

RESPIRATORY OUTBREAK MANAGEMENT GUIDELINES

A Reference Tool for Long Term Care Facilities and Retirement Homes

What is a Respiratory Outbreak?

→ Two or more residents present with any two or more respiratory symptoms within 48 hours of each other, which could include:

- Abnormal temperature
- Chills
- Runny nose / sneezing
- Nasal congestion / stuffy nose
- Sore throat
- Headache
- Hoarseness / difficulty swallowing
- Dry cough (new)
- Productive cough (new)
- Myalgia
- Malaise

What is an Influenza Outbreak?

→ One laboratory confirmed case of influenza.

Who can Work During an Influenza Outbreak?

→ Staff who are immunized against influenza (immunity is obtained 2 weeks after receiving the influenza vaccine).

→ Non-immunized staff who take appropriate antiviral prophylaxis.

Oseltamivir (Tamiflu™)*:

- A drug used for treating and preventing Influenza A and B
- The preferred treatment option based on effectiveness, adverse effect profile, risk of resistance development and ease of administration
- Treatment must be started within 48 hours of onset of symptoms to be effective
- Treatment dose is 75 mg twice a day for five days
- Prophylactic dose is 75 mg once a day for 10-14 days or until the outbreak is declared over
- If respiratory symptoms develop in a resident on prophylaxis, dose should be changed to treatment dose and continued for a total of five days

*Residents must give informed consent for antivirals every Fall. Keep signed consent forms on file.

If an Outbreak is Suspected, Complete the Following Steps:

1. Start a line list.
2. Implement general infection control measures (refer to Outbreak Control Measures).
3. Call York Region Health Services, Infectious Diseases (ID) liaison at (905) 895-4511 ext. 4020 or after hours at (905) 953-6478.
4. **If the liaison declares an outbreak**, complete outbreak forms with your ID liaison.
5. Collect nasopharyngeal samples from 3 residents with the most recent onset of respiratory symptoms.
6. One to two hours before specimens are ready call Trans-Ontario Express at (416) 298-1060. Give the following information:
 - Deliver to: 81 Resources Road, Weston, Ontario
 - Account name and number: York Region Health Services Department Infectious Disease Control Division Account number: YOR008 Type of Service: Car- Rush
7. After the samples are collected put the swabs in a brown bag and label the bag with the following information:
 - Public Health Laboratory
 - STAT
 - Outbreak number (ID liaison will provide you with one)
 - Virology

A requisition form must accompany each specimen. It must include the following information:

- Name of resident, his/her date of birth and health card number
- Address of your facility
- Test requested- STAT EIA for Influenza A and B (V23) and RSV (V33)
- Nasopharyngeal swab and date collected
- Outbreak number
- Attn.: Infectious Diseases clerk @ (905) 895-4511 ext. 4020

Once the laboratory results are available, your ID liaison will contact your facility.



8. Fax an updated line list to your ID liaison at (905) 895-5450, daily by noon. Do not create a new line list each day. **Once a person is no longer ill, do not remove them from the line list simply include the date in the resolved column.**
9. Continue to monitor residents and staff at your facility and add the appropriate information to the line list for the duration of the outbreak.
10. Once the outbreak is declared over, complete summary reports with your ID liaison.

Outbreak Control Measures

- Increase hand washing
- Enhance cleaning and disinfecting
- Exclude ill staff and volunteers from work
- Isolate ill residents in their rooms
- Post outbreak STOP signs at all entrances
- Restrict ill visitors (except on compassionate grounds), admissions and transfers
- Use gloves, masks and gowns when necessary
- Immunize if appropriate
- Use medication when appropriate
- Cohort staff
- Educate staff and volunteers
- Reschedule non-urgent appointments
- Stop communal meetings

Nasopharyngeal Swab Specimen Collection Technique

Figure 1:
Nasopharyngeal Swab Insertion



Figure 2:
Anatomy of the Nasopharyngeal



1. Insert flexible nasopharyngeal wire swab into one nostril.
2. Press the swab tip on the mucosal surface of the mid-inferior turbinate
3. Rub swab back and forth about 5 times.
4. Leave swab in place for a few seconds.
5. Withdraw swab and insert into transport medium.
6. Cut excess wire with scissors.
7. Securely replace top of tube; leaky tubes will not be tested.

Rule of thumb to determine when swab is placed properly: Insert swab to one-half the distance from the tip of the nose to tip of the earlobe.

If you have any further questions, contact your Public Health Liaison or call Health Connection at 1-800-361-5653



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What is an Enteric Outbreak?

→ Two or more residents present with two or more episodes of vomiting or diarrhea in a 24-hour period with no evidence of a non-infectious cause (for example: laxative, change in tube feed or medication).


Stool Collection Technique

1. Use an enteric outbreak kit.
 2. Remove the bottle from the plastic bag.
 3. Fill in the following information on the label on the bag:
 - Resident's name
 - Date of collection
 - Onset date: if known
 - Outbreak number
- Do not peel off the stickers on the covering label.**
4. The following information must be completed on each bottle:
 - Resident's name
 - Date and time of collection
 - Outbreak number
 5. Have the resident deposit a stool into a clean collection pan.
 6. Put on gloves.
 7. Using the spoon from the green capped vial:
 - Add 2 to 3 spoonfuls of faeces
 - Mix into the transport medium
 - Replace and tighten the cap
 8. Using the spoon from the white capped vial:
 - Add faeces up to the line indicated
 - Replace and tighten the cap
 9. Using the spoon from the yellow capped vial:
 - Add faeces up to line indicated
 - Mix well
 - Replace and tighten cap
 10. Place all vials and requisition forms into the plastic bag and seal it by peeling off the blue strip.
 11. Refrigerate (do not freeze) sample immediately and send to the laboratory within 48 hours.

ENTERIC OUTBREAK MANAGEMENT GUIDELINES

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If an Outbreak is Suspected, Complete the Following Steps:

1. Start a line list. 
2. Implement general infection control measures (refer to Outbreak Control Measures).
3. Call York Region Health Services, Infectious Diseases (ID) liaison at (905) 940-1333 or after hours at (905) 830-3375.
4. **If the liaison declares an outbreak**, complete outbreak forms with your ID liaison.
5. Collect stool samples from 5 residents with the most recent onset of enteric symptoms.
6. One to two hours before specimens are ready call Trans-Ontario Express at (416) 298-1060. Give the following information:
 - Deliver to: 81 Resources Road, Weston, Ontario
 - Account name and number: York Region Health Services Department
Infectious Disease Control Division
Account number: YOR008
Type of Service: Car- Rush
7. After the samples are collected put the specimens in a brown bag and label the bag with the following information:
 - Public Health Laboratory
 - STAT
 - Outbreak number (ID liaison will provide you with one)
 - Stool sample

A requisition form must accompany each specimen. It must include the following information:

- Name of resident, his/her date of birth and health card number
- Address of your facility
- Test requested- Bacterial Culture and Sensitivity (B02), Parasitology-Intestinal (P04) and Virus Culture Isolation (V42)
- Specimen type, site and date collected
- Outbreak number
- Attn.: Infectious Diseases clerk @ (905) 895-4511 ext. 4020

Once the laboratory results are available, your ID liaison will contact your facility.

8. Fax an updated line list to your ID liaison at (905) 940-4541, daily by noon. Do not create a new line list each day. **Once a person is no longer ill, do not remove them from the line list simply include the date in the resolved column.**
9. Continue to monitor residents and staff at your facility for symptoms and add the appropriate information to the line list.
10. Once the outbreak is declared over, complete summary reports with your ID liaison.

Outbreak Control Measures

- Increase hand washing
- Enhance cleaning and disinfecting
- Exclude ill staff and volunteers from work
- Isolate ill residents in their rooms
- Post outbreak STOP signs at all entrances
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