

## GI Outbreak Management QUICK REFERENCE GUIDE

**Gastroenteritis** is defined as;

- 3 or more liquid or watery stools above what is normal for the resident with in a 24 hour period, and/or,
- 2 or more episodes of vomiting in a 24-hour period and/or
- a stool culture positive for a pathogen that is not C.diff (Salmonella, Shigella, E. coli O157:H7, Campylobacter, Rotavirus, Norovirus, etc.) **with** at least one symptom or sign compatible with gastrointestinal tract infection (nausea, vomiting, abdominal pain or tenderness, diarrhea).

**CDAD** (Clostridium difficile Associated Diarrhea) is defined as;

- 3 or more liquid/watery stools above what is normal within a 24 hr period and/or presence of toxic megacolon (abnormal dilation of the large bowel, documented radiographically), and
- A stool sample positive for C.difficile/C.difficile toxin and/or pseudomembranous colitis identified on endoscopic examination or surgery, or on examination of a biopsy<sup>2</sup> or more episodes of emesis and/or diarrhea in a 24 hour period

**Gastroenteritis outbreak** is defined as two or more cases in excess of the expected number of cases of gastroenteritis related by time and place. The most common type of GI outbreaks in LTC non-foodborne or waterborne enteric illnesses and are related to viral pathogens such as Small Round Enteric Virus (SREV).

1. Determine how many residents meet the gastroenteritis case definition and declare an outbreak as appropriate. Refer to the General Outbreak Management LTC Resource Guide:  
<http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/OBMgmt.pdf>

2. Obtain an outbreak code from your CD coordinator (put this code on the specimen requisitions to have viral studies conducted and connect all specimens back to the outbreak).

<p><b>Tanya Horton</b> <a href="mailto:thorton2@wrha.mb.ca">thorton2@wrha.mb.ca</a></p>	<p>Actionmarguerite (St. Boniface &amp; St. Vital), Golden Links, Meadowood, River Park Gardens, St. Amant, Vista Park, Bethania, Concordia Place, Donwood, Kildonan, River East, Luther, Maples, Middlechurch, St. Joseph's, Park Manor</p>	<p><b>Tel: 204-940-2326</b> <b>Fax: 204-940-2690</b></p>
<p><b>Jennifer Omega</b> <a href="mailto:JOmega@wrha.mb.ca">JOmega@wrha.mb.ca</a></p>	<p>Beacon Hill Lodge, Misericordia Health Centre, Parkview Place, Calvary Place, Lions Manor, Fred Douglas Lodge</p>	<p><b>Tel: 204-940-8280</b> <b>Fax: 204-940-2690</b></p>
<p><b>Lynn Klassen Semeniuk</b> <a href="mailto:lklassensemeniuk@wrha.mb.ca">lklassensemeniuk@wrha.mb.ca</a></p>	<p>Charleswood, Tuxedo Villa, West Park Manor, Deer Lodge Centre, Golden West, Heritage Lodge, Oakview Place, Central Park Lodge-Poseidon, Convalescent Home, Pembina Place, Riverview Health Centre, Golden Door, Southeast, St. Norbert, Simkin Centre, Holy Family Home</p>	<p><b>Tel: 204-940-3641</b> <b>Fax: 204- 940-2690</b></p>

- Information on stool specimen collection is available at  
[http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/ManualPCH\\_Sec06\\_G\\_Gastro-AppendixD.pdf](http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/ManualPCH_Sec06_G_Gastro-AppendixD.pdf)

Continued on reverse

3. Initiate outbreak prevention/containment measures;

<ul style="list-style-type: none"><li>• Contact precautions for symptomatic residents</li></ul>	<ul style="list-style-type: none"><li>• Visitor restriction</li></ul>
<ul style="list-style-type: none"><li>• Restrictions of all residents on affected units to that unit</li></ul>	<ul style="list-style-type: none"><li>• Increased cleaning</li></ul>
<ul style="list-style-type: none"><li>• Restriction of ill residents to their rooms where possible</li></ul>	<ul style="list-style-type: none"><li>• Staff education</li></ul>
<ul style="list-style-type: none"><li>• Cancellation of group activities</li></ul>	<ul style="list-style-type: none"><li>• Signage <a href="http://www.wrha.mb.ca/extranet/ipc/files/AppAGI.pdf">http://www.wrha.mb.ca/extranet/ipc/files/AppAGI.pdf</a></li></ul>

4. Have staff complete the line listing reports adding only new cases as they arise to assist the ICP with the epidemiological investigation which is available at <http://www.wrha.mb.ca/extranet/ipc/manuals-ltc-sec06.php>. It is not necessary to share this with the Coordinator LTC IP&C or CD coordinators; this form is solely for the site's use to track outbreaks.

5. Email the Coordinator LTC IP&C or designate to inform of the outbreak. No additional reporting paperwork is required. Keep the manager/designate and your CD coordinator informed of the outbreak status at least weekly via email.

6. Report the outbreak on CNPHI

7. In general, outbreaks are considered resolved once 2 incubation periods with no new resident cases have occurred. For some pathogens however, transmission is possible for the entire duration of secretion and therefore one incubation period in addition to one period of communicability should be used to discontinue an outbreak. When determining when to discontinue an outbreak use the information in section 8 of the manual ([http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/ManualPCH\\_Sec08.pdf](http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/ManualPCH_Sec08.pdf)) to determine the incubation and communicability periods for the pathogen in question and choose **whichever duration is longer**. When the causative organism is unknown use the table in section 8 to establish a hypothesis about what the causative organism could be based on the possible incubation and communicability periods observed during the epidemiological investigation of the outbreak.