



# OUTBREAK STATUS REPORT

Middlesex-London Health Unit

*Last Updated: January 29, 2022 7:04 PM*

For more information or to report an outbreak, contact:  
 The Infectious Disease Control Team  
 Middlesex-London Health Unit  
 519-663-5317 ext. 2330

## Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Queens Village	Respiratory	Jan 28, 2022	Facility-wide		COVID-19		
Oneida Long Term Care Home	Respiratory	Jan 28, 2022	West Wing		COVID-19		
LHSC- University Hospital	Respiratory	Jan 25, 2022	U4 Medicine 200/300		COVID-19		
LHSC- Victoria Hospital	Respiratory	Jan 25, 2022	D6 200		COVID-19		
LHSC- Victoria Hospital	Respiratory	Jan 25, 2022	D6 100		COVID-19		
Queens Village	Respiratory	Jan 25, 2022	Lower Level & Second Floor		COVID-19		
Parkwood Institute Main Building	Respiratory	Jan 24, 2022	G3		COVID-19		
Mount Hope Centre For Long Term Care	Respiratory	Jan 22, 2022	SM5		COVID-19		
Chartwell Riverside Retirement Residence	Respiratory	Jan 21, 2022	Facility-wide		COVID-19		
Chelsey Park	Respiratory	Jan 18, 2022	3rd Floor (A-Wing); 2nd&4th Floor (declared Jan28)		COVID-19		
LHSC- Victoria Hospital	Respiratory	Jan 17, 2022	B7-200 Adult Mental Health		COVID-19		
LHSC- University Hospital	Respiratory	Jan 15, 2022	U10 Subacute Medicine and Palliative Care		COVID-19		
LHSC- University Hospital	Respiratory	Jan 15, 2022	U5 100/300 Cardiology Inpatient		COVID-19		
LHSC- University Hospital	Respiratory	Jan 14, 2022	8-AC		COVID-19		
LHSC- University Hospital	Respiratory	Jan 11, 2022	A9 Inpatient - 100 & 200 Corridors		COVID-19		
Manor Village at London	Respiratory	Jan 10, 2022	4 West (4 Centre resolved Jan 21)		COVID-19		
Highview Residence - Chapin House	Respiratory	Jan 7, 2022	Facility-wide		COVID-19		
Arbor Trace Alzheimer's Special Care Center	Respiratory	Jan 4, 2022	Facility-wide		COVID-19		
Meadow Park Care Centre	Respiratory	Jan 1, 2022	Blue Unit (rest of facility resolved Jan 15)		COVID-19		
Dearness Home	Respiratory	Dec 29, 2021	Oakdale (5E, 5W, 4E, 2W all resolved Jan 15)		COVID-19		

## Active

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Henley Place LTC Residence	Respiratory	Dec 29, 2021	FW; Harris declar Jan28 (Resolv: Fanshawe&Vic)		COVID-19		
Elmwood Place	Respiratory	Dec 27, 2021	FW (All units resolved except for Victoria unit)		COVID-19		
Village of Glendale Crossing	Respiratory	Dec 25, 2021	Facility-wide		COVID-19		
Extencicare	Respiratory	Dec 24, 2021	1st Floor & Third Floor; (2nd resolved)		COVID-19		

## Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
LHSC- University Hospital	Respiratory	Jan 15, 2022	U6 200/300 Cardiac Surgery	Jan 29, 2022	COVID-19		
Chartwell Parkhill	Respiratory	Jan 1, 2022	Countryside Unit	Jan 29, 2022	COVID-19		
Earls Court Village	Respiratory	Jan 2, 2022	2nd Flr (1&4 resolved Jan 18; 3 resolved Jan 21)	Jan 28, 2022	COVID-19		
Dearness Home	Respiratory	Jan 21, 2022	4E	Jan 27, 2022	COVID-19		
Strathmere Lodge	Respiratory	Jan 6, 2022	Bear Creek (Res Jan 27th);Other units resolv Jan19	Jan 27, 2022	COVID-19		
Parkwood Institute Main Building	Respiratory	Dec 31, 2021	3 Kent/Essex	Jan 27, 2022	COVID-19		
McCormick Home	Respiratory	Dec 14, 2021	Evergreen	Jan 26, 2022	COVID-19		
Parkwood Institute Main Building	Respiratory	Jan 3, 2022	4 Bruce Elgin	Jan 25, 2022	COVID-19		
LHSC- University Hospital	Respiratory	Jan 1, 2022	7IP Clinical Neurosciences - 100 Wing, 202,220-232	Jan 24, 2022	COVID-19		
Babcock Community Care Centre	Respiratory	Dec 31, 2021	Facility - wide	Jan 24, 2022	COVID-19		
Country Terrace	Respiratory	Dec 28, 2021	Nottingham Unit	Jan 24, 2022	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)