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South West Infection Prevention & Control (IPAC) Hub

- Huron Perth & Area Ontario Health Team
- Middlesex-London Health Unit
- Southwestern Public Health

South West IPAC Hub Update

Oct 19, 2022

Dear Congregate Living Organization Partners,

October IPAC Hub Newsletter

The implementation of public health control measures during the pandemic to control the spread of COVID-19 has effectively controlled the spread of other common pathogens such as influenza, respiratory syncytial virus, human metapneumovirus, norovirus etc. The levels of these seasonal infections have remained very low for the past two years. With the lifting of public health measures in the community, we are expecting to see the circulation of other pathogens in high-risk settings such as long-term care homes, retirement homes, and other congregate living settings. It is important to stay prepared to effectively control different pathogens that may be introduced into your home.

Influenza (the flu)

Influenza is a serious infection of the nose, throat and lungs. The virus is spread by droplets from coughing, sneezing and talking when in close contact with someone who is sick or even 24 hours before symptoms appear. Symptoms usually start one to four days after exposure to the virus and can last for a week or longer. Young children, the elderly and individuals with weakened immune systems are susceptible to developing complications from influenza. Annual immunization is

recommended for everyone over the age of 6 months to protect against seasonal influenza.

Antivirals are available as a treatment for individuals with influenza or as prophylaxis (prevention) for exposed individuals in a facility outbreak. Antiviral treatment works best when started soon after becoming ill, preferably within two days of symptom onset. It can lessen symptoms, shorten the duration of illness, and decrease the risk of complications and hospitalizations. When used as prophylaxis for exposed individuals, it may help limit the spread of illness in the home and shorten the duration of outbreaks.

Respiratory Syncytial Virus (RSV) and Human Metapneumovirus (hMPV)

RSV and hMPV are both common seasonal pathogens that can cause respiratory infections in people of all ages. It is spread by direct or close contact with respiratory droplets of an infected person, causing symptoms such as fever, runny nose, cough, wheezing, and loss of appetite. Young children, the elderly and those with weakened immune systems may develop severe complications such as bronchitis and pneumonia. There are currently no vaccines or antivirals for these infections and treatment is generally supportive.

RSV and hMPV are pathogens with long incubation and infectious periods which makes management of these outbreaks challenging. Those who are infected may shed the virus for 3-10 days. To effectively control its spread, symptomatic individuals will require to isolate for 8 days from symptom onset, which is longer than the 5-day isolation for most other respiratory viruses.

Lab Testing for Common Respiratory Viruses

The laboratory test available at Public Health Ontario Laboratory will detect common respiratory viruses such as influenza, RSV, hMPV, rhinovirus, enterovirus, parainfluenza and seasonal coronavirus. Up to four specimens can be submitted for such testing when a facility is in an outbreak. A nasopharyngeal swab is the most sensitive type of specimen for respiratory virus testing and it is best to collect samples from people with recent onset of symptoms. Facilities should communicate with their local public health unit when an outbreak is suspected and implement control measures in a timely manner.

Enteric Pathogens-Norovirus

Norovirus is an enteric (intestinal) pathogen that is highly infectious and can infect people of all ages. It causes nausea, vomiting and diarrhea and can quickly spread in close living quarters. Norovirus is sometimes known as the “stomach flu”, however, it is not related to the flu caused by the influenza virus. It is spread by direct contact with an infected person, touching contaminated surfaces or objects contaminated with the virus or consuming contaminated food or water.

Contact precautions should be used when caring for a person with enteric symptoms. Healthcare workers or caregivers should use personal protective equipment (PPE) such as gloves and gowns when providing direct care. Enteric (stool) test kits are available at your local public health unit and can support the identification of the pathogen that is circulating in your facility.

Antibiotic Resistant Microorganisms (AROs)

Antibiotic Resistant Microorganisms (AROs) are pathogens resistant to the treatment that is normally used. Antibiotic resistance can happen naturally, but the inappropriate or overuse of antibiotics in people, animals and plants is a concern. Antibiotic resistant bacteria can spread easily among people and can be found in the community or in long-term care homes, retirement homes and congregate living settings.

AROs are spread from person to person by contact, usually on the hands of caregivers. It can be present on the hands either from touching surfaces or objects contaminated by the infected person. AROs survive well on hands and can survive for weeks on environmental surfaces such as door handles, bedrails, and medical equipment. Contact precautions (i.e., gloves and gowns) should be used within the resident’s environment and during direct care of a person with ARO.

Environmental surfaces and objects can become easily contaminated if an infected person has ARO and regular cleaning and disinfection of high-touched surfaces are important in preventing the spread of AROs.

One single case of ARO in your facility does not need to be reported to public health. If further transmission or an outbreak is suspected, public health should be consulted for additional support and guidance.

Methicillin Resistant Staphylococcus Aureus (MRSA)

Staphylococcus aureus is a bacterium that periodically lives on the skin and mucous membranes of healthy people without causing any symptoms. Occasionally S. aureus can cause an infection. When it develops resistance to the beta-lactam class of antibiotics, it is called

methicillin-resistant *Staphylococcus aureus* (MRSA).

Infections with MRSA may be minor, such as pimples and boils, however severe complications may also occur, such as sepsis and pneumonia, in people with weakened immune systems.

Vancomycin Resistant Enterococci (VRE)

Enterococci are bacteria that live in the gastrointestinal tract of most individuals and generally do not cause harm. Vancomycin-resistant enterococci (VRE) are strains of enterococci that are resistant to the antibiotic vancomycin. Individuals with infections caused by VRE, such as urinary tract infections or bloodstream infections may be more difficult to treat as they may not respond to treatments that are normally used.

Clostridioides difficile Infections (CDI)

C. difficile is a bacterium that causes diarrhea and colitis (inflammation of the colon). Most cases of *CDI* occur in people who are taking certain antibiotics in high doses or for a prolonged period. Some antibiotics can destroy a person's normal bacteria found in the gut, causing *C. difficile* bacteria to overgrow.

Symptoms of CDI can be mild to severe causing watery diarrhea that may contain mucus and/or blood, abdominal pain, loss of appetite, nausea, and fever.

C. difficile is a spore-forming bacterium and is found in the feces of an infected person. People can get infected if they touch surfaces contaminated with feces, and then touch their mouths. It is also very difficult to kill or eliminate on surfaces. A disinfectant labeled as a sporicide should be used when cleaning and disinfecting contaminated surfaces.

Measures to Prevent and Control Spread of Infections

As we approach the colder months, it is important for facilities to stay informed and be prepared for the bacteria and viruses that may enter your home. Below are some of the key IPAC principles to keep everyone healthy this season:

1. Practice good hand hygiene
2. Stay home when feeling unwell. Residents in congregate living should stay in their own rooms when they are sick.
3. Ensure adequate PPE and supplies such as ABHR, test kits and cleaning products

4. IPAC education and training for staff, volunteers and visitors (i.e., point of care risk assessment, use of PPE, respiratory etiquette and hand hygiene)
5. Maintain up-to-date immunizations
6. Conduct routine surveillance for early identification of infections
7. Communicate with public health when an outbreak is suspected

You may also contact your local IPAC Hub for additional infection prevention and control resources and training.

Southwestern Public Health: IPACHub@swpublichealth.ca

Huron Perth Health Alliance: ipachub@hpaoh.ca

Middlesex-London Health Unit: OFT@mlhu.on.ca

Reference:

[Ministry of Health and Long-Term Care Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018](#)

[Ministry of Health and Long-Term Care Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes](#)

[Southwestern Public Health The Flu Caring for Someone at Home](#)

[Public Health Ontario Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms \(AROs\) In All Health Care Settings](#)

[Public Health Ontario Annex C: Testing, Surveillance and Management of Clostridium difficile In All Health Care Settings](#)

[Government of Canada About Antibiotic Resistance](#)

[Fact Sheet-Clostridium difficile \(C.difficile\)](#)

Kind Regards,

South West IPAC Hub

Contact your Core IPAC Hub

ipachub@swpublichealth.ca

Or contact your local satellite IPAC hub at:

Middlesex London Health Unit:

OFT@mlhu.on.ca



Southwestern Public Health:

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