



The purpose of this document is to expand on the current outbreak definitions to guide decision making on when an outbreak should be declared in health care facility (Acute Care and Long Term Care).

Acute Care

Confirmed COVID-19 Outbreak:

Two or more individuals* with laboratory confirmed COVID-19 for whom the Medical Health Officer has determined that transmission likely occurred¹ within a common non-household (i.e., unit/floor/facility) during a specified time period (CD Manual 2020)

*Expanded definition for health care workers (HCWs):

Two or more confirmed² COVID-19 cases in HCWs linked to a unit/facility³, and where:

- at least one of the HCWs was in the work place during the communicable phase of illness⁴

OR

- work site transmission is suspected as cause for one or more of the infections. Transmission could have been:
 - Patient to HCW transmission; or
 - HCW to HCW transmission; or
 - Visitor to HCW transmission; or
 - The transmission link may thus far be unknown but after detailed review it is clear there was no obvious community risk for infection acquisition

Suspect/Sentinel COVID-19 Outbreak:

One individual** with laboratory confirmed COVID-19 who may have acquired or transmitted COVID-19 in a non-household setting (i.e., unit/floor/facility) would trigger a public health investigation to determine whether an outbreak exists (CD Manual 2020)

**Expanded definition may include one of the following scenarios:

One confirmed² COVID-19 case in a patient who was admitted to an acute care unit during the communicable phase⁴ of their illness and recommended infection prevention and control (IPAC) measures were not in place for any period of time (e.g., inadequate personal protective equipment (PPE) use; and/or breaches in PPE use; and/or inappropriate patient placement/cohorting) resulting in exposure (i.e., close contacts) to HCWs and/or other patients

OR

One confirmed COVID-19 case in a patient seen during the communicable phase of their illness in an outpatient setting within an acute care facility without the recommended IPAC measures (e.g., inadequate PPE use; and/or breaches in PPE use and/or inappropriate patient placement/cohorting) resulting in exposure (i.e., close contacts) to HCWs and/or other patients

OR

One confirmed COVID-19 case in a HCW on an acute care unit who has been at work during the communicable phase of their illness without the use of appropriate PPE

OR

One confirmed COVID-19 case in a HCW on an acute care unit who after investigation is deemed to have acquired their infection at work on the unit through transmission from a confirmed COVID-19 patient or other HCW

OR

One confirmed COVID-19 case in a support person/family member who has visited a patient on an acute care unit or accompanied them into an outpatient setting while infectious

OR

Any other situation the Medical Health Officer/designate⁵/Infection Control has deemed a significant COVID-19 exposure to hospital patients or HCWs



Long Term Care

Confirmed COVID-19 Outbreak:

Two or more individuals* with laboratory confirmed COVID-19 for whom the Medical Health Officer has determined that transmission likely occurred¹ within a common non-household (i.e., unit/floor/facility) during a specified time period (CD Manual 2020)

*Expanded definition for health care workers (HCWs):

Two or more confirmed² COVID-19 cases in HCWs linked to a neighborhood/wing/home, and where:

- at least one of the HCWs was in the work place during the communicable phase of illness⁴
- OR**
- work site transmission is suspected as cause for one or more of the infections. Transmission could have been:
 - Resident to HCW transmission; or
 - HCW to HCW transmission; or
 - Visitor to HCW transmission; or
 - The transmission link may thus far be unknown but after detailed review it is clear there was no obvious community risk for infection acquisition

Suspect/Sentinel COVID-19 Outbreak:

One individual** with laboratory confirmed COVID-19 who may have acquired or transmitted COVID-19 in a non-household setting (i.e., neighborhood/wing/home) would trigger a public health investigation to determine whether an outbreak exists (CD Manual 2020)

**Expanded definition may include one of the following scenarios:

One confirmed COVID-19 case in a resident including those who have spent time (transferred to acute care or expired) in a home during the communicable phase⁴ of their illness and recommended IPAC measures were not in place for any period of time (e.g., inadequate PPE use; and/or breaches in PPE use; and/or inappropriate patient placement/cohorting) resulting in exposure (i.e., close contacts) to HCWs and/or other residents

OR

One confirmed COVID-19 case in a HCW within the home who has been at work during the communicable phase of their illness without the use of appropriate PPE

OR

One confirmed COVID-19 case in a HCW within the home who after investigation is deemed to have acquired their infection at work through transmission from a COVID-19 confirmed resident or other HCW

OR

One confirmed COVID-19 case in a support person/family member who has visited the home or accompanied a resident to the home while infectious

OR

Any other situation the Medical Health Officer/Infection Control has deemed a significant COVID-19 exposure to residents or HCWs



¹ Reasonable evidence that transmission likely occurred within a common non-household setting include:

- Close contact is confirmed with COVID-19 from 2 to 14 days following exposure;
- Individual with exposure to a setting where confirmed case was present and onset of symptoms consistent with incubation period of COVID-19;
- The individual has been located within a closed setting (e.g. admitted to hospital, residing at a work camp, correctional facility) for ≥ 7 days before symptom onset or date of specimen collection if asymptomatic;
- No obvious source of exposure other than at the setting.

² Laboratory confirmation of infection with COVID-19

³ "Unit" may refer to a single acute care unit or area

⁴ Communicable phase of illness includes the pre-symptomatic phase (48 hours before onset of symptoms); and the 14 days after symptom onset or until symptom resolution (whichever is longer) irrespective of continuous masking

⁵ Designate may be Infection Control Officer (i.e., Medical Microbiologist, Infectious Disease Physician) in acute care setting

References:

Alberta Health Services. Acute Care COVID-10 Outbreak Definition and Initial Response [e-mailed document – version October 16, 2020].