



OUTBREAK STATUS REPORT

Middlesex-London Health Unit

Last Updated: April 30, 2022 7:27 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
LHSC- University Hospital	Respiratory	Apr 29, 2022	UH4-100/200 Medicine		COVID-19		
Middlesex Terrace	Respiratory	Apr 28, 2022	Facility-wide		Coronavirus (not COVID-19)		
Fox Hollow Retirement Residence	Respiratory	Apr 27, 2022	2nd, 3rd and 4th floor		COVID-19		
Village of Glendale Crossing	Respiratory	Apr 27, 2022	Brighton Unit		COVID-19		
Sprucedale Care Centre	Respiratory	Apr 27, 2022	Maple		COVID-19		
LHSC- Victoria Hospital	Respiratory	Apr 25, 2022	C6-300		COVID-19		
McGarrell Place	Respiratory	Apr 24, 2022	Ivey Lane/Windermere		COVID-19		
Westmount Gardens	Respiratory	Apr 23, 2022	Iris		COVID-19		
Amica & Company Retirement	Respiratory	Apr 21, 2022	facility-wide		COVID-19		
Masonville Manor	Respiratory	Apr 20, 2022	Facility-wide		COVID-19		
Kensington Village Retirement	Respiratory	Apr 18, 2022	Highbury		COVID-19		
McCormick Home	Respiratory	Apr 18, 2022	Oak Avenue		Rhinovirus		
Queens Village	Respiratory	Apr 18, 2022	1st Floor		COVID-19		
Chelsey Park	Respiratory	Apr 17, 2022	LTCH - 5th floor Wing A		COVID-19		
Mount Hope Centre For Long Term Care	Respiratory	Apr 17, 2022	MV5		COVID-19		
Mount Hope Centre For Long Term Care	Respiratory	Apr 15, 2022	SM5		COVID-19		
Peoplecare Oak Crossing	Respiratory	Apr 12, 2022	Sugar Maple		COVID-19		
Strathmere Lodge	Respiratory	Mar 23, 2022	2nd floor (Parkview and Hickory Woods)		COVID-19	Influenza A	

Declared Over

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Declared Over

Premise	Type of Outbreak	Date Declared	Affected Area(s)	Date Resolved	Pathogen 1	Pathogen 2	Pathogen 3
Strathroy Middlesex General Hospital	Respiratory	Apr 12, 2022	2 South	Apr 25, 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

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