

Important Announcement!

Please mute
your phone
until after the
presentation.



For technical assistance, including
phone line issues please call:

310-8822
(no area code)



Acute Care and
Long Term Care Facilities

Central Zone Outbreak Management

2019/2020

Purpose For Outbreak Management

Ensure a safe and healthy environment

- residents/patients and their families
- employees
- visiting public

Goal For Outbreak Management

Effective outbreak management requires a multi-disciplinary approach and involves individuals with different responsibilities.

Our goal is to minimize the impact of outbreaks on the quality of life of those directly and indirectly affected.



hygiene



immunize



surveillance



outbreak
declaration &
case isolation



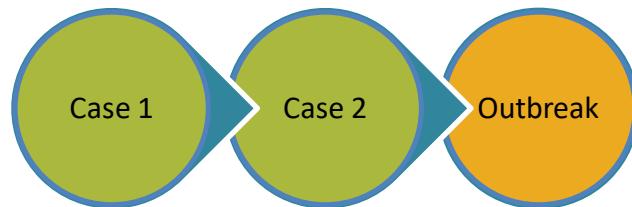
chemo-
prophylaxis

Definitions - Lingo

- Medical Officers of Health (**MOH**)
- Communicable Disease Control (**CDC**)
- Environmental Public Health (**EPH**)
- Public Health Inspector (**PHI**)
- Outbreak Response Lead
- Infection Control Professional (**ICP**)
- Workplace Health & Safety (**WHS**)
- Occupational Health & Safety (**OHS**)

Outbreak Definition

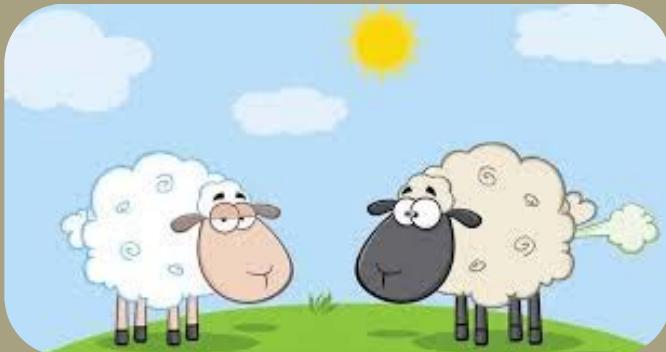
- Occurrence of disease cases in excess of normal expectations.
- Each ill person is a “case”.
- An outbreak usually involves more than one case, all with a common association (person, place, time).



COMMON TYPES OF OUTBREAKS

Gastrointestinal (GI)

- Norovirus
- Rotavirus



Respiratory (ILI)

- Influenza
- RSV
- Coronavirus
- Pertussis

Gastrointestinal (GI) Outbreak Definition

Two or more cases of GI illness with a common epidemiological link.

- same location or same caregiver, and evidence of healthcare acquired transmission within the facility.

Initial onset within one 48 hour period.



GI Illness Case Definition

- Two episodes of diarrhea in 24 hours
- Two episodes of vomiting in 24 hours
- One episode of bloody diarrhea
- One episode of diarrhea and one episode of vomiting in 24 hours



Vomiting/diarrhea is *new and unexpected* for that person, and not due to medication or known disorder.

Respiratory Outbreaks

- Sudden fever greater than 38° (not common in elderly population).
- **New cough**
AND one of the following
- Sore throat
- Aching joints/ muscles
- Extreme fatigue and weakness.



Two or more people with similar symptoms in a seven day period.

Approach To Outbreak Management



- Elderly population may be vulnerable to illness
 - advancing age and pre-existing medical conditions
- Outbreaks can be successfully managed by:
 - early recognition
 - implementing appropriate control measures
 - prompt notification
 - on-going surveillance
- Combined effort of all
 - staff, residents/patients, visitors
- All reported outbreaks will be investigated



Outbreak Management in Central Zone

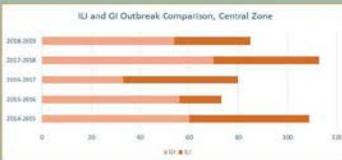
Did you know that since October 2018 Central Zone managed 97 outbreaks?

That is 32 outbreaks less than last season (129); the average duration of an outbreak was 11 days.

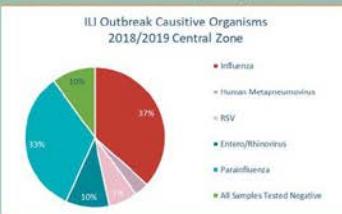
Why investigate outbreaks?

- To help manage and prevent outbreaks from spreading further, reducing deaths and health care costs from hospital visits.
- Respond to public, political or legal concerns.
- Evaluate effectiveness of prevention programs and surveillance, as well as research to better understand natural history of a disease.

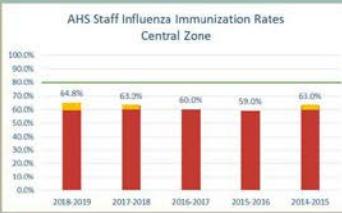
A great majority of the outbreaks we manage are influenza-like-illness (ILI) and gastrointestinal (GI).



Here is a breakdown of the respiratory outbreaks.



Staff and resident influenza immunization is important to help reduce outbreak spread in our facilities. During confirmed influenza outbreaks, unimmunized staff are required to take prophylactic antivirals or not work. Here is a comparison of Central Zone AHS staff immunization rates.



What steps are taken to manage an outbreak?

1. Recognition and Reporting

- Determine if an outbreak exists.
- Staff report location, timing and number of cases.

2. Investigation and Identification

- Lab samples are collected to identify the organism causing the outbreak.

3. Implementing Control Measures

- Ensure appropriate additional precautions are in place i.e.: use of masks, isolation of ill patients/residents, hand hygiene.

4. Follow-up

- Conduct a debrief.

www.ahs.ca/czmo

Do you know who is involved in managing an outbreak?

CDC / EPH Outbreak Response Lead

- Initiates investigation and coordinates outbreak management in consultation with the MOH.

Infection Prevention and Control (IPC)

- A resource for staff during the implementation of outbreak management protocols.
- Ensures appropriate additional precautionary measures are in place.

Medical Officer of Health (MOH)

- Declares and closes an outbreak.
- Ensures appropriate measures are in place to control further spread i.e.: authorizing antivirals; review transfer requests in/out of outbreak facilities and notifies physicians, pharmacists and facilities about outbreaks.

Site Management and Multidisciplinary Teams at Outbreak Facilities

- Timely reporting of suspect outbreaks and implementation of management protocols.

Workplace Health & Safety (WHS)

- Collaborate with site management to confirm AHS staff immunity and implement work

In summary, everyone has a role to play in outbreak management. Stay home when you are sick, get your annual influenza vaccine, cover your cough, and wash your hands.

We can all work together to keep our outbreak rates low next year.

What role will you take?

Putting It All Together...

- Between October 2018 and August 2019 Central Zone managed 97 outbreaks. That is 32 outbreaks less than last season (129), and the average duration of an outbreak was 11 days.
- Of the respiratory outbreaks, influenza is the most common causative organism.
- 64% of Central Zone AHS Employees were immunized against Influenza.

Why Investigate Outbreaks:

- To help manage and prevent outbreaks from spreading further, reducing deaths and health care costs from hospital visits.
- Respond to public, political or legal concerns.
- Evaluate effectiveness of prevention programs and surveillance, as well as research to better understand natural history of a disease.
- Inform provincial policy for notifiable disease, outbreak and immunization programs.

Aspects Of Outbreak Management

1

Recognition and
Reporting

2

Investigation and
Identification

3

Implement
Control
Measures

4

Follow-up

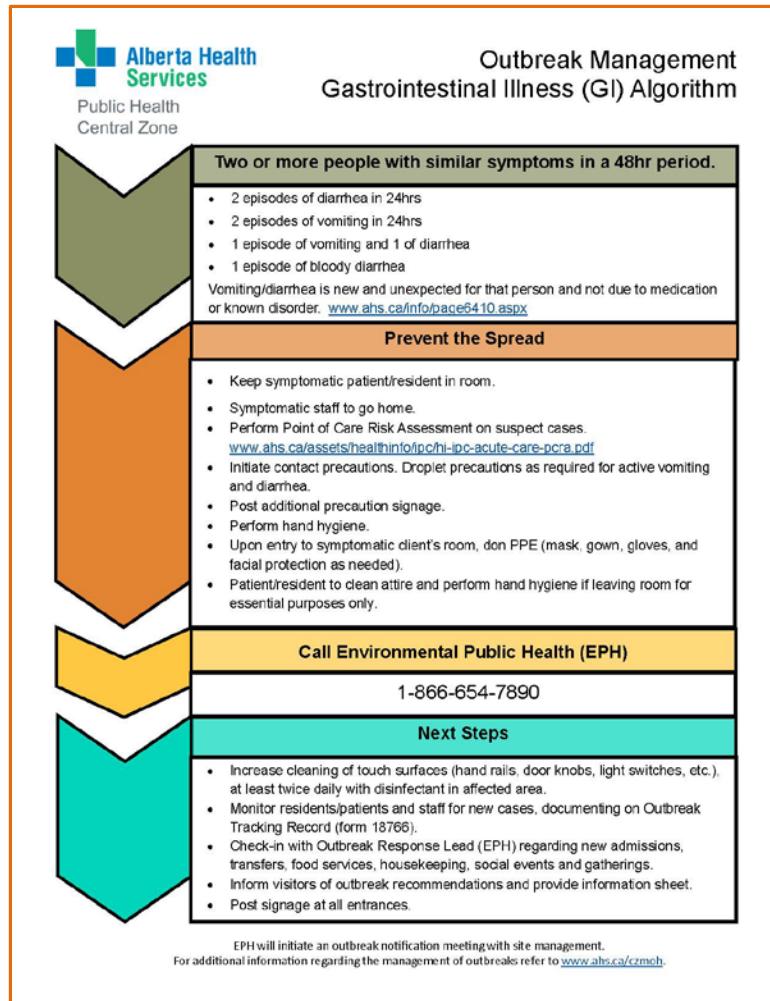
Recognition & Reporting

- Be aware of current outbreaks and common symptoms in area.
- Early recognition of potential symptoms of disease.
- Choose appropriate algorithm.
- Prompt reporting to CDC or EPH.
 - If two symptomatic staff and/or residents/patients before one week is over, please report when recognized.
- Anything above the waist - CDC
- Anything below the waist - EPH

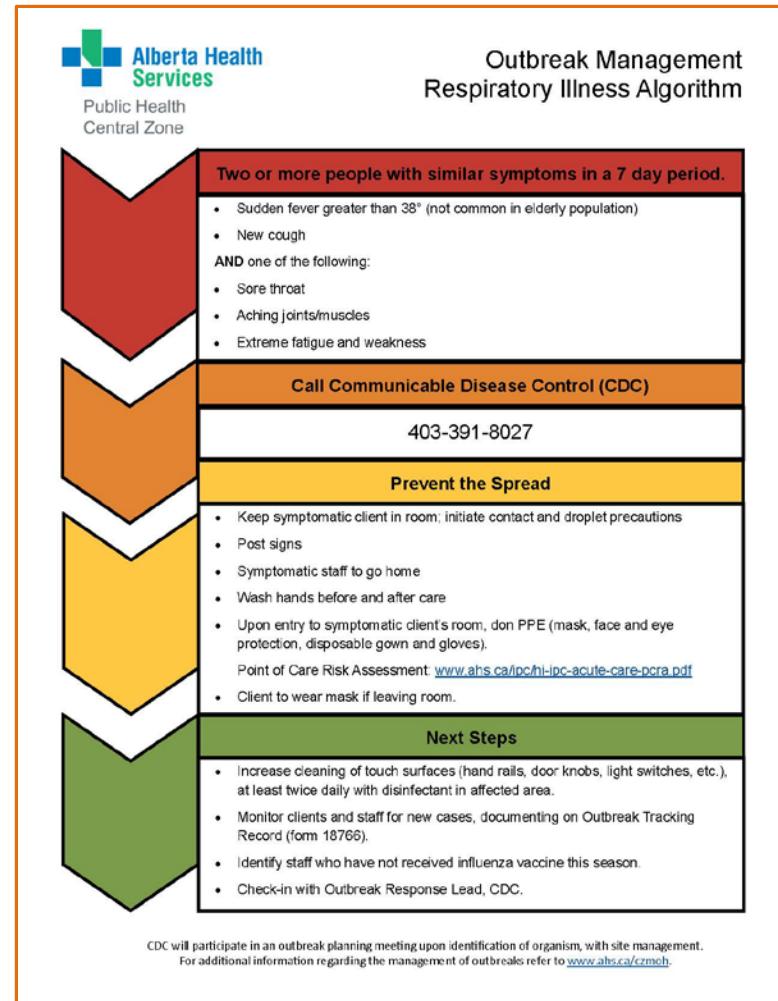


Algorithms

GI Algorithm



Respiratory Algorithm



Documentation: Outbreak Tracking Record

The Outbreak
Tracking Record
needs to be
completed correctly
as it is the tool we
use to determine
when the outbreak
can be closed.

Alberta Health Services Outbreak Tracking Record

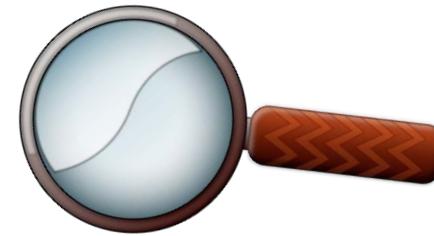
| Facility Name | Record relates to: | | | | |
|-----------------------------|-----------------------------------|--|--------------|--------------|--------------|
| Date Reported (yyyy-Mon-dd) | No. of Staff on Unit | <input type="checkbox"/> Patient/Resident/Client | | | |
| Phone Number | No. of Residents/Patients in unit | <input type="checkbox"/> Staff | | | |
| Fax Number | Unit Name/No. | EI Number (yyyy- EI- ###) | | | |
| Outbreak Response Lead | Phone | Fax | | | |
| IPC Contact | Phone | Fax | | | |
| Demographics | Case 1 | Case 2 | Case 3 | Case 4 | Case 5 |
| Last Name | | | | | |
| First Name | | | | | |
| ULI | | | | | |
| Date of Birth (yyyy-Mon-dd) | | | | | |
| Room Number | | | | | |
| Symptom Legend | Onset Date | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd |
| AP Abdominal Pain | | | | | |
| C New Cough | Symptom Day* 1 (onset symptoms) | | | | |
| D Diarrhea | Symptom Day 2 | | | | |
| E Exhaustion | Symptom Day 3 | | | | |
| F Fever | Symptom Day 4 | | | | |
| DE Deceased | Symptom Day 5 | | | | |
| HO Hospitalized | Symptom Day 6 | | | | |
| JA Joint Aches | Symptom Day 7 | | | | |
| MA Muscle Aches | Symptom Day 8 | | | | |
| N Nausea | Symptom Day 9 | | | | |
| NS No Symptoms | Comments: | | | | |
| P Pneumonia by X-Ray | | | | | |
| ST Sore Throat | | | | | |
| V Vomiting | | | | | |
| Lab Tests | Stool Specimen Collected | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd |
| | Results | | | | |
| | NP Swab Collected | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd |
| | Results | | | | |
| Prophylaxis | Influenza Immunization | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd |
| | Oseltamivir | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd | yyyyy-Mon-dd |

**Represents the first day that the case became ill.*
During an outbreak, please fax this record daily to the Outbreak Response Lead.

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Outbreak Tracking Record

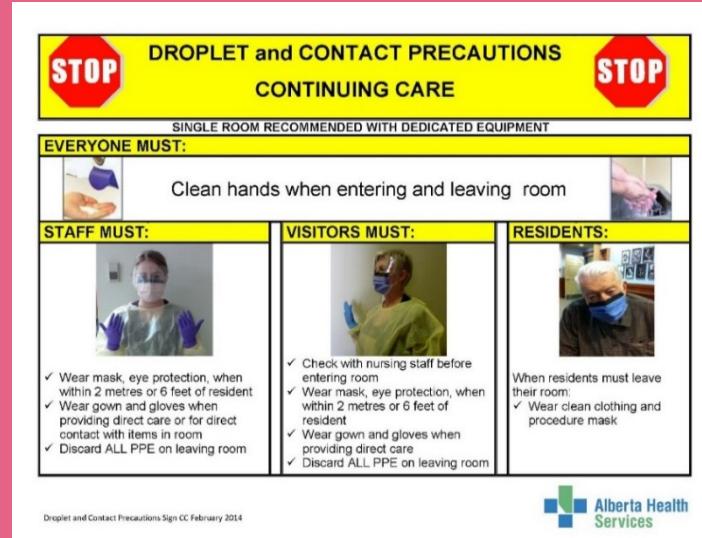
Investigation



- 1 Outbreak Response Lead assigned (CDC/PHI)**
- 2 Identify cases & collect specimens**
- 3 Immediate implementation of outbreak control strategies**
- 4 Team Approach (facility lead)**

Control Measures

- Implement additional precautions with symptomatic residents/ patients in their rooms, with designated signage.
- Anyone entering the additional precaution room should follow the instructions on the posted signage and ask the staff for assistance.
- At times rooms may involve shared accommodation with another patient or resident who may or may not be symptomatic. Special arrangements may need to be determined.
- Patients and residents on additional precautions should leave the room only for essential purposes based on individual situations.



... More Control Measures



- Any symptomatic staff and visitors to go home.
- Hand hygiene, hand hygiene, hand hygiene for all.
- Post outbreak notifications at all entrances.
- Inform visitors and provide visitor information sheet.
- Visitors are required to wear personal protective equipment (PPE) when involved with direct care.



... Other Common Control Measures

- Changes to housekeeping, laundry, food services.
- Restrictions on residents/patients, staff and visitors.
- Changes to social/ recreational activities.
- Modifications to work schedules.
- Look at immunization status (if Influenza).
- Modifications to clinical practice.





Discharges, Transfers, Activities

Restrictions regarding admissions, transfers and activities in an outbreak site are **ONLY** modified or lifted by the MOH or Outbreak Response Lead.

This includes: discharges or transfers from an acute care site to an outbreak site, or from an outbreak site to an acute care site or treatment centre.

GI Control Measures

- Resident/patient to remain in room and staff to remain off work until 48 hours have passed since their last episode of diarrhea or vomiting.
- Dedicated equipment for affected resident/patient only.
- Gloves and gowns to be worn when providing direct care to symptomatic residents/patients.
- Surgical mask/eye protection if client experiencing active diarrhea and vomiting.



Respiratory Control Measures

- Upon entry to sick resident/patient's room, mask/eye protection if close contact (within 2 meters).
- Use disposable gown and gloves.
- Resident/patient to wear clean attire and surgical mask if leaving room.
- Dedicated equipment or disinfect between residents/patients.



... Respiratory Control Measures

Maintain additional precautions for at least 5 days from the onset of acute illness, or until over their acute illness and have been afebrile for 48 hours.

Additional precautions remain in place for a length of time determined by the identified organism (7 days for influenza) after the onset of symptoms in the last case.



Discontinuing Additional Precautions

- Resident/patient thoroughly bathed and hair cleaned.
- Wear fresh laundered clothing; beware of sweaters, housecoats, jackets.
- Daily living aids cleaned/disinfected.
- Room is thoroughly cleaned/ disinfected (terminally cleaned).
- Soiled bed linen changed.
- Coordination of activities between nursing and Environmental Services/Housekeeping.
- Identify personal items that cannot be cleaned or disinfected.



Specimen Collection

- As directed by the MOH/Outbreak Response Lead.
- Need exposure investigation (EI) number obtained by Outbreak Response Lead.
- Viral testing requires stool collection in a container with no preservative or transport media.

Alberta Health Services Provincial Laboratory for Public Health **Serology and Molecular Testing Requisition** **Accession # (lab only)**

Edmonton Site 8440 11th St. T6G 2J2
Phone 780.407.7121 Fax 780.407.3864
Virologist/Microbiologist-on-call 780.407.8822

Calgary Site 3200 Hospital T2N 4W4
Phone 403.944.1200 Fax 403.270.2216
Virologist/Microbiologist-on-call 403.944.1200

■ Consult the Site Virologist/Microbiologist-on-Call listed above for STAT requests, and where specified in the Guide to Services
■ See the Guide to Services (<https://www.albertahealthservices.ca/lab/page3317.aspx#education.html>) for information on sample types, transport and testing
■ For Zoonotic infections (e.g. mosquito-borne, tick-borne) use form 20087 Zoonotic Testing Requisition (<https://www.albertahealthservices.ca/lm/20087.pdf>)

| | | | | |
|---|---|---|---|----------|
| PRN | Alternate Identifier | Date of Birth (yyyy-Mon-dd) | | |
| Last Name | First Name | Middle | Gender | Phone |
| Address | City/Town | Prov | Postal Code | Location |
| Requestor Name (last, first) | Location/Postal/Address | Phone | Healthcare Provider ID | |
| Dr. Digby Horne | 300 Jordan Parkway, Red Deer, AB T4P 0G8 | Phone | Phys. Code F6897 Loc. Code: MOH | |
| Requestor | Copy to (last, first) | | | |
| Specimen/Type Source - Specify | | Collector ID | Outbreak (EI) # if applicable (yyyy-###) | |
| Date Collected (yyyy-Mon-dd) | Time (24 hr) | Location | YYYY-EI-### | |
| <input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Cord Blood | <input type="checkbox"/> CSF <input type="checkbox"/> Gastric Suction <input type="checkbox"/> Bronchovascular Lavage (BAL) <input type="checkbox"/> Eye (Aqueous) <input type="checkbox"/> Eye (Vitreous) <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Urine | <input type="checkbox"/> Swab <input type="checkbox"/> Buccal <input type="checkbox"/> Cervical <input type="checkbox"/> Esophageal (specify) <input type="checkbox"/> LP <input type="checkbox"/> Lesion (specify) | <input type="checkbox"/> Mouth <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Respiratory <input type="checkbox"/> Throat <input type="checkbox"/> Urethral | |
| Provide Clinical History or Reason for Testing below - Testing will NOT proceed if this section is incomplete | | | | |
| Reason for Testing | | List Countries visited within past 3 months of symptom onset OR provide relevant travel history <input type="checkbox"/> No Travel | | |
| <input type="checkbox"/> Fever <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Neurologic <input type="checkbox"/> Polyarthritides | | <input type="checkbox"/> Rash (specify) <input type="checkbox"/> Respiratory (specify) <input type="checkbox"/> Other (specify) | | |
| Date of onset OR Duration of symptoms | | Date of return (yyyy-Mon-dd) Relevant immunizations and dates | | |
| <input type="checkbox"/> Immunocompromised <input type="checkbox"/> No <input type="checkbox"/> Yes (detail) | | Immunocompromised | | |
| <input type="checkbox"/> Parasite Serology <input type="checkbox"/> Toxoplasma | | <input type="checkbox"/> Molecular Detection (NAT) <input type="checkbox"/> Strong TOXO IgG <input type="checkbox"/> CSF Viral Panel <input type="checkbox"/> Enteroparvovirus <input type="checkbox"/> Eye Virus <input type="checkbox"/> Enterovirus <input type="checkbox"/> Herpes simplex virus <input type="checkbox"/> Measles virus <input type="checkbox"/> Mumps virus <input type="checkbox"/> Mumps-POR <input type="checkbox"/> Respiratory Pathogen Panel <input type="checkbox"/> Rubella zoster virus <input type="checkbox"/> Syphilis | | |
| <input type="checkbox"/> Bacterial Serology <input type="checkbox"/> Brucella <input type="checkbox"/> Diphtheria antitoxin DIPHT <input type="checkbox"/> Mycoplasma pneumoniae <input type="checkbox"/> Syphilis <input type="checkbox"/> Tetanus antitoxin TET ATOX | | <input type="checkbox"/> BRUC <input type="checkbox"/> DIPHT <input type="checkbox"/> MNGEL IgM <input type="checkbox"/> SYN PROV <input type="checkbox"/> TET ATOX | | |
| <input type="checkbox"/> Fungal Serology <input type="checkbox"/> Blastomycetes BLAST ID <input type="checkbox"/> Coccidioides Coccidioides Antigen <input type="checkbox"/> Geotrichomycetes <input type="checkbox"/> Histoplasma HISTO ID | | <input type="checkbox"/> Adenovirus AD PCR <input type="checkbox"/> BK virus BKV PCR <input type="checkbox"/> Cytomegalovirus CMV PCR <input type="checkbox"/> Epstein-Barr virus EBV PCR <input type="checkbox"/> HBV DNA HBV QUANT <input type="checkbox"/> HCV RNA HCV QUANT <input type="checkbox"/> HIV QUAL HIV QUAL <input type="checkbox"/> HIV Viral Load HIV QUANT <input type="checkbox"/> JC Virus HPOLYV PCR | | |
| Specify Other Serology and Molecular Tests | | | | |

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General Considerations: Food Services

- Separate ill from well patients.
 - tray service to ill patients in their rooms
- Use of disposable food service utensils not required.
- Discontinue self-serve salad bars and buffets.
- Replace community items from tables (salt, pepper, sugar bowls) with single service items.
- No shared food for staff or residents.
- Food Service staff must report symptoms immediately to their supervisor.



Environmental Services/Housekeeping

- Clean from cleanest to dirtiest areas.
- Double wipe (one clean, one disinfection).
- Use the appropriate disinfectant in the correct concentrations.
- Pay extra attention to high touch/contact surfaces (handrails, doorknobs, light switches).
- Use PPE and change between rooms/areas.
- Wash hands between rooms/areas and PPE change.



Laundry

- Minimize handling and agitation of soiled laundry.
- Use separate carts for clean and dirty laundry.
- Do not rinse soiled laundry.
- Contain soiled laundry.
- Avoid cross-contamination in the laundry room.
- Use PPE and change between clean and dirty.
 - wash hands



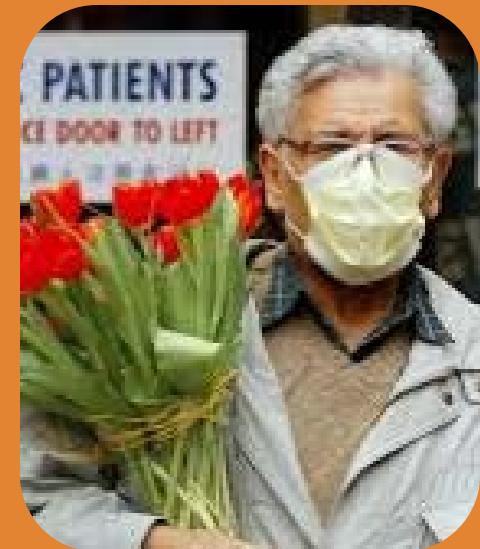
Waste Handling

- Collect from well rooms first, then sick rooms.
- Dispose of according to protocols.
- Use PPE and wash hands.



Other Considerations

- Inform visitors:
 - post signs at all entrances and provide visitor information sheet
- Visitors who choose to visit should visit one resident/patient only and exit the site immediately after their visit.
- Ensure individuals visiting symptomatic residents are wearing appropriate PPE.
- Cancel/postpone all previously scheduled resident/patient and community special events and activities, including volunteer activities.
- Encourage good hand hygiene.





Roles and Responsibilities

- Management/ Charge Nurse
- Unit Staff
- Medical Officers of Health
- Public Health (CDC/PHI)
- Residents/Patients and Families
- Infection Control Professional (ICP)
- Workplace Health & Safety (WHS/OHS)

LTC Management/Charge Nurse

- Keeps an eye on health status of residents/patients.
- Implements recommended control measures and ensures maintenance of these measures.
- Notifies Public Health and WHS/OHS of suspect outbreak.
- Completes Outbreak Tracking Record and relays information daily to Outbreak Response Lead.
- Implements contingency plan for staffing.
- Notifies EMS and receiving departments during outbreak.
- Sends outbreak communications internally within the facility.



Acute Care Management/Charge Nurse

- Confirm influenza outbreak exists with a second person (IPC/ site lead/ manager on-call) able to establish two lab confirmed influenza results in inpatients at least 48 hours after admission.
- Internal communication responsibility of site lead.
- Advance plan for continuation of services (i.e. labor and delivery, outpatient clinics, surgeries) developed by site lead and IPC.
- Transfers will not be refused by the MOH or designate, but will likely have conditions if the outbreak is influenza.



Unit Staff



- Assesses health condition of residents/patients.
- Implements additional precautions.
- Communicates findings or concerns to management/charge nurse.
- Assists with record keeping/documentation.
- Assists with the collection of specimens.
- Notifies EMS and receiving facilities during transfers of necessary precautions.

Medical Officers Of Health (MOH)

- Declares status of outbreak.
 - **opens and closes outbreaks**
- Sends email outbreak notifications to an appropriate Central Zone outbreak distribution list.
- Provides guidance and direction.
- Makes decisions on complicated admissions/transfers.
- Makes decisions on prophylaxis and immunization.



Public Health

- Receives outbreak notification.
- Designates Outbreak Response Lead.
 - Communicable Disease Control (CDC) Nurse or Public Health Inspector (PHI)
- Notifies the Medical Officer of Health (MOH).
- Coordinates investigation, collection of specimens, and monitoring during the outbreak.
- Notifies area physicians and community pharmacies of suspect and confirmed respiratory outbreaks.



... Public Health

- Provides recommendations on control measures.
- Assesses effectiveness of control measures and adjusts recommendations as necessary.
- Provides education as required.
- Reviews overall management of outbreak.
- Informs site when outbreak declared over, and lifts site restrictions when appropriate.
- Arranges and/or participates in notification and debrief meetings as necessary.



Patients/Residents And Families



- Reports any illness to site management or staff.
- Participates in outbreak management plan.
- Complies with isolation/additional precaution requirements.
- Practices good personal hygiene.
- Provides specimens, if requested.



Infection Control Professional

- Ensures that staff have access to and are familiar with current AHS/Central Zone outbreak management protocols.
- Reviews and ensures that additional precautions and infection control measures are in place.
- Acts as a resource to address outbreak issues.
- Provides education on outbreak related topics.
 - PPE donning and doffing
- Participate in outbreak meetings.



Workplace Health & Safety (WHS)/OHS and Staffing Guidelines



- WHS/OHS will provide direction on working restrictions for staff.
- WHS Algorithm available within the AHS Outbreak Management Guidelines .
- Do not work if ill, as likely infectious.
- GI: Staff off for 48 hours after last symptom.
- Respiratory: If confirmed influenza outbreak, will be dependent on immunization status.

... Staffing Guidelines

- Staff are responsible for notifying employers regarding work in other facilities or areas.
- Practice good hygiene (handwashing, shower, change uniform or clothing).
- Keep up-to-date on immunizations.
- AHS WHS: 403-343-4620
Covenant OHS: 1-855-342-8070



Follow-up



- Determine need for outbreak debriefing meeting.
- Review of the outbreak.
- Evaluation of the control measures.
- Review/update established Central Zone guidelines and protocols.
- Learn from experience.

Infection Prevention Control

Alberta Health Services Healthy Albertans. Healthy Communities. Together.

811 Health Link Health Advice 24/7

Home | Contact | Staff | Help

Search AHS

ABOUT AHS ▾ FIND HEALTHCARE ▾ INFORMATION FOR ▾ CAREERS ▾ NEWS ▾ AHS IN MY ZONE ▾

Home > Information For > Health Professionals > Infection Prevention & Control

Infection Prevention & Control

Who We Are and What We Do

Infection Prevention & Control (IPC) is dedicated to **preventing infections** acquired within health care facilities.

IPC's **mandate** is to reduce the incidence of health care associated infections in patients, residents, and clients by:

- process and outcome surveillance
- outbreak identification and management
- consultation and education
- guideline, policy, and procedure development
- research

[Read More>>](#)

Resource Manuals



Directions for known and suspect diseases (includes additional precautions/isolation)

[Read More >>](#)

Routine Practices



Standard practices and procedures for preventing infections

[Read More >>](#)

Best Practice Recommendations



Best practice recommendations to prevent a patient from acquiring a health-care associated infection

[Read More >>](#)

Quick Links

Disease & Condition Tables:

- [Acute care](#)
- [Continuing care](#)

Point of Care:

- [Point of Care Risk Assessment \(PCRA\)](#)
- [Algorithm for Influenza-like illness \(ILI\)](#)
- [Rapid assessment & triage for patients presenting with fever](#)

Resources & Topics

[Contact Us](#)

[Emerging Issues](#)

[Cohorting Principles](#)

[External Links](#)

[Medical Device Reprocessing](#)

[Central Zone IPC External Webpage](#)

CZMOH Outbreak Management Resources

Medical Officer of Health Bulletins

MOH - Central Zone

Acute Care Outbreak Management

Child Care Outbreak Management

Long Term Care Outbreak Management

Provincial Correctional Outbreak Management

Summer Camps Outbreak Management

Supportive / Home Living Outbreak Management

MOH - Edmonton Zone

MOH - North Zone

Central Zone - MOH

Medical Officers of Health, Medical Staff

Outbreak Management

Information For

- [Acute Care](#)
- [Child Care](#)
- [Long Term Care](#)
- [Provincial Correctional](#)
- [Summer Camps](#)
- [Supportive / Home Living](#)
- [Work Camps](#)

Annual Education Posters

- [Supportive Living and Home Living](#)
- [Acute Care and LTC Facility Living](#)

Presentations

- [2018/19 Acute Care and LTC Facility Living](#)
- [2018/19 Supportive Living and Home Living](#)

News / Updates

Medical Officers of Health

Visit [www.ahs.ca/moh](#) for:

- Bulletins
- Current Advisories
 - Air Quality
 - Blue Green Algae
 - Heat
- Government Website Links
- Health Topics
- Provincial Outbreak Management
- Surveillance in Alberta

Resources

Blood & Body Fluid Exposures (BBFE)

- [BBFE Central Zone Risk Assessment](#)
- [BBFE Know the Facts Brochure](#)
- [Culture and Serology Requestion CH-0039](#)
 - [Sample BBFE Recipient](#)
 - [Sample BBFE Source](#)

Clostridium difficile Infections (CDI)

- [Central Zone CDI Toolkit Facilities with AHS IPC Support](#)

Fentanyl

Contact Info

Zone Contacts

[MOH Role & Contact Info](#)
(service listing)

[Public Health Contact Info](#)
(poster)

Contact Us

Email : czmoh@ahs.ca

www.ahs.ca/czmoh

Influenza Disease and Vaccine Myths

“Influenza is not a serious illness!”



Anyone can become infected with influenza! Influenza can be a serious disease in young children, older adults and people with chronic health conditions.

Influenza Disease and Vaccine Myth #2

“I’m young and healthy,
so I don’t need a flu shot!”

Healthy people
can spread the
virus to others that
are susceptible.



Influenza Disease and Vaccine Myth #3

“I got sick with influenza right after I got the flu shot!”



The influenza vaccine contains an inactivated/weakened virus that **CANNOT** cause disease.

Influenza Disease and Vaccine Myth #4

“I got my flu shot last year,
so I don’t need it again
this year!”



The vaccine changes from year to year according to the circulating strains.

Resources

Outbreak resources and guidelines
or to view this presentation online,
visit:

www.ahs.ca/czmoh

Prescribing Pharmacists:
<https://abpharmacy.ca>

AHS Facility Infection Control
Guidelines:

www.ahs.ca/info/Page15161.aspx



Questions



Corinne Jones, Communicable Disease Control - corinne.jones@ahs.ca

Karen Cargill, Infection Prevention & Control – karen.cargill@ahs.ca

Tricia Herridge, Environmental Public Health – tricia.herridge@ahs.ca

Survey



Your feedback is important to us!

<https://survey.albertahealthservices.ca/outbreakmanagementpresentation2019>

Survey is open until December 31, 2019