Gastroenteritis and Respiratory OUTBREAK MANAGEMENT GUIDELINES

A reference tool for long-term care homes and retirement homes

Type of outbreak



Gastroenteritis

Typical symptoms of gastrointestinal illness:

- Abdominal pain or tenderness
- Diarrhea
- Nausea
- Vomiting

Outbreak definitions

Suspect outbreak

If an outbreak is suspected, notify the local board of health to obtain support with the investigation and management.

Confirmed outbreak



Two or more cases with a common epidemiological link (e.g. specific unit or floor, same caregiver) with initial onset within a 48 hour period.

- * Note: To be defined as a case of gastrointestinal illness for outbreak detection, at least one of the following must be present:
- Two or more episodes of loose/watery bowel movements (conforms to the shape of the container) within a 24-hour period or two or more episodes of vomiting within a 24-hour period

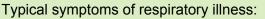
 One episode of loose/watery bowel movements (conforms to the shape of the container) and one episode of vomiting within a 24-hour period

 Laboratory confirmation of a known gastrointestinal pathogen and at least one symptom of a gastrointestinal illness, such as nausea, vomiting, diarrhea, abdominal pain or tenderness

All gastroenteritis outbreaks are reportable if they are caused by a reportable or non-reportable agent or an unknown cause.

What to do if you suspect an outbreak in your facility

Respiratory



- Cough (dry or productive)
- · Fever/abnormal temperature and/or chills
- Headaches
- Muscle aches
- · Runny nose or sneezing
- · Sore throat or hoarseness or difficulty swallowing
- Stuffy nose (nasal congestion)

Outbreak definitions



Suspect outbreak



Two cases* of acute respiratory infection (ARI) occurring within 48 hours in a geographic area such as a unit or floor



More than one unit with one case* of ARI within 48 hours





One laboratory confirmed case of influenza



Confirmed outbreak



Two cases* of ARI within 48 hours, at least one of which must be laboratory





Three cases* of ARI (laboratory confirmation not necessary) occurring within 48 hours in a geographic area such as a unit or floor



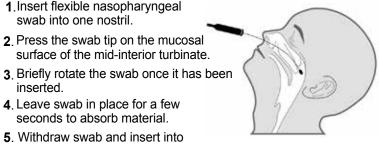
More than two units or floors with one case* of ARI within 48 hours

* Note: Typically, to be defined as a case of respiratory illness for outbreak declaration, two or more symptoms of respiratory illness must be present (see typical symptoms of respiratory illness).

Different respiratory viruses often cause similar acute respiratory symptoms. Each respiratory outbreak requires its own outbreak case definition. The case definition should be developed for each individual outbreak based on its characteristics and reviewed during the course of the outbreak. You may be required to modify the case definition to ensure that the majority of cases are captured in the definition.

Start a line list.

- Separate line lists are required for residents and staff
- · Separate line lists are required for each floor/unit
- 2 Call York Region Public Health's Infectious Diseases **Control Division** to report a suspect outbreak:
 - During regular business hours (8:30 a.m. to 4:30 p.m.) 1-877-464-9675 ext. 73588
 - After hours/weekends/holidays, on-call staff 905-953-6478
- 3. Fax the line list to 905-660-4889 during regular business hours.
- 4. The Public Health Investigator will review the line list and will determine if an outbreak will be declared. If an outbreak is declared, the Public Health Investigator will provide an outbreak number and further instructions.
- Review the appropriate Ministry of Health and Long-Term Care outbreak guidelines.
 - Recommendations for the Control of Gastroenteritis Outbreaks in Long Term Care Homes (MOHLTC, Mar
 - Control of Respiratory Infection Outbreaks in Long Term Care Homes (MOHLTC, Nov 2018)
- 6. Implement general infection control measures (see *outbreak* control measures, on far right column).
- 7. Collect appropriate laboratory specimens from two residents (stool sample for gastroenteritis or nasopharyngeal swab* for respiratory) in consultation with the Public Health Investigator. Specimens should be collected from the resident with the most recent onset of symptoms or the resident presenting with the most severe symptoms. Ensure specimen kits are not expired. At least two patient identifiers such as name and date of birth must be included on each specimen container.
 - 1. Insert flexible nasopharyngeal swab into one nostril.
 - 2 Press the swab tip on the mucosal surface of the mid-interior turbinate.
 - 4. Leave swab in place for a few
 - seconds to absorb material. 5. Withdraw swab and insert into transport medium.
 - 6. Break swab shaft at score line. (MOHLTC, Nov, 2018)



Patient's head should be inclined from vertical to about 70%

- 8. A lab requisition form must accompany each specimen. The requisition must include the following information:
 - · Patient information: name of resident/staff, date of birth, health card number and facility address

- Test(s) requested:
 - a. For a gastroenteritis outbreak, include:
 - Bacterial Culture and Sensitivity
 - Virus Isolation/Detection

b. For a respiratory outbreak, include:

- Respiratory Outbreak Virus Detection Panel
- Specimen type and site
- Onset date
- Date specimen was collected
- Outbreak number (provided by Public Health Investigator when outbreak is declared)
- Public Health Investigator's name and phone number: 1-877-464-9675 ext. 73588 or the extension provided Please note if the lab requisition or specimen container is not labelled properly, the Public Health Ontario Laboratory will reject the sample for testing.
- 9. When specimen is ready, please contact Public Health. Refrigerate specimens until they are picked up by the courier.
- 10. Notify relevant staff, volunteers, families, medical director and relevant community partners regarding outbreak
- 11. Schedule an Outbreak Management Team (OMT) meeting with the Public Health Investigator within 24 hours of the outbreak being declared. Participants may include DOC. ADOC, facility administration, nursing staff, environmental staff and dietary staff. A Public Health Inspector (York Region Public Health, Health Protection Division) will conduct an infection prevention and control audit of the outbreak affected areas.
- Continue to monitor all residents and staff at your facility for symptoms. Update the line list for the duration of the outbreak with information regarding any new cases, hospitalizations, deaths, recovery, etc. If you notice an increase of hospitalizations and/or deaths please contact Public Health immediately.
- 13. Fax an updated line list daily Monday to Friday by noon to the Public Health Investigator. Do not create a new list each day; add new cases to the existing line list. Once a person is no longer ill include the date of recovery in the appropriate column on the line list; do not remove recovered persons from the line list.
- 14. The Public Health Investigator will determine when the outbreak can be declared over based upon criteria outlined in the Ministry outbreak guidelines. Once the outbreak has been declared over, please review and complete the outbreak summary report with the Public Health Investigator.

Outbreak control measures

- Increase proper hand hygiene
- 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)
- Restrict admissions and transfers
- Use gloves, mask, goggles and gowns where appropriate
- Immunize if appropriate
- Cohort staff
- Educate staff. residents, visitors and volunteers
- Stop communal meetings

Additional information on outbreaks can be found at york.ca/ outbreakmanagement

If you have any further questions, contact York Region Public Health Infectious Diseases Control Division at

1-877-464-9675 ext. 73588 **Updated May 2019**

