ACTIVE INSTITUTIONAL OUTBREAK LIST

EXPLANATORY NOTES

Purpose of List

To provide Toronto Emergency Services, hospital infection control, and long term care facility staff with a timely list of the outbreak status of facilities that may transfer residents/patients, so that appropriate precautions can be implemented.

Distribution List

This list is sent to all Toronto area hospital infection control practitioners (ICPs), selected hospital epidemiologists, central contacts within Fire Services and EMS, administrators within LTCHs, and to Toronto Public Health Communicable Disease Control managers.

Instructions for Adding/Removing Names

With the exception of ICPs, we limit the number of recipients within any institution to two. Community recipients receiving this list have been identified by each institution's assigned TPH liaison. Any changes (add/remove requests) should be made by contacting your TPH liaison directly.

Frequency of Reports

Reports are e-mailed out on all non-holiday weekdays when there are active institutional outbreaks in Toronto.

Outbreaks Listed

Outbreaks on this list include those that are under investigation in institutions for one of the following general reasons:

Respiratory Outbreaks*: Two cases of acute respiratory infections (ARI) within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be laboratory-confirmed;
OR
Three cases of ARI (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (e.g., unit, floor).
OR
A confirmed outbreak in a home is defined as two or more PCR or rapid molecular confirmed COVID-19 cases in residents and/or staff (or other visitors) in a home, or two or more positive RAT results in residents or staff in a home with an epidemiological link, within a 10-day period, where at least one case could have reasonably acquired their infection in the home.
(Please note: this outbreak definition was updated as of December 31, 2021. Prior to December 31, 2021, the definition required two or more lab-confirmed COVID-19 cases in residents and/or staff (or other visitors) in a home with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the home. Prior to April 7, 2021, the

	definition required one or more lab-confirmed COVID-19 cases in a resident or staff in the long-term care home.) **OR** A confirmed outbreak in a hospital is defined as two or more polymerase chain reaction (PCR) test OR rapid molecular test OR rapid antigen test results in patients and/or staff within a specified area (unit/floor/service) within a 10-day period where both cases have reasonably acquired their infection in the hospital. (Please note: this outbreak definition was updated as of February 16, 2022. Previously, the definition required two or more lab-confirmed COVID-19 cases in patients and/or staff within a specific area (unit/floor/service) within a 10-day period where both cases could have reasonably acquired their infection in the hospital).
Enteric Outbreaks† :	Two or more episodes of diarrhea within a 24-hour period **OR** Two or more episodes of vomiting within a 24-hour period; **OR** One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period
Other Outbreaks:	Cases of a non-respiratory or non-enteric illness or asymptomatic carriage/colonization of a confirmed organism occurring at a rate exceeding the normally expected baseline rate for the facility (or unit,floor,ward) during a specific period of time.
Criteria for Removing Outbreak from List	Outbreaks are removed from the list when upon further investigation, an outbreak does not exist **OR** the outbreak has been declared over.
Declaring a Respiratory or Enteric Outbreak Over:	In general, respiratory and enteric outbreaks are declared over if no new cases have been detected in the facility for a period of time equal to at least one full incubation period + one full period of communicability for the particular outbreak organism.
Subtyping information:	When available, subtype information will be included only for outbreaks where influenza and/or parainfluenza are identified as the causative etiological agent. If strain information is not available for outbreaks of these agents, the subtype will be indicated as (Not subtyped).
Abbreviations Used on this Report	CPE Carbapenemase-producing Enterobacteriaceae GAS Group A Streptococcal infection (invasive form) ICP Infection Control Practitioner LTCH Long-Term Care Home (including Retirement Homes) TPH Toronto Public Health VRE Vancomycin-resistant enterococci
Data sources	Ontario Ministry of Health, integrated Public Health Information System (iPHIS), and Case and Contact Management System (CCM)

For more information on provincial definitions for respiratory and enteric outbreaks in institutions refer to:

***respiratory outbreaks:**
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/respiratory_outbreaks_cd.pdf

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

†enteric outbreaks:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/gastro_outbreaks_chapter.pdf