



Your Quarterly Update from the Central East IPAC Hub Team

As we welcome spring, it's the perfect time to reflect on the busy respiratory season behind us. Just as we open our windows to let in fresh air, we're focusing on a *screening* theme throughout this newsletter. Screening plays a vital role in infection prevention, helping us keep residents, visitors, and staff safe. Let's take this opportunity to refresh our IPAC practices and continue supporting one another in maintaining a healthy environment.

Spring Cleaning

Spring is here! Let's shake off the dust and give our IPAC routines a refresh. Take a moment to:

- Review cleaning schedules
- Check cleaning supplies
- Inspect equipment

Fun Fact! In Scandinavian countries like Sweden, it's common to practice "luftning" – opening windows for 10-15 minutes a day to bring in fresh air, improve air quality, and support better sleep and respiratory health!

ADVISORY: Measles Preparedness & Response

Measles virus is a serious respiratory infection that is highly contagious, spread by coughing or sneezing into the air and touching infected surfaces or objects.

Situation:

- Measles cases are on the rise in southern Ontario
- As of March 19, a total of 440 measles cases have been reported in Ontario
- 96% of cases are either unimmunized or had unknown immunization status

What can you do?

Immunization is the best way to protect against measles.

If an individual's immunization records are unavailable, immunization with measles-containing vaccine is generally preferable to ordering serology to determine immune status. There is no harm in giving measles-containing vaccine to an individual who is already immune.

- Review and maintain record of immune status of residents and staff and be prepared to provide lists of exposed residents/staff to the health unit
- Ensure adequate stock of PPE
- Updates will be provided by the health unit as the situation develops

Visit [Public Health Ontario's webpage](#) for a list of public exposures and additional information.

Resources:

- [20250310-Measles-Preparedness-and-Response.pdf](#)
- [Measles: Information for Health Care Providers](#)
- [HighriskandRoutine MMR Vaccine Flowcharts](#)
- [Measles vaccines: Canadian immunization guide - Canada.ca](#)

Tuberculosis in Long-term Care and Retirement Homes

Residents and healthcare workers in long-term care are at higher risk of TB exposure. Screening helps detect cases early and prevent spread. Stay safe by following screening protocols for tuberculosis set by Peterborough Public Health and Haliburton, Kawartha, Pineridge Health Unit.

What are the recommendations for screening NEW residents?

Residents (including short term residents) require the following:

1. History and physical examination by a physician/nurse practitioner within 90 days prior to admission or within 14 days after admission
2. Symptom review for active pulmonary TB disease
 - If there are concerning findings on the review of symptoms order a chest x-ray and the collection of three sputum specimens for acid-fast bacilli (AFB) and culture at least 1 hour apart. Send these specimens to the Public Health Laboratory.

Suspected and/or confirmed cases are reportable to the health unit.

Managing Suspect Active TB

Before Admission: Do NOT admit, notify health unit.

After admission:

- Isolate using airborne precautions
- Obtain a chest x-ray
- Collect 3 sputum specimens (1 hour apart) using appropriate personal protective equipment (PPE) and send to the Public Health Laboratory
- Notify health unit immediately.

Is annual screening required for employees or residents?

Annual TB testing and/or chest x-rays are not recommended.

What are the recommendations for screening staff and healthcare workers?

Undocumented previous 2-step TST:

- A 2-step TST is required
- If both tests are negative, no further testing is needed.
- If positive, see below.

Documented results of previous 2-step TST:

- 1 step TST is required if there is no history of a previous positive result.

- If negative, no further testing is needed.
- If positive, see below

For a person with a positive TST result:

- Report results to health unit.
- Refer for medical assessment including physical exam, symptom review and chest x-ray to rule out active TB.
- Any individual with symptoms of active TB and/or an abnormal chest x-ray should not work until cleared by a physician. Asymptomatic individuals can continue working while being assessed.

Screening for Antibiotic Resistant Organisms (ARO's)

Screening for antimicrobial-resistant organisms (AROs) is essential for effective antibiotic stewardship. Check the reference chart below for a quick review of Methicillin-Resistant *Staphylococcus aureus* (MRSA), Vancomycin-Resistant Enterococci (VRE), Carbapenemase-Producing Enterobacteriaceae (CPE), Extended-Spectrum Beta-Lactamase (ESBL), and *Candida auris* (C. auris).

Testing Information

Specimens collected following a positive screening for MRSA, VRE, CPE, or ESBL can be submitted to your local Public Health Ontario laboratory, Dynacare, or LifeLabs. Currently, LifeLabs also accepts surveillance and screening specimens for C. auris.

Important resources for ARO screening, surveillance and testing:

[Public Health Ontario: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms](#)

[Public Health Ontario: Antibiotic-Resistant Organism Risk Factor Screening Guide](#)

	Screening Criteria	Additional Precautions (if yes to screening)	Testing Information	Reportable to health unit?
MRSA	<ul style="list-style-type: none"> Time spent in a healthcare facility outside of Canada (including the United States) within the previous 12 months. Transferred from a health care facility with an ongoing outbreak of MRSA, VRE, or CPE? 	Contact precautions in a private room with dedicated toileting facilities and dedicate all equipment and supplies as able.	<ul style="list-style-type: none"> Anterior nares AND Perineal / perianal (preferred) or groin area AND Skin lesions, wounds, incisions, ulcers and exit sites of indwelling devices 	No.
VRE	<ul style="list-style-type: none"> Prior history of colonization or infection with MRSA, VRE, or CPE History of exposure to another case of MRSA, VRE, or CPE Admission or >12 hours spent in any health care facility (including this one) within the previous 12 months? 		<ul style="list-style-type: none"> Stool (preferred) OR rectal swab If a patient / resident has a colostomy, the VRE specimen may be taken from the colostomy output 	No.
CPE	<ul style="list-style-type: none"> Direct transfer from another healthcare facility 		<ul style="list-style-type: none"> Stool (preferred) OR rectal swab AND, as indicated: <ul style="list-style-type: none"> Urine Open wounds 	Yes.
ESBL	<ul style="list-style-type: none"> Prior history of colonization or infection with ESBL History of exposure to another case of ESBL 		<ul style="list-style-type: none"> Stool (preferred) OR rectal swab 	No.
C. Auris	<ul style="list-style-type: none"> Admission to a health care facility outside of Canada (including the United States) within the previous 12 months Transferred from a Canadian health care facility with an ongoing outbreak or transmission of C. auris? History of infection of colonization with C. Auris History of exposure to case with C. auris 		<ul style="list-style-type: none"> Combined axilla and groin Nares Previously colonized, or clinically relevant sites 	Yes.

Coming Soon! Lunch n' Learn Sessions

We are excited to introduce our lunch and learn sessions which will involve quick but informative info sessions on key topics in IPAC. You will be able to tune in live or watch a recording at a time that works for you. Stay tuned for a calendar invite for dates/times. If you have suggestions on topics you would like us to cover, please reach out to us anytime.

ARO Drop-In Sessions with PHO

ARO Drop-In sessions: April 11th & May 9th 11:00 AM

Zoom link:

<https://us06web.zoom.us/j/87432673294?pwd=QjJV8f7L6TCBAQ9pF4WRwtpampUco.1>

Meeting ID: 874 3267 3294

Passcode: 813708

Stay Alert and Stay Safe

Subscribe to HKPR's community outbreak alerts [here](#) to receive real-time updates on community outbreaks directly to your inbox. Stay informed to protect yourself, your family, and the broader community.

For updates on facility-specific outbreaks, visit [Peterborough Public Health's page](#).

Upcoming Educational Opportunities

World Hand Hygiene Day May 5th, 2025

It might be gloves, it's always hand hygiene.

This year's theme highlights that while gloves are commonly used in healthcare settings, they do not replace the need for proper hand hygiene.

As IPAC leads, you play a key role in supporting staff to improve hand hygiene practices:

- ✓ Educate staff on when and how to perform hand hygiene
- ✓ Promote easy access to hand hygiene products
- ✓ Reinforce appropriate glove use
- ✓ Establish hand hygiene compliance monitoring and feedback

(Images on [World Hand Hygiene Day 2025](#))

Contact Information

For general inquiries, please email ipachub@peterboroughpublichealth.ca. To connect with your assigned IPAC Hub Lead, refer to the regional contacts listed below.

HKPR

Peterborough Public Health

Outbreak Reporting

During business hours:

outbreaks@hkpr.on.ca

Outside of business hours:

1-888-255-7839

Vaccine Information

immunization@hkpr.on.ca

Outbreak Alerts

Click [here](#) to sign up.

IPAC Inquiries

ipachub@peterboroughpublichealth.ca

For more resources and updates visit our website at [Central East Infection Prevention and Control \(IPAC\) Hub](#).

During business hours:

[Outbreak form](#)

Outside of business hours:

705-760-8127

schoolvaccines@peterboroughpublichealth.ca

Click [here](#) to view updates.

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