



Overnight Camps:

Outbreak Management and Control Guide

Haliburton, Kawartha, Pine Ridge District Health Unit

June 2025

General Information

Infectious Disease Intake Phone Line: 1-866-888-4577, ext. 1232

A member of the Infectious Disease Team can be reached Monday to Friday from 8:30 a.m. to 4:30 p.m. (except statutory holidays) by phone or by email at outbreaks@hkpr.on.ca.

Infectious Disease Confidential Fax: 905-885-9554

Port Hope Office

200 Rose Glen Road Port Hope, ON L1A 3V6

- Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (closed on weekends and statutory holidays). Specimen courier pick-up: Monday to Friday at 10:30 a.m.

Lindsay Office

108 Angeline Street South Lindsay, ON K9V 3L5

- Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (closed on weekends and statutory holidays). Specimen courier pick-up: Monday to Friday at 11:30 a.m.

Haliburton Office

191 Highland Street, Unit 301, Haliburton, ON K0M 1S0

- Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (closed 10:00-10:15 a.m., 1:00-2:00 p.m. and 3:00-3:15 p.m.; closed on weekends and statutory holidays). Specimen courier pick-up: Monday to Friday at 8:30 a.m.

After Hours Emergency Line: 1-888-255-9839

- For animal bites, rabies vaccine or natural disaster, ask for Environmental Health.
- For diseases of public health significance and outbreaks, ask for Communicable Disease Prevention and Control.

Camp Resources

Find helpful resources, such as frequently asked questions, sun safety resources and information about Lyme Disease, on the HKPR External SharePoint site for Recreational Camps. To request access, please:

1. Email outbreaks@hkpr.on.ca, with the subject line "ACCESS TO CAMP EXTERNAL SHAREPOINT SITE." Please include the email addresses of all camp staff needing access.
2. Within two business days, each person will receive an email with a link titled "Recreational Camps". To gain access, click on the link.
3. You will then be asked to sign into your Microsoft account. If you do not have a Microsoft account, you'll be asked to create one. For easy future access, bookmark the External SharePoint site, or save to favourites.

Introduction - Outbreak Management and Control

Effective outbreak management and control is paramount to limiting and preventing the spread of an infectious agent in your recreation camp. The HKPR District Health Unit should be notified immediately when there is a suspect or known outbreak occurring at your camp.

The HKPR Infectious Disease Team and Public Health Inspectors will work with the camp healthcare providers/operators/staff to assist in controlling the spread of illness to help protect the health and enjoyment of campers and staff.

Services that may be provided during an outbreak include:

- Onsite visit to conduct inspection of food preparation and handling, if foodborne illness is suspected.
- Regular communication via phone/email to provide support and answer questions related to outbreak management.
- Provision of literature such as guidelines or fact sheets related to outbreak management, specific illnesses etc.
- Review of specimen collection and transportation to the Public Health laboratory.
- Submission of water/food samples for testing.

One critical issue that can arise during an outbreak is the depletion of staff complement due to illness. The HKPR District Health Unit is unable to provide medical staff to a recreational camp to provide direct care of ill children/staff. This situation should be explored in a camp's contingency plan for outbreaks.

Included in this guide:

- Common outbreak terminology
- Case and Contact Management
 - Enteric cases
 - Respiratory cases
 - Respiratory contacts
- Outbreak Management
 - Outbreak definition
 - Enteric outbreaks
 - Respiratory outbreaks

Common Outbreak Terminology

Case Definition: A 'case definition' is a means of classifying persons as 'cases' or 'non-cases' (i.e. if they meet the criteria outlined in the case definition, then they are cases). A case definition will be created for each outbreak that includes criteria such as symptoms, date, location, etc. A case definition may be altered as the outbreak progresses.

- Example: Any camper/staff at camp presenting with two or more episodes of diarrhea and/or vomiting within a 24-hour period, with an onset date of July 10th or later, or any lab-confirmed case.

Cleaning: Using commercial cleaners that contain soap or detergent will remove germs on surfaces and reduces risk of infection from surfaces in your facility.

Cohort and cohorting: A cohort refers to a group of individuals that have something in common. In the case of outbreak management, cohorts are often those with shared living space, who spend significant time together, or are experiencing similar symptoms (e.g. cabin mates, table mates).

- Example: a common outbreak control measure is to cohort some staff into one group designated to take care of ill and cohort other staff into a group that only cares for those who are well.
- Example: cohorting during an outbreak is to group individuals who have been exposed to an ill individual into one cohort, and group individuals who have not had an exposure into another cohort.

Disinfecting: Using an EPE-registered disinfecting product to kill specific harmful germs (such as viruses and bacteria) that would otherwise remain on surfaces after cleaning.

Droplet-contact Precautions: These are precautions taken when taking care of an individual who is known or suspected to have an infection that can be transmitted by droplets (e.g. through coughing/sneezing) or by direct or indirect contact (e.g. by touching a surface contaminated with body fluids expelled by the ill individual).

Ideally, individuals under droplet-contact precautions are isolated in a private room, with a dedicated bathroom (separate toilet and sink, not a stall/sink in a common bathroom), whenever possible. Caregivers wear a well-fitted surgical/medical mask, gown, gloves and eye protection (goggles or face shield) when providing direct care.

Enteric Outbreak: 'Enteric' refers to an illness that affects the human intestines and results in symptoms such as nausea, vomiting and/or diarrhea. Many bacteria, viruses and parasites can cause enteric illness in people. An outbreak is suspected whenever there is a greater number of campers and/or staff than expected who have similar symptoms.

Incubation Period: The 'incubation period' refers to the time between exposure to an infectious agent and the onset of symptoms. Incubation periods can range from hours to days depending on the agent with which an individual is infected.

Line List: The 'line list' is an important tool for effective outbreak management. It is a means of collecting data that is pertinent to each individual case and the outbreak as a whole. The line list provides essential information needed for decision making throughout the management of the outbreak including when to declare the outbreak over. The information provided on the line list is confidential client information and attention must be given to privacy when transmitting the information.

It is a spreadsheet of rows and columns. A case is listed on each row and each column represents descriptive factors or clinical details for the case (e.g. symptoms, symptom onset date, etc.). Only persons who meet the criteria detailed in the case definition should be included on the line list. Line lists are reviewed daily by the Health Unit.

Period of Communicability: The 'period of communicability' refers to the time during which an infectious agent can be transmitted directly or indirectly from an infected person to another person, from an infected animal to person, or from an infected person to animals. Periods of communicability depend on the agent with which an individual is infected.

Respiratory Outbreak: 'Respiratory' refers to an illness that affects the human respiratory system and results in symptoms such as sore throat, cough, runny nose, nasal congestion and fever. Many bacteria and viruses and some fungi can cause respiratory illness in people. A respiratory outbreak is suspected when there is a greater number of campers and/or staff than expected who have similar symptoms.

Sanitizing: Lowers the number of remaining germs on surfaces or objects after cleaning – either by killing them or removing them – to a safe level.

Surveillance: This refers to monitoring staff and campers for illness and keeping track of the number of individuals who are ill, and what signs and symptoms are being experienced, at any given time. This can be done through self-reporting of symptoms, actively asking individuals if they feel unwell or observing for overt signs of illness.

Case and Contact Management

Important: In general, camps should not report all instances of ill individuals in the camp setting to the Health Unit, as these are frequent occurrences and typically children/youth have non-specific symptoms. It is also not necessary to report individual cases of COVID-19 to the Health Unit.

Camps should manage symptomatic individuals, and their contacts, as outlined below, regardless of their outbreak status.

Enteric Illness – Case Management

1. Assess for non-infectious causes of the symptoms (e.g. food intolerances, anxiety, homesickness). If a non-infectious cause is determined, case management is not required.
2. Isolate until symptom-free for 48 hours.
 - Isolation can occur at the camp provided on-site isolation is in line with the camp's policy and camp staff can provide adequate care to the ill individual.
 - Isolation should occur in the first aid/health cabin or designated isolation space.
 - Ideally, isolation should occur in a private room with its own bathroom.
 - If a private room is not available, the ill individual should be physically distanced from others, with barriers between bed/living space. Shared toilet facilities should be cleaned and disinfected between use.
 - Isolation rooms should be cleaned and disinfected when an individual is released from isolation, in addition to regular cleaning and disinfecting during isolation.
3. Staff providing direct care to ill individuals should use droplet-contact precautions, avoid caring for well individuals and should not handle or prepare food.

Respiratory Illness – Case Management

1. Assess for non-infectious causes of the symptoms (e.g., allergies). If a non-infectious cause is determined, case management is not required.
2. Isolate until fever free and symptoms have been improving for 24 hours (48 hours if individual also has gastrointestinal symptoms).
 - Isolation can occur at the camp provided on-site isolation is in line with the camp's policy and camp staff can provide adequate care to the ill individual.
 - Isolation should occur in the first aid/health cabin or designated isolation space.
 - Ideally, isolation should occur in a private room with its own bathroom.
 - If a private room is not available, the ill individual should be physically distanced from others, with barriers between bed/living space. Shared toilet facilities should be cleaned and disinfected between use.
 - Improve ventilation when possible (e.g. open windows).
 - The ill camper/staff member can go outdoors during the isolation period for physical exercise but should maintain physical distancing from others and be excluded from group activities until the isolation period ends.
 - Isolation rooms should be cleaned and disinfected when an individual is released from isolation, in addition to regular cleaning and disinfecting during isolation.
3. Staff providing direct care to ill individuals should use droplet-contact precautions, avoid caring for well individuals.
4. The following additional measures should occur after the isolation period ends, and until 10 days have passed since symptom started:
 - Wear a well-fitted mask, when indoors (except when mask removal is needed for essential activities, such as eating, sleeping, personal hygiene) and when outdoors when unable to physically distance.
 - Physical distance when mask must be removed.
 - Avoid non-essential activities that require mask removal (e.g. playing wind instruments).

Respiratory Illness – Management of Close Contacts

Definition of a high-risk exposure: the following meets the criteria for a high-risk exposure:

- The exposure to the case occurred at any time in the 48-hour period before symptoms started to when the case started isolation, AND;
- The individual was in close proximity to the case (less than 2 meters) for at least 15 minutes (or multiple short periods of time) without masking; OR
- The individual had direct contact with infectious body fluids of case (e.g., coughed/sneezed upon)
- Examples may include, but are not limited to cabin mates and table mates

Definition of a close contact: An individual who has a high-risk exposure to an individual with respiratory symptoms, regardless of testing.

Contact Management:

1. Camps are responsible for identifying close contacts who have had a high-risk exposure.
2. The following measures are recommended for 10 days from the last exposure to the case:
 - Self-monitor for signs and symptoms of illness; encourage staff/campers to report symptoms to staff/supervisors).
 - Daily surveillance - staff should ask campers if they are experiencing symptoms and observe campers for overt signs and symptoms of illness.
 - Well-fitted masks should be worn indoors (except when mask removal is needed for essential activities such as eating, sleeping, personal hygiene) and when outdoors when unable to physically distance.
 - Physical distance when mask must be removed.
 - Avoid non-essential activities that require mask removal (e.g., playing wind instruments).
 - Ensure parents are notified of exposure if leaving the camp prior to 10 days and as per camp policy.
3. Cohort contacts for meals and physically distance the contact cohort from non-contact cohorts, especially when eating indoors.
4. Follow management of respiratory cases should contact develop symptoms.

Outbreak Management

Outbreak Definition: In general, outbreaks will be declared by the Health Unit when there are more ill staff and/or campers with similar symptoms than are normally expected at camp (i.e., above baseline level).

If camps are unable to determine a normal baseline level of illness within the camp, a 5% threshold can be used.

Outbreak Assessments:

When an outbreak situation is suspected, camps are asked to call the Health Unit for an outbreak assessment. The following information will be needed for the assessment:

- Case information – names of ill campers/staff, symptoms, symptom onset dates, cabin number/camp area, date of arrival at camp, test results (if applicable). Infectious Disease staff may ask for this information by phone or ask camp staff to submit a line list.
- Number of staff and campers in the affected area and/or total number of staff and campers

If an outbreak is not declared, camp staff will be asked to manage cases (as described above), monitor the situation through surveillance and contact the health unit if additional cases are identified.

If an outbreak is declared, the Infectious Disease Team will ask for additional information about the camp, which may include, but is not limited to, the following:

- Camp layout (e.g., first aid/isolation cabin, toileting facility, living arrangements)
- Dining facility and eating arrangements
- Beginning and end dates of current camp session and dates of the next session
- Presence of on-site health care professionals; access to testing
- Designated staff contact for the outbreak
- Internet accessibility
- Camper demographics (e.g., age ranges, catchment area, special needs)
- Camp's immunization policy/immunization rates
- Camp's policy regarding isolation on-site
- Access to personal protective equipment (masks, gloves, gowns)

Enteric Outbreak Guidelines

Steps to take when an enteric outbreak is declared:

1. Obtain outbreak number; this will be provided by the Infectious Disease team.
2. Obtain a case definition; this will be provided by the Infectious Disease team.
3. Create a line list using the template provided to the camp by the Health Unit. Update and email this daily (except on weekends and holidays) by 10:00 a.m. to outbreaks@hkpr.on.ca, using the password protection feature. Send password in a separate email to outbreaks@hkpr.on.ca.

Note: *DO NOT create a new line list each day, rather update it daily. For example, once a person is no longer ill, do not remove their name from the line list or delete symptoms; it is only necessary to indicate their end date of symptoms in the appropriate column on the line list. A line list tells the story of the outbreak from beginning to end.*

4. Review and implement outbreak control measures described in the enteric outbreak checklist, found within this guide.
5. Collect stool samples from ill campers/staff with the most recent onset of enteric symptoms. Ensure that each specimen is appropriately labelled. Only stool samples should be collected (not vomit). See the Enteric Outbreak Kit and Specimen Collection section including the lab requisition example, included with this resource for more information.
 - Specimens should be transported in a cooler with an ice pack to the Public Health lab or Health Unit office as soon as possible. There are regular specimen courier pick-ups from all three of the Health Unit's offices Monday to Friday, but none on Statutory holidays or weekends. See the *General Information* section in this resource for Health Unit office addresses and courier pick-up times. *Note that specimens must be received at the laboratory within 72 hours of collection.*
6. Actively monitor all staff and campers for symptoms of enteric illness and update line list as appropriate. Also encourage campers and staff to self-report symptoms.
7. Isolate and manage symptomatic individuals, as described above under *Enteric Illness, Case Management*.
8. Notify parents/guardians of the outbreak situation. (The Health Unit will provide a letter for camps to distribute.)
9. Regularly discuss the outbreak situation with the Infectious Disease team.

Enteric Outbreak Checklist

- Notify the camp owner/operator if an outbreak is suspected.
- Contact the HKPR Infectious Disease Team for an outbreak assessment.

If an outbreak is declared:

- Obtain outbreak number.
- Obtain case definition.
- Implement appropriate outbreak control measures to interrupt the spread as soon as possible (discuss in detail with the HKPR Infectious Disease team); this may include, but is not limited to the following:
 - Symptomatic cases – isolate in the camp health care centre or designated area under droplet-contact precautions.
 - Cohort staff – designate staff to care for symptomatic cases. When providing direct care to an infectious person, the proper personal protective equipment should be used. Staff caring for ill individuals should not handle food or care for those who are well.
 - Active surveillance for symptomatic individuals – actively monitor staff and campers for symptoms. Also, encourage staff and campers to self-report symptoms.
 - Review planned activities including field trips/overnight trips and large group activities/gatherings. It may be appropriate to cancel or postpone certain activities; this can be considered in consultation with the Health Unit.
 - Avoid use of shared equipment/supplies or disinfect between use (e.g., sport equipment, canoe paddles, craft supplies)
 - Remind campers and staff to avoid sharing personal belongings (e.g., water bottles) and the importance of hand hygiene.
 - Hand hygiene - provide staff and campers with frequent opportunities for hand-hygiene, especially prior to entering dining room/eating, and after using the bathroom. Monitor bathroom facilities to ensure they are equipped with hot water and soap and/or alcohol-based hand rub.
 - Buffet style meals – consider stopping or having staff serve campers, rather than self-serve.
 - Environmental cleaning – enhance cleaning and disinfecting, especially of high touch-surface areas.
- Collect enteric specimens (stool samples only) - refrigerate after collection and during transport to the Public Health laboratory or closest Health Unit office. Request additional specimen kits if needed.
- Notify campers and staff of the outbreak situation and outbreak control measures.
- Notify parents/guardians of the outbreak situation.
- Start, then update line list daily, and email to the Health Unit daily, by 10:00 a.m. to outbreaks@hkpr.on.ca (except holidays and weekends).
- Discuss outbreak situation with the Health Unit Infectious Disease team on regular basis.

Enteric Outbreak Kit and Specimen Collection

Specimen collection may identify the causative agent in an enteric outbreak. Specimens should be collected from symptomatic residents and staff (as soon as possible after onset of symptoms). The Health Unit will assign an outbreak number for laboratory processing.

All staff responsible for specimen collection should:

- ✓ Know the camp's policy for specimen collection when an outbreak has been declared
- ✓ Know where the enteric outbreak kits are located

In your camp, an enteric outbreak kit can be located: _____

To request more kits, call the HKPR Infectious Disease Team at 1-866-888-4577, ext. 1232.

The Enteric Outbreak Kit

- Kits can be stored at room temperature prior to use
- Be sure to use the correct specimen kit
- Check the expiry date on the green capped vial which contains transport medium (do not use if past the expiry date)
- Check that all components are in the kit:
 - o Biohazard bag
 - o General Test Requisition in bag pouch
 - o Instructions for using "Enteric Outbreak kit" in bag pouch
 - o One green-capped (bacterial) vial with red-coloured transport medium. A collecting device is fitted inside the cap.
 - o One white capped empty vial (viral and toxin) with collection device.

Collecting the Specimen – Reminders and Tips

Review the instructions included with the enteric outbreak kit.

A separate kit must be used for each person providing a specimen for testing.

Before collecting stool specimens ensure you have the necessary equipment, including:

- Enteric outbreak kit
- Pen to fill out labels on both vials and the lab requisition. Only take the two vials to the bathroom/collection room.
- A collection tool (e.g., disposable aluminum plate, plastic hat, or plastic wrap)
- Personal protective equipment if the ill individual is unable to collect their own specimen.

Urine and water may contaminate a specimen and affect the results. A disposable aluminum pie plate or plastic hat placed on the water in the toilet bowl, or plastic wrap loosely stretched across the toilet bowl, can be used to catch the specimen, and may reduce the risk of contamination.

Select samples from different sites of the stool specimen; preferably, include any blood, mucous and/or pus present in the specimen.

Ensure that the specimen fills each vial only to the line specified (i.e., do not overfill). Ensure the vials are tightly capped and sealed within the biohazard bag.

Ensure that each vial is clearly labelled (include name, date of birth and date of collection). Fill out the General Test Requisition in bag pouch (see sample included in this resource).

Refrigerate the specimen immediately after collection and transport it in a cooler with an ice pack. Samples must be received by the lab within 72 hours of collection.

General Test Requisition - Example for Stool Specimens:

General Test Requisition



ALL sections of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that all testing requirements are met before collecting a specimen. For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information		Patient Information	
Licence No.: <input type="text"/> Lab / Hospital or Facility Name: <input type="text" value="HKPR District Health Unit"/>	Health Card No.: <input type="text" value="1234-567-890"/>		
HCP Full Name: <input type="text" value="Natalie Bocking"/>	Date of Birth (yyyy-mm-dd): <input type="text" value="2015-05-30"/> Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female		
Address: <input type="text" value="200 Rose Glen Road"/>	Medical Record No.: <input type="text"/>		
City: <input type="text" value="Port Hope"/> Postal Code: <input type="text" value="L1A3V6"/> Province: <input type="text" value="ON"/>	Last Name (per health card): <input type="text" value="Bear"/>		
Tel: <input type="text" value="1-866-888-4577 ext 1232"/> Fax: <input type="text" value="905-885-9554"/>	First Name (per health card): <input type="text" value="Teddy"/>		
Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)		Address: <input type="text" value="c/o Camp Fun, 237 Happy Road"/> Postal Code: <input type="text" value="K0L1Z2"/>	
Licence No.: <input type="text"/> Other Lab / Health Unit / Facility Name: <input type="text"/>	City: <input type="text" value="Haliburton"/> Tel: <input type="text" value="111-111-1111"/>		
HCP Full Name: <input type="text" value="Enter camp physician/nurse practitioner"/>		Investigation / Outbreak No. from PHO or Health Unit (if applicable): <input type="text" value="2235-2025-XXXXX"/>	
Address: <input type="text"/>		Specimen Information	
City: <input type="text"/> Postal Code: <input type="text"/> Province: <input type="text"/>	Date Collected (yyyy-mm-dd): <input type="text" value="2025-07-03"/> Submitter Lab No.: <input type="text"/>		
Tel: <input type="text"/> Fax: <input type="text"/>	<input type="checkbox"/> Whole Blood <input type="checkbox"/> Serum <input type="checkbox"/> Plasma		
Patient Setting <input type="checkbox"/> Clinic / Community <input type="checkbox"/> ER (Not Admitted / Not Yet Determined) <input type="checkbox"/> ER (Admitted) <input type="checkbox"/> Inpatient (Non-ICU) <input type="checkbox"/> ICU / CCU <input checked="" type="checkbox"/> Congregate Living Setting		<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Cerebrospinal Fluid (CSF) <input type="checkbox"/> Nasopharyngeal Swab (NPS)	
		<input type="checkbox"/> Oropharyngeal / Throat Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Bronchoalveolar Lavage (BAL)	
Testing Indication(s) / Criteria <input checked="" type="checkbox"/> Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Immune Status <input type="checkbox"/> Follow-up / Convalescent <input type="checkbox"/> Pregnancy / Perinatal <input type="checkbox"/> Impaired Immunity <input type="checkbox"/> Post-mortem Other (Specify): <input type="text"/>		<input type="checkbox"/> Endocervical Swab <input type="checkbox"/> Vaginal Swab <input type="checkbox"/> Urethral Swab	
		<input type="checkbox"/> Urine <input type="checkbox"/> Rectal Swab <input checked="" type="checkbox"/> Faeces	
Signs / Symptoms <input type="checkbox"/> No Signs / Symptoms <input checked="" type="checkbox"/> Onset Date (yyyy-mm-dd): <input type="text"/>		Other (Specify type AND body location): <input type="text"/>	
<input checked="" type="checkbox"/> Gastrointestinal <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> STI <input type="checkbox"/> Respiratory <input type="checkbox"/> Hepatitis <input type="checkbox"/> Meningitis / Encephalitis Other (Specify): <input type="text"/>		Test(s) Requested	
Relevant Exposure(s) <input type="checkbox"/> None / Not Applicable Most Recent Date (yyyy-mm-dd): <input type="text"/> Occupational Exposure / Needlestick Injury (Specify): <input type="text"/> <input type="checkbox"/> Source <input type="checkbox"/> Exposed Other (Specify): <input type="text"/>		Enter each assay as per the publichealthontario.ca/testdirectory :	
Relevant Travel(s) <input type="checkbox"/> None / Not Applicable Most Recent Date (yyyy-mm-dd): <input type="text"/> Travel Details: <input type="text"/>		1. <input type="text" value="Enteric Outbreak Investigation"/>	
The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.38 (1)(c)(iii) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-8556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004.2 (August 2024).		For routine hepatitis A, B or C serology, complete this section instead:	
		Hepatitis A <input type="checkbox"/> Immune Status (HAV IgG) <input type="checkbox"/> Acute Infection (HAV IgM, signs/symptoms info)	
		Hepatitis B <input type="checkbox"/> Immune Status (anti-HBs) <input type="checkbox"/> Chronic Infection (HBsAg + total anti-HBc)	
		<input type="checkbox"/> Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) <input type="checkbox"/> Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)	
		Hepatitis C <input type="checkbox"/> Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.	



Respiratory Outbreak Guidelines

Steps to take when a respiratory outbreak is declared:

1. Obtain outbreak number; this will be provided by the Infectious Disease team.
2. Obtain a case definition; this will be provided by the Infectious Disease team.
3. Create a line list using the template provided to the camp by the Health Unit. Update and email this daily by 10:00 a.m. to outbreaks@hkpr.on.ca, using the password protection feature (send password in a separate email).

Note: *DO NOT create a new line list each day, rather update it daily. For example, once a person is no longer ill, do not remove their name from the line list or delete symptoms. It is only necessary to indicate their end of symptoms date in the appropriate column on the line list. A line list tells the story of the outbreak from beginning to end.*

4. Review and implement outbreak control measures described in the Respiratory Outbreak Checklist, found within this resource.
5. The health unit is not providing camps with nasopharyngeal swabs for specimen collection.
 - If specimens are collected at camp for off-site testing, ensure that each specimen is appropriately labeled with two unique identifiers (e.g. name and date of birth) and that these two identifiers are used on both the specimen and requisition. Specimens should also have the date of collection. Include a completed COVID-19 and Respiratory Virus Test Requisition, provided by the Health Unit, with each specimen. Refer to the example requisition included in this guide when completing the requisition.
 - Specimens should be transported to the Public Health lab or health unit office as soon as possible and should be refrigerated or placed in a cooler during storage and transport. There are regular specimen courier pick-ups from all three of the Health Unit's offices Monday to Friday, but none on Statutory holidays or weekends. See the General Information section in this resource for Health Unit office addresses and courier pick-up times. Note that specimens must be received at the laboratory within 72 hours of collection.
 - On-site COVID-19 testing – if camps are using RATs or point-of-care molecular tests, ensure test results are reported to the Infectious Disease team.
 - If staff/campers seek care off-site and are tested for respiratory viruses (including COVID-19), request that the outbreak number be included on the lab requisition.
6. Actively monitor all staff and campers for symptoms of respiratory illness and update line list as appropriate. Also, encourage campers and staff to self-report symptoms.
7. Isolate and manage symptomatic individuals, as described above under Respiratory Illness, *Case Management*.
8. Identify and manage close contacts as described above under Respiratory Illness, Contact Management.
9. Notify parents/guardians of the outbreak situation. (The Health Unit will provide a letter for camps to distribute).
10. Discuss the outbreak situation daily with the HKPR Infectious Disease team.

Respiratory Outbreak Checklist

- Notify the camp owner/operator if an outbreak is suspected.
- Contact the HKPR Infectious Disease Team for an outbreak assessment.

If an outbreak is declared:

- Obtain outbreak number.
- Obtain case definition.
- Implement appropriate outbreak control measures to interrupt the spread as soon as possible (discuss in detail with the HKPR Infectious Disease team); this may include, but is not limited to the following:
 - Symptomatic cases – isolate in the camp health care centre or designated area under droplet-contact precautions.
 - Cohort staff – designate staff to care for symptomatic cases. When providing direct care to an infectious person, the proper personal protective equipment should be used. Staff caring for ill individuals should not handle food or care for those who are well.
 - Active surveillance for symptomatic individuals – actively monitor staff and campers for symptoms. Also encourage staff and campers to self-report symptoms.
 - Review planned activities including field trips/overnight trips and large group activities/gatherings. It may be appropriate to cancel or postpone certain activities; this can be considered in consultation with the Health Unit.
 - Avoid use of shared equipment/supplies or disinfect between use (e.g., sport equipment, canoe paddles, craft supplies).
 - Remind campers and staff to avoid sharing personal belongings (e.g., water bottles) and the importance of hand hygiene and respiratory etiquette (e.g., sneezing into sleeves).
 - Hand hygiene - provide staff and campers with frequent opportunities for hand-hygiene, especially prior to entering dining room/eating, and after using the bathroom. Monitor bathroom facilities to ensure they are equipped with hot water and soap or alcohol-based hand rub.
 - Buffet style meals – consider stopping or having staff serve campers, rather than self-serve. Encourage physical distancing while in line.
 - Environmental cleaning – enhance cleaning and disinfecting, especially of high touch-surface areas.
- Collect specimens for respiratory testing, if the camp has capacity to do so (i.e., has needed supplies and appropriate staffing) - refrigerate after collection and during transport to the Public Health laboratory or closest Health Unit office.
- Notify campers and staff of the outbreak situation and outbreak control measures.
- Notify parents/guardians of the outbreak situation.
- Start, then update line list daily, and email to the Health Unit daily, by 10:00 a.m. to outbreaks@hkpr.on.ca (except holidays and weekends).
- Discuss outbreak situation with the Health Unit Infectious Disease team on regular basis.

COVID-19 and Respiratory Virus Test Requisition - Example for Respiratory Specimens:

Public Health Ontario Santé publique Ontario COVID-19 and Respiratory Virus Test Requisition		For laboratory use only Date received (yyyy/mm/dd): _____ PHDL No.: _____
ALL Sections of this form must be completed at every visit		
1 - Submitter Lab Number (if applicable): Ordering Clinician (required) Surname, First Name: Dr. Natalie Bocking, MOH OHIP/CPSO/Prof. License No.: _____ Name of clinic/facility/health unit: HKPR District Health Unit Address: 200 Rose Glen Road, Port Hope Postal code: L1A 3V6 Phone: (866) 888-4577 Fax: (905) 885-9554		2 - Patient Information Health Card No.: 1234-567-890-AB Medical Record No.: _____ Last Name: Bear First Name: Teddy Date of Birth (yyyy/mm/dd): 2012-05-01 Sex: <input type="radio"/> M <input checked="" type="radio"/> F Address: c/o Camp Fun 237 Happy Road, Haliburton, ON Postal Code: K0M 1S0 Patient Phone No.: _____ Investigation or Outbreak No.: 2235-2023-00012
cc <input type="checkbox"/> Hospital Lab (for entry into LIS) Hospital Name: _____ Address (if different from ordering clinician): _____ Postal Code: _____ Phone: _____ Fax: _____		3 - Travel History Travel to: _____ Date of Travel (yyyy/mm/dd): _____ Date of Return (yyyy/mm/dd): _____
cc <input checked="" type="checkbox"/> Other Authorized Health Care Provider: Surname, First name: Enter Camp Doctor/Nurse Practitioner information OHIP/CPSO/Prof. License No.: _____ Name of clinic/facility/health unit: _____ Address: _____ Postal code: _____ Phone: _____ Fax: _____		4 - Exposure History Exposure to probable, or confirmed case? <input checked="" type="radio"/> Yes <input type="radio"/> No Exposure details: Outbreak related Date of symptom onset of contact (yyyy/mm/dd): 2023-07-13
6 - Specimen Type (check all that apply) Specimen Collection Date (yyyy/mm/dd): 2023-07-14 (required) <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Throat Swab <input type="checkbox"/> Saliva (Swish & Gargle) <input type="checkbox"/> Deep or Mid-turbinate Nasal Swab <input type="checkbox"/> Throat + Nasal <input type="checkbox"/> Saliva (Neat) <input type="checkbox"/> Oral (Buccal) + Deep Nasal <input type="checkbox"/> BAL <input type="checkbox"/> Anterior Nasal (Nose) <input type="checkbox"/> Other (Specify): _____		5 - Test(s) Requested <input type="radio"/> COVID-19 Virus <input type="radio"/> Respiratory Viruses <input checked="" type="radio"/> COVID-19 Virus AND Respiratory Viruses
8 - COVID-19 Vaccination Status <input type="radio"/> Received all required doses >14 days ago <input type="radio"/> Unimmunized / partial series / ≤14 days after final dose <input checked="" type="radio"/> Unknown		7 - Patient Setting / Type <input type="checkbox"/> Assessment Centre <input type="checkbox"/> Family doctor / clinic <input type="checkbox"/> Outpatient / ER not admitted Only if applicable, indicate the group: <input type="checkbox"/> ER - to be hospitalized <input type="checkbox"/> Deceased / Autopsy <input type="checkbox"/> Healthcare worker <input checked="" type="checkbox"/> Institution / all group living settings <input type="checkbox"/> Inpatient (Hospitalized) Facility Name: Camp Fun <input type="checkbox"/> Inpatient (ICU / CCU) <input type="checkbox"/> Remote Community <input type="checkbox"/> Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND): _____ <input type="checkbox"/> Unhoused / Shelter <input type="checkbox"/> Other (Specify): _____
9 - Clinical Information <input type="checkbox"/> Asymptomatic <input checked="" type="checkbox"/> Fever <input type="checkbox"/> Pregnant <input checked="" type="checkbox"/> Symptomatic <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other (Specify): _____ Date of symptom onset (yyyy/mm/dd): 2023-07-13 <input checked="" type="checkbox"/> Cough <input type="checkbox"/> Sore Throat		CONFIDENTIAL WHEN COMPLETED The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(ii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO Laboratory Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567. Form No. F-SD-SCG-4000 (21/07/22)