

GREY BRUCE PUBLIC HEALTH IPAC

Official Newsletter of the Grey Bruce Public Health IPAC



Grey Bruce
Public Health

Measles

Public Health Ontario - Measles is a serious respiratory infection that is highly contagious. Individuals with measles spread the virus by coughing or sneezing into the air. It can also be transmitted by touching your eyes, nose, or mouth after touching an infected surface. Symptoms of measles include fever, a red blotchy rash, red watery eyes, and cough.

Getting vaccinated is the best way to protect yourself against measles. For children and most adults born after 1970, this means receiving two doses of measles-containing vaccine (e.g., MMR vaccine). Individuals travelling outside of Canada should ensure they are adequately protected through vaccination prior to travelling.

In Ontario, measles has been rare, owing to the successful elimination of measles in Canada due to high immunization coverage. As a result, measles cases are usually associated with travel (often referred to as “measles importations”). Due to an increase in measles activity globally, Ontario has begun to see more cases of measles.

If you are experiencing symptoms of measles, stay at home, and call your health care provider or local public health unit right away. Before seeking medical attention, be sure to contact your healthcare provider or the healthcare facility prior to your arrival so that the appropriate precautions can be taken to prevent the spread of measles.

Data as of April 17, 2024:

- In 2024, there have been 13 laboratory-confirmed cases of measles reported in Ontario.
 - Twelve cases were associated with travel (i.e., acquisition of measles outside of Canada)
 - One case occurred in an individual with unknown source of exposure (i.e., no history of travel and no epidemiological link with a confirmed case)
- In 2023, there were seven laboratory-confirmed cases of measles reported in Ontario.

Reference and more information visit [Public Health Ontario Measles Page](https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases/Vaccine-Preventable-Diseases/Measles):
<https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases/Vaccine-Preventable-Diseases/Measles>

In this issue:

- Measles
PAGE 01
- Vaccine Information
 - COVID-19
 - RSV
 - MeaslesPAGE 02
- CPE
- ESBL
- Drains
PAGE 03 AND 04
- Soiled Linen
- Hoppers
PAGE 05
- LTC CIP / CIC Info
PAGE 06
- New, Updated Documents
- Checklists
PAGE 07



Website:
www.publichealthgreybruce.on.ca/Your-Environment/Grey-Bruce-IPAC



Contact:
519-376-9420



Email:
ipachub@publichealthgreybruce.on.ca

The Importance of Vaccination

COVID-19 Spring Campaign

Vaccine details: Start late April/early May for high-risk groups. See the Spring 2024 NACI statement and current efficacy data (54% for updated booster to prevent symptomatic infection vs non-uptake) and the morbidity and mortality report from the CDC:

- <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-guidance-additional-dose-covid-19-vaccines-spring-2024-individuals-high-risk-severe-illness-due-covid-19.html>
- <https://www.cdc.gov/mmwr/volumes/73/wr/mm7304a2.htm>



RSV Vaccine

The vaccine is indicated for adults aged 60 years and older. Ontario's publicly funded RSV prevention program is targeted for high-risk individuals and settings. The program includes individuals 60 years and older who are:

- living in long-term care homes
- living in Elder Care Lodges
- residents of retirement homes licensed to provide dementia care
- patients in hospital receiving alternate level of care (ALC)
- patients receiving hemodialysis or peritoneal dialysis
- recipients of solid organ or hematopoietic stem cell transplants
- individuals experiencing homelessness
- individuals who identify as First Nations, Inuit, or Métis

Measles Vaccine

In Ontario, two doses of measles containing vaccine are routinely given, at 1 year of age and 4 to 6 years of age. The second dose is recommended to be given prior to school entry. Adults who have not been vaccinated or do not have a history of measles infection should receive one dose of measles containing vaccine.

In addition to routine immunizations the following is recommended for those at higher risk of exposure to measles

- Children 6 to 11 months of age who are travelling to areas where disease is of concern should be immunized with one dose of MMR. Two additional doses are still required on or after the first birthday.
- A second dose of MMR vaccine is recommended based on the health care provider's clinical advice and for adults who are at high risk of being exposed or exposing others, including: post secondary students, health care workers, individuals planning to travel to areas with increased measles activity.

Health care workers should have documented immunity to measles. This consists of two doses of measles containing vaccine or history of laboratory confirmed infection or serological evidence of immunity, regardless of birth year.

Get vaccinated!
It benefits everyone.

- ✓ Vaccinations save lives
- ✓ Vaccinations are safe and effective
- ✓ Vaccinations protect others
- ✓ Vaccinations save time and money
- ✓ Vaccination protect future generations

Any vaccine questions can be forwarded to: immunization@publichealthgreybruce.on.ca

519-376-9420 extension 2



Carbapenemase Producing Enterobacteriaceae (CPE)

CPE are bacteria that can cause infections that are hard to treat because the antibiotics we normally use no longer work. Because of this, treatment for a person with a CPE is very difficult and often takes longer. A person can be colonized or infected with a CPE. A person who is colonized may become infected. Colonization means that CPE is present on the body, but does not make the person sick. Residents are most commonly colonized in the urine and in the gut. Residents can remain colonized for a very long time (e.g., months to years).

Infection means that CPE is making the person sick and they have signs and symptoms of infection. For example, a urinary tract infection, can cause painful and frequent urination, or a skin infection can cause pain and swelling. Infections that are caused by CPE can lead to death in severe cases. Transmission occurs through direct and indirect contact. CPE is primarily transmitted from person to person by the hands of health care workers when hand hygiene is missed, or shared medical equipment that is not cleaned and disinfected properly.

CPE can also be found in environmental reservoirs such as sinks, shower drains, or endoscopes that are not reprocessed properly.

Risk Factors

- Prolonged hospital stay
- Invasive medical procedures
- Intensive nursing
- Travel abroad with hospitalization

Prevention

- Hand Hygiene
- Cleaning and Disinfection of all equipment following use.
- Routine auditing for IPAC practices

Discontinuation of Contact Precaution

Contact Precautions should only be discontinued after consultation with Infection Prevention and Control. Discontinue Contact Precautions for patients and residents with risk factors or contacts when at the minimum 3 sets of specimens taken on different days test negative, with at least one taken 21 days after the last exposure. If this is not feasible, discontinue precautions if a screening specimen taken at least 7 days after the last exposure tests negative; screening should continue until complete. Primary screening specimens for CPE are stool or rectal swabs. Urine specimens and swabs from open wounds may also be indicated. - Refer to the Annex A Screening, Testing and Surveillance for AROs

Reference:

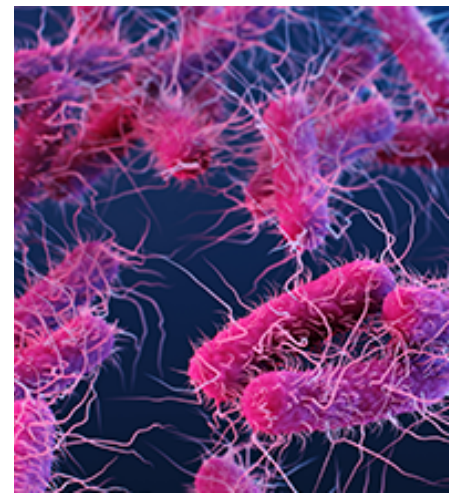
Carbapenemase producing enterobacteriaceae (CPE) | Public Health Ontario. (n.d.). Public Health Ontario. <https://www.publichealthontario.ca/en/Diseases-and-Conditions/Health-Care-Associated-Infections/CPE>
Public Health Ontario [PHO]. (2023). FREQUENTLY ASKED QUESTIONS Information about CPE for Long-Term Care Homes Residents, Family and Visitors. FREQUENTLY ASKED QUESTIONS Information About CPE for Long-Term Care Homes Residents, Family and Visitors.

Public Health Ontario - CPE Resources

- [New! Information about CPE for Long-Term Care Home Resident, Families and Visitors - Q&A / FAQ](#)
- [New! CPE Transmission Risk Factors in Long-Term Care Homes - AT A GLANCE](#)
- [New! Resident Admission, Discharge, and Transfer Considerations for Carbapenemase-Producing Enterobacteriaceae \(CPE\) - CHECKLIST](#)

Extended Spectrum Beta Lactamase Infections (ESBL)

ESBL is an enzyme produced by some bacteria that can break down commonly used antibiotics (e.g., penicillin's, cephalosporins). Most production of ESBL happens in the gastrointestinal tract (GI) and commonly occurs in Enterobacteriaceae Escherichia coli (E.coli) or Klebsiella pneumonia. As noted by PHO the significance of ESBL production in bacteria that are common cause of urinary tract and bacteremia is that antibiotic treatment options are limited for these infections.



Risk Factors

- Previously colonized or infected with ESBL
- Exposure to healthcare settings | ICU stay, prolonged hospital stay
- Extensive antibiotic treatment
- Communal living settings
- Indwelling catheters
- Severity of illness: (TPN, neutropenia)
- Organ transplant recipient
- Renal replacement therapy
- Household contact of someone with ESBL

Prevention

- Single room accommodations and restroom
- Good hand hygiene, practices for both staff and residents, following the four moments of hand hygiene.
- Assist residents with hand hygiene practices
- Environmental cleaning, with appropriate products and contact times.
- Use of dedicated equipment whenever possible and cleaning and disinfection of shared equipment.
- Risk assessment and use of appropriate PPE when providing cares for residents.
- Routine environmental cleaning, laundry and dishware.

How is ESBL Spread?

The main reservoir of ESBL producing bacteria is the lower bowel of colonized or infected person. The most common way to transmit ESBL is through contact with unwashed hands. ESBL bacteria can live on surfaces without any major role in transmission, so long as hand hygiene and IPAC practices are in place.

Discontinuation of Contact Precaution

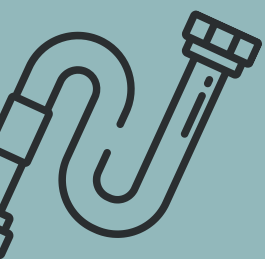
Review at least three negative laboratory results from all colonized or infected body parts, with specimen collection at least one week apart, in the absence of antibiotic therapy with infection control. Decolonization of ESBL is generally not effective and not recommended.

Reference:

[https://www.halton.ca/For-Residents/Immunizations-Preventable-Disease/Diseases-Infections/Extended-Spectrum-Beta-Lactamase-\(ESBL\)-Bacterial](https://www.halton.ca/For-Residents/Immunizations-Preventable-Disease/Diseases-Infections/Extended-Spectrum-Beta-Lactamase-(ESBL)-Bacterial)

Public Health Ontario [PHO]. [PIDAC Annex A - Screening, Testing, and Surveillance for Antibiotic-resistant Organisms \(AROs\), February, 2013](#)

Drains



CPE and ESBL can be effectively removed from most surfaces and equipment using routine environmental cleaning practices; sinks and shower drains may act as reservoir for CPE and persistent colonization of sinks can result in transmission to subsequent room occupants.

As these bacteria form biofilms in moist environments, such as the sink drainage system, their eradication has been challenging and may require replacements of the implicated sink.

Homes are encouraged to look at the process for drain management. See Annex 7: for a sample procedure for enhanced shower and sink cleaning [Best practices for environmental Cleaning for Prevention and Control of Infections in All Health Care Settings.](#)

Management of Soiled Linen

- Linens should not be rinsed or soaked in a hopper. All excess stool should be discarded in the resident room toilet. Staff are to remove loose fecal material from linens and discard in a toilet.
- Homes should work with their laundry department to develop a plan for managing heavily soiled linens. The home may wish to reach out to the washing machine manufacturer for an in-service (e.g., the capacity of the laundry machines, how full they can be, settings to be used, etc.) for grossly soiled linen.
- Ensure appropriate PPE in the laundry room; fluid-resistant gown, utility gloves, mask, and eye protection (loading of the washer)
- Ensure the home maintains a one-way workflow in the laundry room.
- Soiled linen hampers, once staff have completed their care routines, can either be stored in soiled utility rooms until further pick up or staff can dispose of linen bags directly down a chute to a chute room where bins are used to hold the bags.
- Ensure there is a process in place to manage the cleaning of linen chutes, storage bins and chute room and adequate staff to do the cleaning.
- Provide all staff education on the process of managing soiled linen.
- Ensure a process is in place to manage PPE and staff hand hygiene.



Hoppers

- Homes are encouraged to discontinue the use of the hoppers for soiled laundry rinsing and cleaning of personal care equipment. Both practices can be more safely managed in other ways.
- Ensure staff have appropriate PPE and cleaning materials (stored safely) to wipe down toilets should a splash or spray occur when flushing down feces or urine from a bed pan or wash basin in resident washrooms.
- All feces and urine should be discarded in resident washrooms, not transported through the hallways.
- Should homes completely remove or disconnect a hopper and replace with a large utility sink? If they have a hopper, they can continue to keep them functional if they can't afford to replace them. The only caveat is for them to have a specific policy in place around their use. Perhaps they identify that the hopper is to be used for taking food stains out of clothing or cleaning someone's shoes, etc. but no feces, blood or urine.
- Personal care equipment such as wash basins are to be rinsed, and wiped out with paper towel after use, followed by a wipe down using a disposable disinfectant wipe while in the resident's washroom. The home should have a process in place to manage blue wear - example: each week, the basin is to be deep cleaned in a soiled utility room by immersion in a sink or placed in a dishwasher followed by disinfection. If a disinfection machine is available, ensure that appropriate cleaning agents are connected and that the water temperature values remain in accordance with manufacturer's instructions.
- For bed pans where a liner is used, disinfect the surface once liner is removed with a disposable disinfectant wipe. If a liner is not used and it is visibly soiled, remove fecal material with toilet paper, dispose in the resident's toilet, cover with paper towel and transport to soiled utility room for proper cleaning using a disinfection machine, utility sink or dishwasher.

Homes are encouraged to reach out to
Grey Bruce Public Health IPAC
for assistance and discussion



RESOURCES AND TOOLS TO PREPARE FOR CIC AND A-IPC

Primary References

- APIC Text Online (ATO). Available at: <https://text.apic.org/>
- Meehan, AK, Campbell, EA, Dudeck, MA, Edwards, JR, & Herzig, C. *Fundamental Statistics & Epidemiology in Infection Prevention*, 1st ed., APIC, 2016.
- Kulich P, Taylor D, eds. *The Infection Preventionist's Guide to the Lab*, APIC, Washington, DC, 2012.
- Brooks, Kathy. *Ready Reference for Microbes*, 4th ed., APIC; 2018.

Secondary References

- Current Recommendations of the Advisory Committee on Immunization Practices (ACIP).
- Current guidelines, standards, and recommendations from [CDC](#), [SHEA](#), [HICPAC](#), and Public Health Agency of Canada.
- [AORN guidelines](#) for perioperative practice.
- [The Pink Book](#) - Epidemiology and Prevention of Vaccine Preventable Diseases.
- American Academy of Pediatrics "Red Book Online". Available at: <https://publications.aap.org/redbook?autologincheck=redirected>
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. *Best practices for environmental cleaning for prevention and control of infections in all health care settings*. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2018.
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. *Interim guide for infection prevention and control of Candida auris*. Toronto, ON: Queen's Printer for Ontario; 2019.

FOR LONG TERM CARE EXAMINATION

Primary References

- APIC Text Online (ATO). Available at: <https://text.apic.org/>
- Kulich P, Taylor D, eds. *The Infection Preventionist's Guide to the Lab*, APIC, Washington, DC, 2012.
- Heymann, D., ed. *Control of Communicable Diseases Manual*, 20th edition, Washington, DC: American Public Health Association
- Brooks, Kathy. *Ready Reference for Microbes*, 4th ed., APIC
- *Infection Prevention guide to long term care* 2nd edition (APIC)
- Advisory Committee on [Immunization Practices](#) (ACIP) - Centers for Disease Control

Secondary references




- 10 Ethical Principles in Geriatrics and Long Term Care

<https://www.hmpgloballearningnetwork.com/site/altc/content/10-ethical-principles-geriatrics-and-long-term-care-2>

- Position on Ethics Committees in Long Term Care

<https://paltc.org/amda-white-papers-and-resolution-position-statements/position-ethics-committees-long-term-care>

APIC LTC - CIC Preparation Options

<p>APIC Learning System for LTC-CIP: Self-Study</p>  <ul style="list-style-type: none">• 12-month access to the APIC Learning System for LTC-CIP, a comprehensive program with a guided study path based on your unique knowledge gaps• Interactive study tools including flashcards, quizzes, practice exam and more• Flexible study experience, based on your needs and schedule• Starts at \$695 <p>Buy Now ></p>	<p>APIC Learning System for LTC-CIP: Cert Prep Course</p>  <ul style="list-style-type: none">• 12-month access to the APIC Learning System for LTC-CIP, a comprehensive program with a guided study path based on your unique knowledge gaps• Interactive study tools including flashcards, quizzes, practice exam and more• 27 hours of structured study experience, led by an expert instructor• Starts at \$1595 <p>Register Now ></p>	<p>Do-It-Yourself Certification Preparation</p>  <ul style="list-style-type: none">• Create your own study experience by exploring the APIC Text, Fundamental Statistics & Epidemiology in Infection Prevention, Infection Preventionist's Guide to the Lab, and more – in the APIC Store.• Join our online LTC-CIP Study Group or check with your local APIC chapter for more study group options.• Cost dependent on study choices <p>Buy Now ></p>
--	---	---



New / Updated Documents

NEW! [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, April 2024](#)

NEW! Public Health Ontario Resources

- [Hand Hygiene Resources](https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene) <https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene>
- [CPE](https://www.publichealthontario.ca/en/Diseases-and-Conditions/Health-Care-Associated-Infections/CPE) - <https://www.publichealthontario.ca/en/Diseases-and-Conditions/Health-Care-Associated-Infections/CPE>
- Ontario Cohorting document for respiratory virus outbreaks: <https://www.publichealthontario.ca/-/media/Documents/C/24/cohorting-respiratory-virus-outbreaks.pdf>



IPAC Checklist for LTC, Retirement and Congregate Settings



[IPAC Checklist for Long Term Care and Retirement Homes](#)

[IPAC Self Assessment for Congregate Living Settings](#)

[IPAC Self Assessment Audit for Long Term Care and Retirement Homes](#)

We continue to encourage homes to use these checklists routinely within their setting. This will help to assess current practices and make improvements in your IPAC programs. Visit the PHO website to access the most up-to-date checklist for your settings.

Feedback is important to us

Your feedback provides us with the opportunity to assess our work. We invite you to complete our client feedback survey following any interactions with Grey Bruce Public Health staff. Just scan the QR code. We look forward to hearing from you!