

# Appendix A: Disease-Specific Chapters

Chapter: Respiratory infection outbreaks in institutions

## Respiratory infection outbreaks in institutions

- Communicable  
 Virulent

**Health Protection and Promotion Act:  
 Ontario Regulation 558/91 – Specification of Communicable Diseases**

**Health Protection and Promotion Act:  
 Ontario Regulation 559/91 – Specification of Reportable Diseases**

<b>1) Aetiologic Agent:</b>	Outbreaks of respiratory infections in institutions are caused by a variety of respiratory viruses such as influenza A and B, respiratory syncytial virus (RSV), parainfluenza, rhinovirus and adenovirus. Common bacteria that cause respiratory outbreaks in institutions are Chlamydia pneumoniae, Legionella spp. and Mycoplasma Pneumoniae (Atypical Pneumonia).
<b>2) Case Definition</b>	
Surveillance Case Definition	<a href="#">See Appendix B</a>
Outbreak Case Definition	Each respiratory infection outbreak requires its own case definition. This should be developed based on the outbreak's characteristics, reviewed during the course of the outbreak, and modified if necessary, to ensure that the majority of cases are captured by the definition.
<b>3) Identification:</b>	<p><b>For the following sections:</b></p> <p><b>Refer to “A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes”, Public Health Division and LTCH Branch, MOHLTC, October 2004, or as current.</b></p>
Clinical Presentation	<p>These viruses often cause similar acute respiratory symptoms. Clinical evidence could include but is not limited to the following:</p> <ul style="list-style-type: none"> <li>• Upper respiratory tract illness (includes common cold, pharyngitis);</li> <li>• Runny nose or sneezing;</li> <li>• Stuffy nose (i.e. congestion);</li> <li>• Sore throat, hoarseness or difficulty swallowing;</li> <li>• Dry cough;</li> <li>• Swollen or tender glands in the neck (cervical lymphadenopathy);</li> <li>• Fever/abnormal temperature for the resident may be present, but is not required;</li> <li>• Tiredness (malaise);</li> <li>• Muscle aches (myalgia);</li> </ul>

	<ul style="list-style-type: none"> <li>• Loss of appetite;</li> <li>• Headache, and</li> <li>• Chills.</li> </ul>
Diagnosis	<a href="#">See Appendix B</a>

#### 4) Epidemiology:

Occurrence	<p>Worldwide; Seasonal peaks during winter and early spring. Respiratory infection outbreaks in institutions in Ontario show a seasonal distribution similar to that seen worldwide. While there is variation from year to year the season generally begins in October and ends in April.</p> <p>Outbreaks due to certain organisms are more common during different points in the season. For example rhinovirus outbreaks are more common early in the season while influenza B outbreaks are more common toward the end of the season.</p>
Reservoir	Humans
Modes of Transmission	Person to person; droplet transmission as well as contact with fomites may also occur depending on causative agent.
Incubation Period	Varies depending on the causative agent.
Period of Communicability	Varies depending on the causative agent.
Susceptibility and Resistance	All persons are susceptible, however susceptibility is greater in the very young and the institutionalized elderly.

#### 5) Reporting Requirements:

To Local Board of Health	Confirmed and suspected outbreaks shall be reported as soon as identified to the medical officer of health by persons required to do so under the <i>Health Protection and Promotion Act</i> , R.S.O. 1990.
To Public Health Division (PHD)	<p>Report only outbreaks as specified in the case definition to PHD.</p> <p>Preliminary report of outbreaks shall be made using the integrated Public Health Information System (iPHIS), or any other method specified by the Ministry <b>within one (1) business day of receipt of initial notification</b> as per <i>iPHIS Bulletin</i> Number 17: Timely Entry of Cases. The final outbreak report shall be submitted within 15 business days of the outbreak being declared over. Outbreaks in institutions that are caused by Reportable Diseases (e.g. legionellosis) shall be reported under their respective Reportable Diseases.</p> <p>The minimum data elements to be reported for each case is specified in the following:</p> <ul style="list-style-type: none"> <li>• <i>Ontario Regulation 569 (Reports)</i> under the Health</li> </ul>

	<p>Protection and Promotion Act (HPPA);</p> <ul style="list-style-type: none"> <li>• The disease-specific User Guides published by the Ministry, and</li> <li>• Bulletins and directives issued by the Ministry.</li> </ul>
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## 6) Prevention and Control Measures:

Personal Prevention Measures	For this section refer also to the <i>Institutional/Facility Outbreak Prevention and Control Protocol, 2008</i> (or as current) and to “A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes”, Public Health Division and LTCH Branch, MOHLTC, October 2004, or as current.
Infection Prevention and Control Strategies	For this section refer also to the <i>Institutional/Facility Outbreak Prevention and Control Protocol, 2008</i> (or as current) and to “A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes”, Public Health Division and LTCH Branch, MOHLTC, October 2004, or as current.
Management of Cases	<p>Cases are managed as part of the outbreak as per this Protocol and “A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes”, Public Health Division and LTCH Branch, MOHLTC, October 2004.</p> <p>If the outbreak is caused by a reportable organism, (e.g. Influenza) refer also to the disease-specific chapter for that organism.</p>
Management of Contacts	Contacts are managed as part of the outbreak as per this Protocol and “A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes”, Public Health Division and LTCH Branch, MOHLTC, October 2004, or as current.
Management of Outbreaks	Outbreaks are managed in collaboration with the institution and as per this protocol and “A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes”, Public Health Division and LTCH Branch, MOHLTC, October 2004 as well as the <i>Institutional/Facility Outbreak Prevention and Control Protocol, 2008</i> (or as current).
<b>7) Resources and References</b>	<p>Ministry of Health and Long-Term Care. Timely entry of cases. iPHIS Bulletin. 2007 May 11;17.</p> <p>Ministry of Health and Long-Term Care, Public Health Division &amp; Long-Term Care Homes Branch. A Guide to the control of respiratory infection outbreaks in long-term care homes. Toronto, ON: Queen’s Printer for Ontario; 2004. Available from <a href="http://www.health.gov.on.ca/english/providers/pub/pubhealth/ltc_res_outbreak/ltc_resoutbreak.pdf">http://www.health.gov.on.ca/english/providers/pub/pubhealth/ltc_res_outbreak/ltc_resoutbreak.pdf</a>. Retrieved February 3, 2009. (or as current)</p> <p>Ministry of Health and Long Term Care. Institutional/facility outbreak</p>

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prevention and control protocol. Toronto: Queen's Printer for Ontario; 2008. Available from [http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/progstds/protocols/institutional\\_facility\\_outbreak.pdf](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/protocols/institutional_facility_outbreak.pdf) (or as current)

Provincial Infectious Diseases Advisory Committee (Ontario). Preventing Febrile Respiratory Illnesses: Protecting patients and staff: Best practices in surveillance and infection prevention and control for Febrile Respiratory Illness (FRI), excluding Tuberculosis, for all Ontario health care settings. Rev.ed. Toronto: Queen's Printer for Ontario; 2006. Available from [http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best\\_prac/bp\\_fri\\_080406.pdf](http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_fri_080406.pdf)

*Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h07\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm).

Steering Committee on Infection Control Guidelines. Prevention and control of occupational infections in health care. An infection control guideline. *Can Commun Dis Rep*. 2002 ;28(Suppl 1):1-264. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/02pdf/28s1e.pdf>.

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