



Lakeridge Health

Spring 2024

Emerging and Re-emerging Diseases – Staying up to date with Vaccines and Immunizations

Spring is here and travel is in full effect. Over the recent past years, we have faced increased vaccine fatigue which has resulted in a steady decline, and update of regular vaccines and immunizations. This has contributed to the recent rise of vaccine preventable communicable diseases as as measles and chicken pox. Unvaccinated children and adults are more susceptible and at increased risk of contracting vaccine preventable diseases.

Globally and within Canada, there has been a significant rise of travel-related measles cases. What this means is that for the congregate living settings clients/residents may be more susceptible to unwarranted exposure from a travel related visitor/family/staff.

As we look at infection prevention and control beyond the COVID-19 pandemic, we need to shift our focus on new emerging and re-emerging diseases. Now is the time to take the opportunity to re-verify client/residents' immunization records/status to see if they are up to date with all their routine vaccines, immunizations and boosters.



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Here are a couple of tips to help guide you:

1. Get Vaccinated

If your client/resident is not up to date with their routine vaccines, schedule them to get vaccinated. Please refer [Provincial Routine Vaccination Table for Healthy, Previously Immunized Adults](#) and [Provincial Routine Vaccination Schedule for Children](#) from Public Health Agency of Canada.

2. Don't be misinformed!

Stay informed with credible sources. There is a lot of misinformation out there around vaccines and side effects. It is important to provide and direct client/residents and their families to credible sources of information such as [Public Health Agency of Canada](#), [National Advisory Committee on Immunization](#), and your local public health unit ([Durham Region Public Health](#)) to be able to make informed consents.

3. Report to Public Health

Did you know that certain infectious diseases like measles and chickenpox are reportable to your local public health unit. If your client/resident has been diagnosed with [diseases of public health significance](#) you will need to report. Please report online - [Reportable Diseases - Region of Durham](#). You may also report by connecting with our Health Connection Line.



Health Connection Line

Telephone (within regional limits): 311

Telephone: 905-668-2020 | Toll-Free: 1-800-841-2729

Additional resources:

- [Measles: Information for Health Care Providers \(publichealthontario.ca\)](#)
- [PHO Interim IPAC Recommendations and Use of PPE for Care Of Individuals with Suspect or Confirmed Measles](#)
- [Updated NACI recommendations for measles post-exposure Prophylaxis: CDR:2018;44\(9\) - Canada.ca](#)
- [Facts About ... Measles 2023-11-08 \(durham.ca\)](#)



Durham Region Health Department **FAX about...**

For Health Care Professionals



Measles Preparedness

Increased measles activity is being reported globally due to travel and low vaccination rates, including recent reports of travel-associated cases in Ontario.

Action Requested

Consider measles in your differential diagnoses, particularly in returning travellers with respiratory symptoms. Vaccinate patients who are not up-to-date and planning to travel. **Due to increased risks during travel to areas of concern, Ontario residents 6 months and older are eligible for publicly funded measles vaccine.**

Clinical Presentation

The key signs and symptoms of measles include:

- Fever 38.3 degrees Celsius or higher (oral)
- Cough, runny nose (coryza) or red eyes (conjunctivitis)
- Generalized maculopapular rash for at least three days

Promptly isolate any patient with suspect or confirmed measles in a single room with negative air flow (airborne isolation room) if available. If not, the patient should wear a surgical mask and be placed in a single room with the door closed. Isolate the exam room for 2 hours after the patient has left.

Testing

If your patient presents with the above symptoms, order the following tests (or search for "Measles" on the main PHOL website):

1. Measles PCR -nasopharyngeal (NP) /throat swab and urine specimen - NP swab (collected in virus culture media) AND urine (50 mls), for measles PCR
 - NP swab and/or a throat swab should be collected within 7 days after rash onset
 - Urine should be collected within 14 days of rash onset
2. Measles Serology – blood test (IgG and IgM)
 - Acute: Collect the acute sample within 7 days after rash onset
 - Convalescent: Collect the convalescent sample minimum 7-10 days after the acute; preferably 10 to 30 days after acute
 - Mark "suspect measles" on the lab requisitions

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Vaccination

Vaccinate patients who are not up-to-date with measles vaccine especially if they are planning to travel, including infants 6 months of age or older. Ensure the second booster was received by 4 to 6 years of age.

Ensure all healthcare staff are up to date with either two doses of documented measles vaccination OR documented laboratory evidence of immunity.

Order the MMR vaccine through regular monthly vaccine orders (order forms are available on www.durham.ca/hcp under Forms, Order).

Publicly Funded Immunization Criteria for Measles

Routine Criteria:

- ≥1 year of age

High-Risk Criteria:

- 6 to 11 months of age and travelling to areas where measles is of concern (2 additional doses are required at ≥1 year of age)
- Adults 26 years of age and over who have only received one dose of MMR are eligible to receive a second dose:
 - If they are health care workers
 - If they are post-secondary students
 - If they are travelling to areas where measles is of concern
 - Based on health care provider clinical judgement

Reporting

Measles is an immediately reportable disease in Ontario. Please continue to report any cases of Measles promptly to Durham Region Health Department:

- Phone: 905-668-2020 or 1-800-841-2729 ext. 2996
- After Hours Phone: 905-576-9991 or 1-800-372-1104
- Confidential Fax: 905-666-6215
- Access the Notification Form for Diseases of Public Health Significance at www.durham.ca/hcp (under Forms, Reporting) and fax the completed form

February 23, 2024

905-668-2020 or 1-800-841-2729 | durham.ca/health

If you require this information in an accessible format, contact 1-800-841-2729.



Top Findings and Trends from IPAC Hub Visits – Third Quarter, 2023



Staff

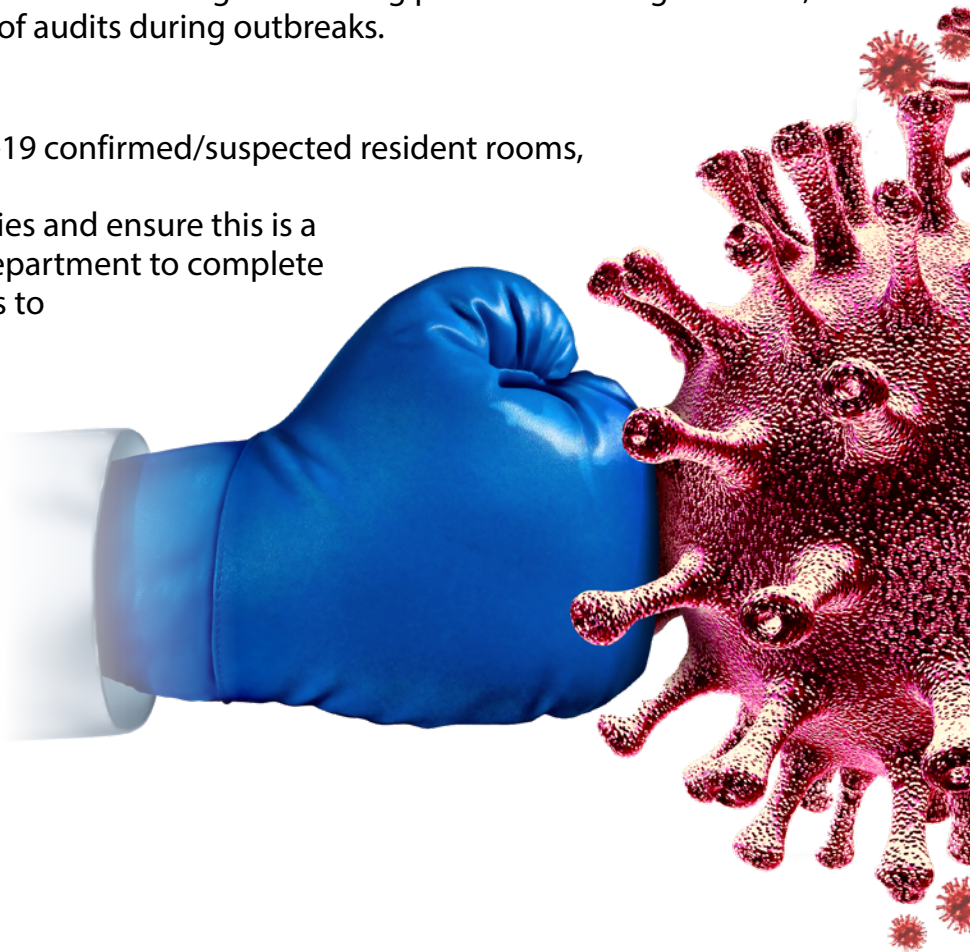
- N95 fit test for staff is not up to date. This should be done every 2 years. Staff managing COVID-19 cases and working on COVID-19 outbreak units need to be N95 fit-tested to ensure they are wearing the best fitted mask.
- In outbreak situations, staff who are cohorted to dedicated breakrooms need to have continuous supply of medical masks and/or N95s to don after their nutritional breaks and before returning to an outbreak unit. Additionally, supply of cleaning and disinfectant wipes need be available in break rooms.

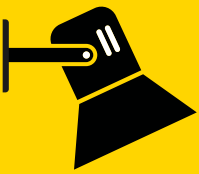
Personal Protective Equipment (PPE)

- PPE that is received, stored, and supplied to units must be date validated (expiry dates should be checked). Label expiry dates on the PPE boxes in storage to help with storage control to avoid inadvertent deployment of expired products. Utilize translator tools or applications on mobile devices to help read manufacturer's labels to identify expiry dates of products.
- Remove expired product from your facility (either donate or use expired product for staff training purposes only). Ensure supply managed, and routinely checked keep current inventory with expiry dates. Employ the "FIFO - first in/first out" principles to all of your PPE storage and ensure that PPE is stored off the floor.
- Audit staff (including agency staff) on their donning and doffing practices on a regular basis, over all shifts, and increase number of audits during outbreaks.

COVID-19 Management

- Post appropriate signage on COVID-19 confirmed/suspected resident rooms, including PPE sequencing signage.
- Sufficiently stock PPE isolation caddies and ensure this is a delegated task to a staff member/department to complete daily. Follow up with periodic audits to ensure this is being completed.
- Eye protections should not be shared between staff. Either single use or re-use protocols should be in place at the facility.
- Ensure that waste receptacles at isolation rooms are sufficiently sized to accommodate discarded PPE without being overfull. Most waste receptacles did not have lids and PPE observed overflowing onto the floor is a risk to residents and staff.





Outbreak Reporting process/oncall after hours contact

It is important to remain vigilant with all public health measures as we prepare for a mix of respiratory & enteric outbreaks. A reminder to please continue masking, physical distancing when appropriate, frequently perform hand hygiene. Get COVID-19 primary doses and boosters when you are eligible and get your influenza vaccine when it is available.

To report outbreaks, during regular business hours Monday – Friday, 8:30 a.m. – 4:30 p.m. please call 1-800-841-2729 or 905-668-2020, or contact your public health inspector.

To report outbreak after hours, please call 1-800-372-1104, or 905-576-9991 and ask for the Public Health Inspector on-call.

Thank you for your ongoing support and cooperation.

Hand Hygiene

Hand hygiene is one of the most important and cost-effective methods of preventing the spread of infections in healthcare settings. Hand hygiene saves millions of lives daily and protects you and your residents from infectious diseases such as COVID-19, Influenza, RSV, and Norovirus. Hand hygiene involves the use of soap and water or alcohol-based hand rub to eliminate visible soil and kill microorganisms present on the hands. Infectious agents from uncleaned hands can be spread directly to other staff, or to residents when providing care. They can also indirectly contaminate surfaces and objects in the residents' environment. Lack of appropriate hand hygiene practices in the healthcare setting can result in increased infection rates, hospitalizations, and deaths. Hand hygiene should always be done according to the 4 moments of hand hygiene, illustrated in the image below. It is also imperative to perform hand hygiene whenever gloves are worn or removed, and when hands are visibly soiled.

Your 4 Moments for Hand Hygiene

1 BEFORE initial patient / patient environment contact	WHEN? Clean your hands when entering: <ul style="list-style-type: none"> • before touching patient or • before touching any object or furniture in the patient's environment WHY? To protect the patient/patient environment from harmful germs carried on your hands
2 BEFORE aseptic procedure	WHEN? Clean your hands immediately before any aseptic procedure WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER body fluid exposure risk	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the health care environment from harmful patient germs
4 AFTER patient / patient environment contact	WHEN? Clean your hands when leaving: <ul style="list-style-type: none"> • after touching patient or • after touching any object or furniture in the patient's environment WHY? To protect yourself and the health care environment from harmful patient germs

Adapted from WHO poster "The 4 Moments for Hand Hygiene" (2008).

Ontario Health Services, 2021. All rights reserved. Photo: iStockphoto.com



Ways to implement and improve hand hygiene?

- 1. Remove barriers:** To ensure hand hygiene can be followed as per 4 moments, have hand hygiene products placed at the “point of care” or within arms reach for easy access for the staff and residents where care is being provided. Also, consider implementing reminders and prompts for hand hygiene through visual aids such as posters in common areas, and through electronic systems, such as displaying hand hygiene videos on communal TV screens.
- 2. Dedicated hand hygiene champions:** Train dedicated staff on the importance of hand hygiene and the correct hand hygiene practices, so that they can act as mentors for the care team. Consider implementing a hand hygiene auditing tool that the champions can use regularly to observe and track hand hygiene compliance rates of staff and residents in the facility.
- 3. Educational sessions:** Host an entertaining and informative session on hand hygiene. Educate staff on the importance of hand hygiene and the appropriate methods and/or practices. Consider using a product such as Glogerm to demonstrate the microorganisms that can contaminate hands when hand hygiene is not conducted. Products such as shaving foam can also be used to demonstrate how easily hands can become contaminated when donning and doffing gloves. Similar sessions can be held for residents so that they are motivated to conduct hand hygiene regularly.
- 4. Competitions:** Create healthy competition between different units and floors to increase hand hygiene compliance rates for the facility. Consider implementing monthly hand hygiene challenges, where the unit or floor with the highest hand hygiene compliance for the month gets rewarded with a prize, such as a pizza party or gift cards. This will motivate staff to ensure hand hygiene is being done, while creating an entertaining atmosphere.

*****Durham IPAC Hub wants to know how you implemented Hand hygiene initiatives on World Hand Hygiene Day, share your stories and pictures for a chance to be featured on the next newsletter!*****

Additional Resources:

www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene (Includes HH auditing tool)

Please reach out to your designated IPAC Hub for any questions!

Fun facts:

- Moment 1 of hand hygiene, especially before donning PPE is the most missed moment.
- Appropriate hand hygiene prevents up to 50% of avoidable infections acquired during health care for both staff and residents.
- The hands of healthcare workers are known to be one of the primary sources of healthcare-acquired infections (HAIs), and hand hygiene significantly reduces the burden of HAIs, including respiratory and diarrheal diseases.
- Hand hygiene using soap and water could reduce deaths from diarrheal disease by about 50% and can reduce diarrheal illness by 58% in those with weakened immune systems.
- Hand hygiene reduces respiratory illnesses in the general population by about 16-21%, including COVID-19.
- Hand hygiene compliance is recommended as one of the key performance indicators for infection prevention and control programs, patient safety, and quality of health services globally.



Spring IPAC Refresher

Annual IPAC education for staff

PHO Infection Prevention & Control Online Learning

Instructions: Create a Public Health Ontario (PHO) account to access the Learning Management System (LMS) to complete the modules. Please browse the course catalogue for the appropriate module(s) based on designation and practices.

A Certificate of completion will be provided upon completion of all applicable modules. Facilities can maintain tracking record.

PHO link: [Infection Prevention and Control – Online Learning | Public Health Ontario](#)

- 1. Environmental staff modules** - search catalogue for "*Environmental Cleaning*".
Duration: Approximately 10 minutes per module (6 modules).
- 2. IPAC for Non-Clinical staff** (designed for congregate living environment, and for those who do not have formal health care training) - Search catalogue for "*IPAC for Non-Clinical Staff*".
Duration: Each module takes approximately 10 minutes to complete (8 modules).
- 3. IPAC for Health Care Workers** (registered staff, PSWs, agency staff, recreation, other HCWs) - search catalogue for "*IPAC Core Competencies*".
Duration: 10-15 minutes per module (7 modules; Please note that there are four versions of module 7, Personal Risk Assessment. You are only required to complete the module that aligns with your health care setting).



We welcome your ideas & suggestions!

We welcome any suggestions that you may have for future article topics or ideas and any comments you have to improve the newsletter! Please submit comments by email to malexander@lh.ca or [email Durham Region Health Department \(DRHD\)](#).



Spring IPAC Refresher



IPAC education for essential care givers (ECG)/visitors

PHO Infection Prevention & Control Online Learning

Over the last 5-6 months of IPAC hub visits, a common trend noted was related to some challenges with visitors' compliance, differences between a general visitor and ECGs, ECG education and maintaining on-going up to date tracking records.

In the event of an outbreak, as per direction from Public health, limiting to ECGs may help to prevent further spread of infection. Tightening up visitor education process may be beneficial to mitigate potential risk. Contact Durham IPAC Hub for tools to help with education.

There are valuable educational resources on PHO website available for visitors:

- PHO Fact Sheet - [Infection Prevention and Control Tips for Visiting All Health Care and Congregate Settings \(publichealthontario.ca\)](#). Updated Dec 2023
- PHO video education - 13 mins). [Infection Prevention and Control Tips for Visiting All Health Care Settings - YouTube](#). Updated June 2023

IPAC Newsletter Survey Summary



Thank you to all who participated in our IPAC Newsletter user survey in December 2023. Your input helps us improve the Newsletter to better meet your needs. 88% of the survey respondents have accessed the IPAC Newsletter.

Here are the highlights of the survey results among those who have accessed the Newsletter:

- **Accessibility** - 90% found the newsletter easy to locate on our website.
- **Reading Habits** - 38% reported reading the newsletter cover-to-cover, while 43% read only the sections of interest.
- **Preferred format** - 95% prefer shorter, more frequent newsletters (four times a year).
- **Usage** - 82% have used the information from the newsletter in their work.
- **Change in awareness and knowledge** - Over 95% of the survey respondents reported an increased awareness of IPAC guidelines and best practices, as well as improved knowledge of community resources, along with a high rate of information sharing with colleagues.
- **Positive reception (content and design)** - Over 95% of respondents generally found the newsletter's content easy to understand, appreciated the layout including the font size and the use of graphics, and found the information practical, relevant, and useful to their work.
- **Suggested future topics** - including Candida auris, hand hygiene education program, strategies to reduce influenza and COVID-19 outbreaks, how to promote vaccines among residents' families.



Invasive Group A (iGAS) Disease in Ontario – PHO Update

PHO published an epidemiological summary report on February 15, 2024. This report summarized iGAS activity from October 1, 2023, to January 31, 2024, compared to the previous seasons.

The overall number of iGAS cases reported surpassed previously season, and the proportion of iGAS cases requiring hospitalization this season to date is slightly higher than the previous season.

For detailed report, please see report:

- www.publichealthontario.ca/-/media/Documents/I/2023/igas-enhanced-epi-2023-2024.pdf?rev=83e76f2abcf54928ba1d6d7e43f33f33&sc_lang=en

For testing of iGAS, please see Public Health Ontario Laboratory iGAS typing indicators and specimen collection and handling requirements:

- [Streptococcus pyogenes \(Group A Streptococcal Disease or GAS\) – Typing | Public Health Ontario](#)
- [Bacteriology requisition forms](#)



Need to do enteric samples?

Outbreaks will have a limit of 5 specimens and the lab may stop testing if the same organism is identified in 2 or more specimens. Visit [Public Health Ontario's](#) enteric outbreak kit instructions to find more details on ordering kits, collection and kit storage.





Durham Region Health Department FAX about...

For Health Care Professionals



Invasive Group A Streptococcal (iGAS) Disease –Close Contact Management

The number of invasive Group A Streptococcal (iGAS) cases in Ontario continues to remain high (see the [PHO Enhanced Epidemiological Summary for iGAS](#) published on February 15, 2024). A similar trend continues in Durham Region with a total of 107 iGAS cases reported in 2023 (Jan 1, 2023 to Dec 31, 2023), which is a significant increase compare to the previous 5 year average of 29.8 cases per year.

Clinically Severe iGAS

While the majority of illnesses caused by GAS are mild (sore throats, etc.), iGAS is when GAS is found in normally sterile sites (blood, CSF, etc.). iGAS can progress quickly to clinically severe complications such as soft-tissue infections, bacteremia, pneumonia, streptococcal toxic shock syndrome, necrotizing fasciitis or other life-threatening conditions, which can result in death. To prevent secondary cases of iGAS it is important to properly manage close contacts of clinically severe iGAS cases.

Close Contacts of iGAS

Durham Region Health Department investigates each reported case of iGAS to identify close contacts and assess their need for chemoprophylaxis and symptom monitoring. Close contacts of iGAS cases are advised to **monitor their symptoms for 30 days** and to seek medical attention immediately if they develop symptoms of GAS (including sore throat and fever). Close contacts of a **clinically severe iGAS case** may be recommended to receive **chemoprophylaxis**.

Chemoprophylaxis

The purpose of chemoprophylaxis is to eradicate nasopharyngeal colonization of GAS and thereby decrease transmission of a strain (or *emm* type) known to cause severe infection. Chemoprophylaxis should be administered as soon as possible and preferably within 24 hours of case identification but is still recommended for **up to 7 days** after the last contact with an infectious case.

You may have clients presenting to your office requesting chemoprophylaxis for iGAS if they have been identified by the Durham Region Health Department as a close contact of a clinically severe case of iGAS.

Please see the following table for assistance with chemoprophylaxis.

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Drug	Dosage	Comments
First-generation cephalosporins: cephalexin, cephadroxil, cephadrine	First line. Children and adults: 25 to 50 mg/kg daily, to a maximum of 1 g/day in 2 to 4 divided doses × 10 days	Recommended drug for pregnant and lactating women. Should be used with caution in patients with allergy to penicillin. Use of cephalosporins with nephrotoxic drugs (e.g. aminoglycosides, vancomycin) may increase the risk of cephalosporin-induced nephrotoxicity.
Erythromycin	Second line. Children: 5 to 7.5 mg/kg every 6 hours or 10 to 15 mg/kg every 12 hours × 10 days (not to exceed maximum of adult dose) Adults: 500 mg every 12 hours × 10 days	Erythromycin estolate is contraindicated in persons with pre-existing liver disease or dysfunction and during pregnancy.
Clarithromycin	Second line. Children: 15 mg/kg daily in divided doses every 12 hours, to a maximum of 250 mg po bid × 10 days Adults: 250 mg po bid × 10 days	Contraindicated in pregnancy.
Clindamycin	Second line. Children: 8 to 16 mg/kg daily divided into 3 or 4 equal doses × 10 days (not to exceed maximum of adult dose) Adults: 150 mg every 6 hours × 10 days	Alternative for persons who are unable to tolerate beta-lactam antibiotics.

Reporting

iGAS is an **immediately reportable** disease in Ontario. Please continue to report any cases of iGAS to Durham Region Health Department.

- Phone: 905-668-2020 or 1-800-841-2729 ext. 2996
- After Hours Phone: 905-576-9991 or 1-800-372-1104
- Confidential Fax: 905-666-6215
- Access to Notification Form for Diseases of Public Health Significance at www.durham.ca/hcp (under Forms, Reporting)

Thank you for your ongoing work to assess and treat clients with GAS and identify those with iGAS, and for reporting these cases to the Health Department for case and contact management.

February 21, 2024

905-668-2020 or 1-800-841-2729 | durham.ca/health

If you require this information in an accessible format, contact 1-800-841-2729.





Reminder

Update your contact information, there may be an urgent message that Durham Region Health Department will have to send to all our partners. A current contact list will help us distribute the information to you more efficiently. If your facility has had any changes to contacts, such as IPAC leads, director, administrator, managers, supervisors, etc., please forward the new contact information to your public health inspector to update the list or send [email](#).

Do you need your CIC/LTC-CIP?

Look to [IPAC Canada](#) to find the course that's right for you.



DURHAM
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Durham Region Health Department

Durham Health Connection Line
905-668-2020 or 1-800-841-2729
durham.ca/health



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E-NEWSLETTER