepatitis A Virus Acute	Tetanus antitoxin antibody
Hepatitis B Virus Immune Status	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) Diagnostic Screen
Hepatitis B Virus Acute	TORCH (Toxoplasma, Rubella, CMV, Herpes Simplex) IgG Screen
Hepatitis B Virus Chronic	Torovirus (virus detection only)
Hepatitis B - HBcIgM <sup>3</sup>	Toxoplasmosis - Serology
Hepatitis B - HBeAb <sup>3</sup>	Urogenital mycoplasma/ureaplasma
Hepatitis B - HBeAg <sup>3</sup>	Varicella - Zoster (Chicken Pox) IgG Immune Status
Hepatitis B Virus DNA <sup>4</sup>	Varicella - Zoster (Chicken Pox) IgG/IgM Diagnosis
Hepatitis C Virus Serology	Varicella - Zoster (Chicken Pox) Virus Detection
Hepatitis C Virus RNA - Genotyping <sup>4</sup>	Viral Diarrhea (virus detection only)
Hepatitis C Virus RNA - Quantitative <sup>4</sup>	Virus Isolation/Detection
Hepatitis D Virus (Delta Agent)	West Nile Virus - Serology
Hepatitis E Virus	Worm Identification
Herpes Simplex Virus (HSV) IgG Immune Status	
Herpes Simplex Virus (HSV) Virus Detection	
Human Herpes Virus 6 (Roseola, Exanthema Subitum) - PCR	
Influenza A, B (Flu) Virus Detection	
Legionnaires Disease	
Lyme Disease - Serology	
Measles IgG Immune Status	
Measles IgG/IgM Diagnosis	
Measles Virus Detection	
Molluscum contagiosum (Poxvirus) Virus Detection	

Public Health Ontario Laboratories

Customer Service Centre	tel: 416.235.6556
7:30 am - 7:00 pm, Monday to Friday	toll free: 1.877.604.4567
8:00 am - 3:45 pm, Saturday	fax: 416.235.6552
	email: customerservicecentre@oahpp.ca
Emergency After-Hours Duty Officer	tel: 416.605.3113
	website: <a href="http://www.publichealthontario.ca">www.publichealthontario.ca</a>

Facility Name: Serentiy Hill LTC

Outbreak #: 2268 - 2017 - 050

Please complete the following for line listed residents who were Lab confirmed cases of Influenza.

1. Resident Name: Martha Brown Gender: M ☐ F ☒ DOB (YY/MM/DD) 1932/02/02

Influenza Vaccine:	Lot #:	Date Administered:
Fluviral	LN12346	Oct 02, 2017

Hospitalization: Y ☐ N ☒ If Yes, please provide hospitalization details and underlying medical conditions:

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2. Resident Name: \_\_\_\_\_ Gender: M ☐ F ☐ DOB (YY/MM/DD) \_\_\_\_\_

Influenza Vaccine:	Lot #:	Date Administered:

Hospitalization: Y ☐ N ☐ If Yes, please provide hospitalization details and underlying medical conditions:

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3. Resident Name: \_\_\_\_\_ Gender: M ☐ F ☐ DOB (YY/MM/DD) \_\_\_\_\_

Influenza Vaccine:	Lot #:	Date Administered:

Hospitalization: Y ☐ N ☐ If Yes, please provide hospitalization details and underlying medical conditions:

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4. Resident Name: \_\_\_\_\_ Gender: M ☐ F ☐ DOB (YY/MM/DD) \_\_\_\_\_

Influenza Vaccine:	Lot #:	Date Administered:

Hospitalization: Y ☐ N ☐ If Yes, please provide hospitalization details and underlying medical conditions:

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Completed By: \_\_\_\_\_  
(Print Name)



## Final Respiratory Outbreak Report

For **Respiratory Outbreaks**, please fill out only the bulleted sections regarding your line listed cases.

For **Influenza Outbreaks**, fill in all areas. Once completed fax to WECHU @ 226-783-2132

<b>RESIDENTS:</b>	
<b>Number of line listed residents who:</b>	<b>Total</b>
• received the flu vaccine during this outbreak	0
• received the flu vaccine before this outbreak	85
• were not given the flu vaccine before this outbreak	0
• were admitted to hospital that were immunized before this outbreak	1
• were admitted to hospital not immunized before this outbreak	0
• were diagnosed with CXR confirmed pneumonia and immunized before this outbreak	1
• were diagnosed with CXR confirmed pneumonia and not immunized before this outbreak	0
• were immunized prior to outbreak and passed away	0
• were not immunized prior to the outbreak and passed away	0
<b>Only complete this section if Outbreak was due to Influenza:</b>	
# of residents who were not ill that received antiviral prophylaxis (not on line list)	85
# of ill residents who received antiviral treatment within 48 hours of onset of symptoms	85
# of residents who received antiviral treatment > 48 hours after onset of symptoms	0
# of residents who developed side effects to Tamiflu	2
# of residents who discontinued the use of Tamiflu due to side effects	2

<b>STAFF:</b>	
<b>Number of line listed staff who:</b>	<b>Total</b>
• received the flu vaccine during this outbreak	0
• received the flu vaccine before this outbreak	102
• were not given the flu vaccine before this outbreak	35
• were admitted to hospital and immunized before this outbreak	0
• were admitted to the hospital and not immunized during this outbreak	0
• were diagnosed with CXR confirmed pneumonia and immunized before this outbreak	1
• were diagnosed with CXR confirmed pneumonia and not immunized before this outbreak	0
• were immunized before this outbreak and passed away	0
• were not immunized and passed away	0
<b>Only complete this section if Outbreak was due to Influenza:</b>	
# of staff who were not ill that received antiviral prophylaxis	10
# of staff who received antiviral treatment within 48 hours of symptom onset	10
# of staff who received antiviral treatment > 48 hours' after onset of symptoms	0
# of staff who developed side effects to Tamiflu	2
# of staff who discontinued the use of Tamiflu due to side effects	2

<b>Only complete for Influenza Outbreaks: Check ✓ Yes/ No</b>	<b>Yes</b>	<b>No</b>
Was vaccine offered onsite during current outbreak?	✓	
Does the facility have a policy requiring staff influenza immunization?	✓	
Were there any staff excluded during outbreak due to immunization status?	✓	
Was an antiviral prophylaxis initiated within 24 hours of a laboratory confirmed <i>influenza</i> outbreak?	✓	

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Faxed By:





## Outbreak Management Final Summary Report

Name of Facility: <b>Serenity Hill LTCH</b>		Date: <b>Nov 5 / 2017</b>
Outbreak #: <b>2268 - 2017 - 050</b>	Type of Outbreak: <input checked="" type="checkbox"/> Respiratory <input type="checkbox"/> Enteric	
Outbreak Start Date: <b>Oct 16, 2017</b>	Outbreak Rescind Date: <b>Nov 4 / 2017</b>	
# of Days in Outbreak: <b>19</b>	Epi curve Provided: <input checked="" type="checkbox"/>	
Peak Attack Rate-residents: <b>30.2%</b>	Peak Attack Rate-staff: <b>0 %</b>	

WECHU Feedback	Always	Usually	Rarely
Outbreak identified and WECHU informed when facility met Suspect definition/criteria	✓		
Line lists faxed on time by 1000 A.M. daily	✓		
Line lists completed accurately	✓		
Lab specimens collected in a timely manner	✓		
Lab specimens labeled appropriately	✓		
Initial Facility Report faxed within first 24 hours	✓		
Public Health Inspector site visit indicated facility compliance	✓		
Additional documentation/reports completed accurately (influenza)	✓		

Strengths During Outbreak Process
Excellent communication and easily accessible

Potential Enhancements During Outbreak Process
Please fax only to 226-783-2132

Completed By: \_\_\_\_\_

(Print Name)



## Common Viruses that Cause Respiratory Outbreaks

ORGANISM	SYMPTOMS	MODE OF TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	DIAGNOSIS	PRECAUTIONS AND PPE
<b>Adenovirus</b>	<ul style="list-style-type: none"> <li>Less common cause of outbreaks</li> <li>Fever, runny nose, sore throat, conjunctivitis</li> </ul>	<ul style="list-style-type: none"> <li>Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands</li> <li>Indirect contact by exposure to contaminated respiratory secretions on articles/environmental surfaces</li> </ul>	<ul style="list-style-type: none"> <li>2 to 14 days</li> </ul>	<ul style="list-style-type: none"> <li>As long as symptoms continue</li> <li>Days to weeks</li> </ul>	<ul style="list-style-type: none"> <li>Nasopharyngeal swab (virus testing)</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>
<b>Coronavirus</b>	<ul style="list-style-type: none"> <li>Usually mild, similar to common cold: stuffy nose, cough</li> </ul>	<ul style="list-style-type: none"> <li>Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands</li> <li>Indirect contact by exposure to contaminated respiratory secretions on articles/environmental surfaces</li> </ul>	<ul style="list-style-type: none"> <li>1 to 5 days</li> </ul>	<ul style="list-style-type: none"> <li>As long as symptoms continue</li> <li>Less than 21 days</li> </ul>	<ul style="list-style-type: none"> <li>Nasopharyngeal swab (virus testing)</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>
<b>Influenza Type A or B</b>	<ul style="list-style-type: none"> <li>Sudden onset of fever, followed by muscle aches, headache, runny nose, sore throat, dry cough, lethargy, chills</li> <li>Note: immunized elderly population may not always develop fever</li> </ul>	<ul style="list-style-type: none"> <li>Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands</li> <li>Indirect contact by exposure to contaminated respiratory secretions on articles/environmental surfaces</li> </ul>	<ul style="list-style-type: none"> <li>1 to 4 days</li> </ul>	<ul style="list-style-type: none"> <li>One day before symptoms and up to 10 days after onset of symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Nasopharyngeal swab (virus testing)</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>
<b>Metapneumovirus</b>	<ul style="list-style-type: none"> <li>Runny nose, congestion, cough, shortness of breath, fever</li> </ul>	<ul style="list-style-type: none"> <li>Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands</li> <li>Indirect contact by exposure to contaminated respiratory secretions on articles/environmental surfaces</li> </ul>	<ul style="list-style-type: none"> <li>not known (4 to 9 days?)</li> </ul>	<ul style="list-style-type: none"> <li>As long as symptoms continue</li> <li>1 to 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Nasopharyngeal swab (virus testing)</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>
<b>Parainfluenza</b>	<ul style="list-style-type: none"> <li>**Not related to the virus which causes influenza</li> <li>Runny nose, sore throat, mild to moderate fever</li> </ul>	<ul style="list-style-type: none"> <li>Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands</li> <li>Indirect contact by exposure to contaminated respiratory secretions on articles/environmental surfaces</li> </ul>	<ul style="list-style-type: none"> <li>2 to 6 days</li> </ul>	<ul style="list-style-type: none"> <li>Up to 10 days</li> </ul>	<ul style="list-style-type: none"> <li>Nasopharyngeal swab (virus testing)</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>
<b>Rhinovirus</b>	<ul style="list-style-type: none"> <li>Most frequent cause of the common cold</li> <li>Runny nose, sore throat, sneezing, watery eyes, fatigue</li> </ul>	<ul style="list-style-type: none"> <li>Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands</li> <li>Indirect contact by exposure to contaminated respiratory secretions on articles/environmental surfaces</li> </ul>	<ul style="list-style-type: none"> <li>2 to 4 days</li> </ul>	<ul style="list-style-type: none"> <li>1 to 3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Nasopharyngeal swab (virus testing)</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>
<b>RSV</b>	<ul style="list-style-type: none"> <li>Usually mild, similar to a common cold: stuffy nose, cough</li> </ul>	<ul style="list-style-type: none"> <li>Direct person-to-person by droplet/contact through coughing/sneezing or secretions on hands</li> <li>Indirect contact by exposure to contaminated respiratory secretions on articles/environmental surfaces</li> </ul>	<ul style="list-style-type: none"> <li>3 to 7 days</li> </ul>	<ul style="list-style-type: none"> <li>usually 3 to 8 days</li> <li>up to 3 to 4 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Nasopharyngeal swab (virus testing)</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>

### 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](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx)

<http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/pages/index.aspx>

Ontario Ministry of Health and Long-Term Care. (2014) *A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes*. Toronto, ON: Queen's Park Printer for Ontario



## Viruses that Commonly Cause Enteric Outbreaks

ORGANISM	SYMPTOMS	MODE OF TRANSMISSION	INCUBATION	PERIOD OF COMMUNICABILITY	DIAGNOSIS	PRECAUTIONS & PPE
<b>Adenovirus (Types 40 &amp; 41)</b>	<ul style="list-style-type: none"> <li>Nausea, vomiting, watery diarrhea, abdominal pain and fever</li> <li>Symptoms usually last 1 to 7 days</li> </ul>	<ul style="list-style-type: none"> <li>Fecal-oral route through direct and indirect contact.</li> </ul>	<ul style="list-style-type: none"> <li>3 to 10 days.</li> </ul>	<ul style="list-style-type: none"> <li>Most contagious during first few days of illness</li> </ul>	<ul style="list-style-type: none"> <li>Stool specimen</li> </ul>	<b>Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> </ul>
<b>Norovirus</b>	<ul style="list-style-type: none"> <li>Sudden onset of watery, non-bloody diarrhea, vomiting, abdominal cramps, and nausea.</li> <li>Headache, low-grade fever, chills and malaise may also be present.</li> <li>Symptoms usually last 24 to 72 hours.</li> </ul>	<ul style="list-style-type: none"> <li>Fecal-oral route through direct and indirect contact.</li> <li>May also be spread through aerosolized vomitus.</li> </ul>	<ul style="list-style-type: none"> <li>12 to 48 hours.</li> </ul>	<ul style="list-style-type: none"> <li>From onset of symptoms until 48 to 72 hours after symptoms resolve.</li> <li>Can be as long as 3 weeks after symptoms resolve.</li> </ul>	<ul style="list-style-type: none"> <li>Stool specimen</li> </ul>	<b>Droplet/Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> <li>protective eyewear</li> <li>mask</li> </ul>
<b>Rotavirus</b>	<ul style="list-style-type: none"> <li>Vomiting, fever, and severe watery diarrhea.</li> <li>Symptoms usually last 3 to 9 days.</li> </ul>	<ul style="list-style-type: none"> <li>Fecal-oral route through direct and indirect contact.</li> <li>May also be spread through aerosolized vomitus.</li> </ul>	<ul style="list-style-type: none"> <li>24 to 72 hours.</li> </ul>	<ul style="list-style-type: none"> <li>Before symptoms appear, during acute stage of illness and up to approximately 8 days after symptoms resolve.</li> <li>May be as long as 30 days in people who are immunocompromised.</li> </ul>	<ul style="list-style-type: none"> <li>Stool specimen</li> </ul>	<b>Contact Precautions</b> <ul style="list-style-type: none"> <li>hand hygiene</li> <li>gloves</li> <li>gown</li> </ul> <b>Droplet Precautions</b> (if in contact with aerosolized vomitus) <ul style="list-style-type: none"> <li>protective eyewear</li> <li>mask</li> </ul>

### References:

Baker, C., Long, S., & McMillan, J. (Eds.). (2012). *Red Book: Report of the Committee on Infectious Diseases, 29<sup>th</sup> edition*. Elk Grove Village, IL: American Academy of Pediatrics.

Heymann, D. (Ed.). (2015) *Control of Communicable Diseases Manual, 20<sup>th</sup> edition*. Washington, DC: American Public Health Association

Ontario Agency for Health Promotion and Protection. (2008). *Laboratory Guide for Gastroenteritis Outbreaks*. Toronto, ON: Queen's Printer for Ontario.

Ontario Ministry of Health and Long-Term Care (2013). *Control of Gastroenteritis Outbreaks in Long-Term Care Homes*. Toronto, ON: Queen's Printer for Ontario.



