

AT A GLANCE

Planning for respiratory virus outbreaks in congregate living settings

September 2021

Introduction

During the fall and winter months, a number of respiratory viruses are known to commonly circulate in Ontario including influenza, respiratory syncytial virus (RSV), and rhinovirus. For the 2021-22 respiratory virus season, it is anticipated that SARS-CoV-2 (the virus that causes COVID-19) will continue to circulate. Respiratory viruses can cause similar symptoms (e.g., fever, cough, sore throat, fatigue). For this reason, laboratory testing is needed to distinguish one virus from another (see [Key features of influenza, SARS-CoV-2, and other common respiratory viruses](#)).¹

The potential impact of SARS-CoV-2 on the spread of other respiratory viruses is uncertain. The public health measures currently in place to control the spread of COVID-19 (e.g., physical distancing, masking), in addition to the available vaccines, play an important role in limiting the spread of respiratory viruses (see [Key features of influenza, SARS-CoV-2, and other common respiratory viruses](#)¹ for routes of transmission). Since relaxation of public health measures for COVID-19, there has been a re-emergence of respiratory viruses both internationally and locally in Ontario.^{2,3} Therefore, it is likely that these will continue to circulate through the 2021-22, although the degree to which they will circulate is unknown.

Congregate living settings should plan for and be prepared to respond to outbreaks of any respiratory virus that may occur within their facility. Early detection of an outbreak and the prompt application of outbreak control measures can minimize the spread of illness to others with the goal of preventing an outbreak from getting worse to eventually bringing an outbreak under control.

Purpose

This document is intended to support congregate living settings outside of Long-Term Care and Retirement Homes, to prepare for, identify and respond to a respiratory outbreak. Congregate living settings refer to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) including: Shelters, Group homes, Correctional Facilities and Children or youth residential settings. **For resources related to Long-Term Care and Retirement homes please visit the [Long-Term Care Resources](#) webpage on the Public Health Ontario website.**

Several resources have already been developed to assist congregate living settings plan for and respond to outbreaks of COVID-19 (see [COVID-19 resources for congregate living settings](#)⁴, and the [Additional resources](#) section below). This document is intended to supplement these existing COVID-19 resources

by providing congregate living settings with additional information relevant to managing outbreaks of other respiratory viruses.

Assumptions

1. COVID-19 prevention measures outlined by the Ministry of Health (MOH) are in place. See: [COVID-19: Guidance for Health Sector](#)⁵
2. Infection Prevention and Control practices are in place to prevent and reduce transmission of infections in the setting. See IPAC Section of the [COVID-19 Preparedness and Prevention in Congregate Living setting checklist](#)⁶
3. Guidance related to COVID-19 and other respiratory outbreak preparedness and response, vaccination, and infection prevention and control are followed in accordance with the advice, guidance, recommendations, directives or other direction of provincial Ministries and local public health units.

Key strategies in managing respiratory virus outbreaks

Because respiratory viruses are spread in similar ways, the approach to managing an outbreak of any respiratory virus is generally the same, with a few notable exceptions:

Outbreaks of COVID-19 and other respiratory viruses are defined slightly differently:

- **COVID-19:** Outbreaks of COVID-19 are declared based on the outbreak definition relevant to the type of facility (i.e., one or two cases of COVID-19 as per [relevant Ministry guidance](#)⁵).
- **Influenza or other non-COVID-19 respiratory viruses:** Outbreaks of influenza or other respiratory infections are defined based on the [provincial case definition](#).⁷

For influenza only:

- A vaccine is recommended annually to protect individuals from becoming infected with influenza.
- In certain outbreak situations, antiviral medication is used for the purposes of treatment and prophylaxis for those who are at risk of severe complications and outcomes (e.g. residents in a LTCH/RH setting) and to control the outbreak.

For COVID-19:

- A complete series of a COVID-19 vaccine is offered to individuals in the authorized age group without contraindications to the vaccine.⁸
- Cohorting of residents infected with or exposed to COVID-19 is a commonly used strategy for preventing its spread in congregate living settings.
- Although cohorting of residents can also be used in outbreaks of other respiratory viruses, this is generally not done in congregate settings.

Key considerations for preparing for respiratory virus season

Given the number of respiratory viruses that are known to circulate during the fall and winter months, it is possible that more than one respiratory virus may be detected during an outbreak in a facility.

In particular, in the event that both SARS-CoV-2 (COVID-19) and another respiratory virus are detected in a facility, each outbreak is managed independently, with areas of overlap between the outbreaks identified. For outbreaks of COVID-19 and influenza, specific control measures for each virus would need to be implemented (e.g., cohorting of residents for COVID-19, use of antiviral medication for influenza if indicated) as recommended by the local public health unit, and/or the outbreak management team for the setting.

If SARS-CoV-2 (COVID-19) is not identified as the cause of an outbreak, recommendations to prevent further spread may be offered by your local public health unit and or IPAC Hubs.

The following outlines some key activities for congregate living settings to consider in planning for outbreaks of respiratory viruses.

Outbreak Management Planning

The development of outbreak management plans is important in order to respond quickly to prevent the spread of respiratory illness in your facility. [Additional resources](#) are provided below to assist in planning for the upcoming respiratory virus season.

Although some of these resources are specific to COVID-19, many of the measures that are applied to COVID-19 outbreaks are also relevant for other respiratory viruses. Outbreak control measures applied to COVID-19 are more rigid compared to other respiratory pathogens. If COVID-19 is ruled out outbreak control measures may change but it will still be important to continue to monitor for COVID-19. The local Public Health Unit will work with your facility to recommend measures based on the suspected or identified pathogen and the context of your facility.

Infection Prevention and Control Education for Staff and Volunteers

Ongoing education of staff and volunteers about infection control and outbreak prevention and related policies should be part of your facility's planning. Education to staff and volunteers should be offered at the time of hiring and annually thereafter.

Topics to include in the education programs for all staff and volunteers:

- Hand Hygiene
- Proper use of Personal Protective Equipment (PPE). [Putting on and taking off the correct protective gear](#)⁹ at the right time, in the right place, and in the right order. e.g. appropriate use of gloves and gowns, eye protection and medical masks
- Standard [environmental cleaning](#)¹⁰
- Occupational health e.g staying home when ill, importance of immunizations
- Outbreak management

Monitoring for illness

The purpose of ongoing monitoring of respiratory symptoms in your staff, residents and volunteers is to identify symptomatic individuals early and to apply appropriate measures in order to prevent spread to others. Congregate living settings should follow guidance for screening and monitoring staff, residents and volunteers as stated in [provincial guidance](#)⁵ and guidance through the facility's affiliated Ministry.

Actions to take when you first observe symptomatic individual(s) with respiratory symptoms

1. Ill resident(s) to remain in their room (or an isolation room, where available). Send ill staff/volunteer home
2. Encourage ill resident(s) to clean their hands ([How to Handwash](#)¹¹, [How to Handrub](#)¹²) and practice [respiratory etiquette](#)¹³
3. Enhance monitoring for other ill residents and staff (e.g. twice daily symptom check of staff and residents)
4. Re-enforce the use of [personal protective equipment \(PPE\)](#)¹⁴ for staff when providing care to symptomatic resident(s) and [environmental cleaning](#)¹⁰
5. Contact your [Local Public Health Unit](#)¹⁵

Contacting Local Public Health Unit

Your facility should have a plan in place of how and when to contact your local public health unit. If a respiratory outbreak is suspected in your facility or if a case of COVID-19 is identified, notify your [local public health unit](#)¹⁵ as soon as possible. Be prepared to provide the following information:

- Description of your facility layout
- Total number of residents and staff
- A list of ill residents, staff and visitors including rooms, units/floors in which they reside
- Date of onset and symptoms for each ill resident, staff or visitor
- A list of possible high risk close contacts

IMMUNIZATION

Routine immunization programs and immunization with other vaccines as recommended by the National Advisory Committee on Immunizations (NACI) should continue during the COVID-19 pandemic with mitigation of risks of COVID-19 transmission during the immunization process as outlined in the [Interim guidance on continuity of immunization programs during the COVID-19 pandemic](#).¹⁶

Influenza Immunization

In Ontario, the annual influenza vaccine is provided free of charge to all individuals six months of age or older who live, work or attend school in the province (see [Influenza vaccines for the 2021-2022 influenza season](#)¹⁷ and the [National Advisory Committee on Immunization \(NACI\) Canadian Immunization Guide](#)

[Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2021-2022](#)¹⁸ for more details).

The best way to prevent infection is to receive the seasonal influenza vaccine every year. Facilities should consider:

- Encouraging and supporting all residents, staff, and essential visitors to receive the annual influenza vaccine as early as possible. For information on where to get the influenza vaccine, see [Where to get the flu vaccine](#).¹⁹
 - If required for your facility, keep track of residents and staff who have received their annual influenza vaccine.
- Ensuring staff members are aware of any applicable facility policies with respect to unvaccinated staff members working during an influenza outbreak.

COVID-19 Immunization

COVID-19 vaccines are available and authorized for use by Health Canada. When fully vaccinated, the vaccines have been shown to be effective in the prevention of COVID-19 illness and reduce the risk of serious illness and hospitalization from the dominant variants circulating in Canada⁸

- As per the Ministry of Health in consultation with the Chief Medical Officer of Health, vaccination policies are to be implemented in women's shelters, congregate group homes, children's treatment centres and other services for children with special needs, and licensed children's residential settings.²⁰ As requirements for vaccination/vaccination policies may change over time, the most current guidance/directive from the Ministry of Health, or other relevant ministry, should be followed as applicable to the congregate living setting.
- Encourage all eligible residents, staff and volunteers to be fully vaccinated as soon as possible.
- Public Health Ontario's [COVID-19 Vaccine Communication Strategies for Community Congregate Living Settings](#)²¹ provides communication tools and resources that can build vaccine confidence in residents and staff.

Pneumococcal Immunization

Streptococcus pneumoniae (*S. pneumoniae*) is a bacterium that can cause many types of diseases including invasive pneumococcal disease (IPD), and community-acquired pneumonia (CAP).

For the prevention of diseases caused by *S. pneumoniae* in adults, two types of vaccines are available in Canada: pneumococcal 23-valent polysaccharide (PNEU-P-23) vaccine containing 23 pneumococcal serotypes and pneumococcal 13-valent conjugate (PNEU-C-13) vaccine containing 13 pneumococcal serotypes. Pneumococcal vaccines are recommended and funded in Ontario for those with pre-existing medical conditions and adults 65 years of age and older.

TESTING

Early and rapid testing of residents and/or staff displaying symptoms of respiratory illness is important. The results of early testing of residents and/or staff plays a key role in informing appropriate outbreak control measures that can be implemented in your setting to limit the spread of infection to other residents and staff.

If residents and/or staff develop symptoms of a respiratory illness, they should be tested in consultation with the local public health unit for COVID-19. Multiplex respiratory virus PCR (MRVP) testing may also

be requested (in addition to COVID-19 testing) by the local public health unit for residents in institutions not in outbreak with acute respiratory illness, and in respiratory outbreaks²².

If you suspect an outbreak in your facility, contact your [local public health unit¹⁵](#) who will help to coordinate testing, ensure that the appropriate tests are ordered and the [PHO Laboratory COVID-19 Virus Test Requisition Form²³](#) is completed correctly.

As part of outbreak planning, congregate living settings should identify available options for ensuring that symptomatic residents, staff and/or essential visitors can get tested as quickly as possible, including the possibility of:

- **On-site testing:** On-site specimen collection may be organized through appropriate facility staff, local health care providers, assessment centres or emergency medical services. Facilities with the capacity to do on-site specimen collection (i.e., swabbing) should have appropriate policies and procedures in place (including medical directives), ensure staff are appropriately trained, ensure that the facility has the appropriate, non-expired specimen collection kits on-hand, and ensure the requisition is appropriately completed, including the information noted above.
- **Off-site testing:** Facilities without the capacity to do on-site specimen collection should identify options to have residents, staff and/or essential visitors tested (e.g., assessment centres, community health centres, primary care providers). If residents, staff, or essential visitors are seeking off-site testing at an assessment centre, ensure they take the [laboratory test requisition form²³](#) with them, with the information completed as per local public health unit instructions. In collaboration with the local public health unit, ongoing or additional testing during an outbreak may be conducted depending on the identified pathogen and the progression of the outbreak.

USE OF ANTIVIRAL MEDICATIONS

Influenza antiviral medications may be recommended by your local public health unit for both treatment and prevention during influenza outbreaks. Antivirals are typically used in settings where residents are mostly the same from day to day, or where the unit can be closed (e.g., long-term care homes, retirement homes). There may be some congregate living settings where antiviral treatment is warranted, particularly if the facility serves residents at high risk for influenza complications (e.g., adults 65 years of age and over, pregnant women and women up to four weeks after delivery, or those with underlying medical conditions), or where prophylaxis is warranted if the majority of residents are at high risk of complications and the outbreak population is contained. If your local public health unit recommends the use of antiviral medication during an influenza outbreak in your facility, they will be able to assist your facility in accessing antivirals for the purpose of outbreak management.

Timely communication with your local public health unit is important if an outbreak of influenza is suspected in your setting because antiviral medications are most effective when given as quickly as possible following onset of symptoms (for treatment purposes) or once an outbreak of influenza is confirmed (for prevention purposes).

To learn more about influenza antiviral medications and their role in influenza outbreak management see the following resources:

- [Antiviral medication use during an influenza outbreak: congregate living settings²⁴](#)
- [Influenza Antiviral Treatment²⁵](#)

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Additional resources

Preparing for Respiratory Outbreaks

[Ministry of Health COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)

[Influenza Vaccines for the 2021-2022 influenza season](#)

[Antiviral Medication Use during an Influenza Outbreak: Congregate living settings](#)

[Influenza Antiviral Treatment](#)

[Key features of influenza, SARS-CoV-2, and other common respiratory viruses](#)

Checklists for COVID-19

[COVID-19 Preparedness and Prevention in Congregate Living settings](#)

[Managing COVID-19 outbreaks in congregate Living Settings](#)

Recorded Webinar

[Planning for Respiratory Virus Outbreaks in Congregate Living Settings](#)

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At a Glance

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