



# OUTBREAK STATUS REPORT

Middlesex-London Health Unit

Last Updated: January 1, 2021 9:09 PM

For more information or to report an outbreak, contact:  
The Infectious Disease Control Team  
Middlesex-London Health Unit  
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## Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
LHSC- Victoria Hospital	Respiratory	Jan 1, 2021	D7-200		COVID-19		
LHSC- Victoria Hospital	Respiratory	Dec 31, 2020	D5-300		COVID-19		
Oakcrossing Retirement Living	Respiratory	Dec 26, 2020	2nd floor		COVID-19		
Earls Court Village	Respiratory	Dec 26, 2020	3rd floor		COVID-19		
Extendicare	Respiratory	Dec 26, 2020	3rd floor, 2nd floor		COVID-19		
Middlesex Terrace	Respiratory	Dec 23, 2020	Facility		COVID-19		
Mount Hope Centre For Long Term Care	Respiratory	Dec 22, 2020	SM1, SM2, SM3, MV4, MV5		COVID-19		
Glendale Crossing	Respiratory	Dec 22, 2020	Westminster, Byron, Pondmills		COVID-19		
Peoplecare Oak Crossing	Respiratory	Dec 20, 2020	Juniper, Sugar Maple, White Pine, Norway Spruce		COVID-19		
Westmount Gardens	Respiratory	Dec 20, 2020	Apple Blossom		COVID-19		
McGarrell Place	Respiratory	Dec 18, 2020	Facility		COVID-19		
Dearness Home	Respiratory	Dec 16, 2020	Facility		COVID-19		
Country Terrace	Respiratory	Dec 8, 2020	Facility		COVID-19		

## Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
LHSC- Victoria Hospital	Respiratory	Dec 15, 2020	C5-100	Dec 31, 2020	COVID-19		
Sisters of St. Joseph	Respiratory	Dec 20, 2020	Care Centre - East and North Hall	Dec 29, 2020	COVID-19		
LHSC- University Hospital	Respiratory	Nov 10, 2020	U4 Medicine	Dec 29, 2020	COVID-19		
LHSC- University Hospital	Respiratory	Dec 19, 2020	U7-Clinical Neurosciences	Dec 28, 2020	COVID-19		

This information is to be used as a guide and is intended to help you prevent infections and outbreaks in your facility. The decision regarding who can work at a facility rests with that facility, but should take into account the need for adequate staffing levels and the risk of infection from staff working at multiple facilities. For more information please visit <https://www.healthunit.com/outbreak-resources>

### Enteric Outbreaks

- Staff members/volunteers from facilities in outbreak should not work at your facility until at least 48 hours have elapsed since they last worked at the affected facility. This period can be modified if the causative agent is known.
- Staff members/volunteers who are experiencing gastrointestinal illness should not work at any facility until they have been symptom-free for at least 48 hours. Good hand hygiene should be reinforced with returning staff members/volunteers.
- Staff should change to a clean uniform between facilities and before leaving the affected facility.

**(Source: Control of Gastroenteritis Outbreaks in Long-Term Care Homes: A Guide for Long-Term Care Homes and Public Health Unit Staff, 2013).** <https://www.healthunit.com/outbreak-resources>

### *Clostridium difficile* Outbreaks

- Provided that all required infection control practices are in place, staff can work at both affected and unaffected facilities without restrictions.

Residents/patients with suspected or confirmed *Clostridium difficile*-associated diarrhea (CDAD) can be transferred within the health care system; however, the receiving facility must be notified and be able to comply with the recommended infection control precautions. *Clostridium difficile* is suspected in a resident/patient who develops diarrhea and has been in a facility experiencing a *Clostridium difficile* outbreak. Initiate Isolation rapidly and stool samples should be collected. **(Source: Annex C: Testing, Surveillance and Management of Clostridium difficile In All Health Care Settings, January 2013).**

<https://www.healthunit.com/outbreak-resources>

### Respiratory Outbreaks (non-influenza)

- Staff members/volunteers from facilities in outbreak should not work at your facility until at least 72 hours have elapsed since they last worked at the affected facility. For outbreaks attributable to Respiratory Syncytial Virus (RSV), Parainfluenza virus, Human metapneumovirus, and Adenovirus consider lengthening this time period to 5 days. Staff members/volunteers who are experiencing respiratory symptoms should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved. For outbreaks attributable to RSV, lengthen this time period to 8 days. Good hand hygiene should be reinforced with returning staff members/volunteers. **(Source: A Guide to the Control of Respiratory Infection Outbreak in Long-Term Care Homes, Ministry of Health and Long-Term Care, November, 2015).** [http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp\\_infectn\\_ctrl\\_guide\\_ltc\\_2015\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2015_en.pdf)

### Influenza Outbreaks

- The Health Unit recommends that you ask non-immunized staff/volunteers who are from facilities in outbreak, and who are not on an appropriate antiviral drug, to refrain from working at your facility until it has been at least 72 hours since they last worked at the affected facility.
- Staff members/volunteers who are experiencing respiratory/ influenza symptoms should not work at any facility until 5 days from onset of symptoms or until symptoms have resolved, whichever time period is shorter. Good hand hygiene should be reinforced with returning staff members/volunteers. **(Source: A Guide to the Control of Respiratory Infection Outbreak in Long-Term Care Homes, Ministry of Health and Long-Term Care, November, 2015).** [http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp\\_infectn\\_ctrl\\_guide\\_ltc\\_2015\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/docs/resp_infectn_ctrl_guide_ltc_2015_en.pdf)