

Outbreaks of COVID-19 in care homes and similar settings

This note provides information on the definition and implications of there being a COVID-19 outbreak in a care home or similar setting. It is based upon PHS/HPS and Scottish Government guidance in place on the date on which the note was prepared (see date below), and will cease to be valid if and when changes are made to relevant parts of that guidance. Please consult the HPS and Scottish Government websites for the latest guidance.

What constitutes an outbreak in a care home?

An outbreak of COVID-19 in a care home is defined as: “two or more linked cases of disease within a defined setting over a period of 14 days”.

In essence, an outbreak consist of a situation in which it is apparent that transmission of COVID-19 has occurred within the care home.

- A “defined setting” could be the care home as a whole, or a unit or part of a care home. If the care home consists of two or more units that function separately from one another (including no cross-over of residents or staff between the units) then PHPU may declare an outbreak only in the unit(s) affected rather than the whole care home.
- “Linked cases” means that there is some connection between the cases that makes it plausible or likely that there was transmission from one to the other. In most circumstances, the fact that the cases reside or work in the same care home is sufficient to say that they are linked.
- In identifying cases and determining whether they are linked, it is important to consider individuals who may no longer be in the care home but who recently were (such as individuals who have passed away or been admitted to hospital) as well as those who have recently arrived in the care home (who may have acquired their infection before arriving).

Is one case an outbreak?

No. If there is only one case, then transmission has not occurred within the care home, and this does not therefore constitute an outbreak.

However:

- A single case is reason to suspect that there may be other cases in the care home that have not yet been identified. It therefore requires further investigation (including through two rounds of mass PCR testing 4-5 days apart and daily staff lateral flow testing for seven days) to confirm whether or not there is an outbreak.
- Non-essential friends and family visiting and non-emergency admissions to the care home should be suspended whilst this investigation is carried out. Following the investigation, they may usually resume immediately if PHPU concludes that there is no outbreak.

How is an outbreak investigated?

PHPU will advise on the measures needed to investigate a suspected or confirmed outbreak. These will tend to include identification and PCR testing of all residents and staff with symptoms, mass PCR testing of asymptomatic individuals, daily lateral flow testing of asymptomatic staff for seven days, and gathering of information about cases to establish whether and in what ways they are linked.

Many of these measures will still be needed (if they haven't yet been carried out) even if it is already apparent that there is more than one case, for example if several staff receive positive weekly testing results on the same date. If this occurs, an outbreak can immediately be declared before further testing is done, but the situation still needs to be investigated to establish the full extent of the outbreak.

What if the positive result is from a Lateral Flow Test?

If an individual has a positive lateral flow test, then a confirmatory PCR should immediately be arranged and additional measures (such as mass PCR testing and daily staff lateral flow testing for seven days) should be initiated straight away without awaiting the result of the PCR test. Depending on the circumstances, those measures may then be discontinued if and when the PCR result comes back negative.

Who declares that there is an outbreak in a care home?

Public Health Protection Unit (PHPU). Staff in PHPU will assess the situation and then declare an outbreak if the definition of an outbreak is met.

What are the implications of an outbreak?

The measures that need to be put into place are set out in PHS/HPS guidance and in the PHS/HPS COVID-19 outbreak checklist, which should be consulted and implemented by the care home. PHPU will also assess the situation and advise the care home on any additional measures that may be needed, as well as responding to requests for advice from the care home.

When an outbreak is declared, non-essential friends and family visiting and non-emergency admissions to the care home should remain suspended until the outbreak is over.

When is an outbreak over?

An outbreak is over once 14 days have passed from the last date on which a person was infectious in the care home and was not in isolation – in other words the last date on which one of the cases could have passed on the infection to another person in the care home.

For cases who are staff, this is usually the last date on which they were at work during their infectious period. For cases who are residents, this is usually the date on which they were placed into isolation.

When an outbreak is declared, PHPU will tell the care home the date on which the outbreak is projected to be over if no further cases occur. If further cases do occur, then PHPU will reassess and will advise on any change to the projected end date.

Once the outbreak is over, non-essential friends and family visiting and non-emergency admissions to the care home may resume, unless there are other reasons for which they cannot take place (eg lockdown).

Who declares an outbreak over?

PHPU will declare that the outbreak is over once it is possible to do so.

Daniel Carter
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Annex 1: Table

Status	Description	Implications for admissions	Implications for non-essential visiting ¹
Baseline / No outbreak	No new suspected or confirmed cases. Not in any of the categories below.	None. All admissions may proceed, subject to individual risk assessment and other national policy requirements ² .	None. Non-essential visiting may take place, subject to existing risk assessments and other national policy requirements.
Suspected outbreak ³	A single suspected or confirmed case of infection, pending further investigation and assessment of whether or not there is an outbreak underway (mass testing, epidemiological analysis, risk assessment etc).	Routine admissions are paused pending further investigation and assessment of the situation, including mass testing if indicated. Emergency admissions may proceed, subject to individual risk assessment and other national policy requirements.	Non-essential visiting is paused pending further investigation and assessment of the situation, including mass testing if indicated. Essential visiting may continue.
Confirmed outbreak	Two or more linked cases of disease within a care home (or a unit within a care home) over a period of 14 days ⁴ . An outbreak is over once there have been no new symptomatic or confirmed COVID cases amongst residents or staff ⁵ for a minimum period of 14 days from the last potential exposure date in the care home ⁶ . The HPT must be satisfied that existing cases have been isolated/cohorted effectively and symptoms should be resolving.	Routine admissions are suspended until the outbreak is declared over. Emergency admissions may proceed, subject to individual risk assessment and other national policy requirements.	Non-essential visiting is suspended until the outbreak is declared over. Essential visiting may continue.

¹ Only non-essential visiting is affected, as essential visiting may continue in care homes with no outbreak as well as those with a suspected or confirmed outbreak. See SG policy on care home visiting for definition of essential vs non-essential visiting.

² Depending on the circumstances, these include testing and isolation. Refer to relevant PHS guidance.

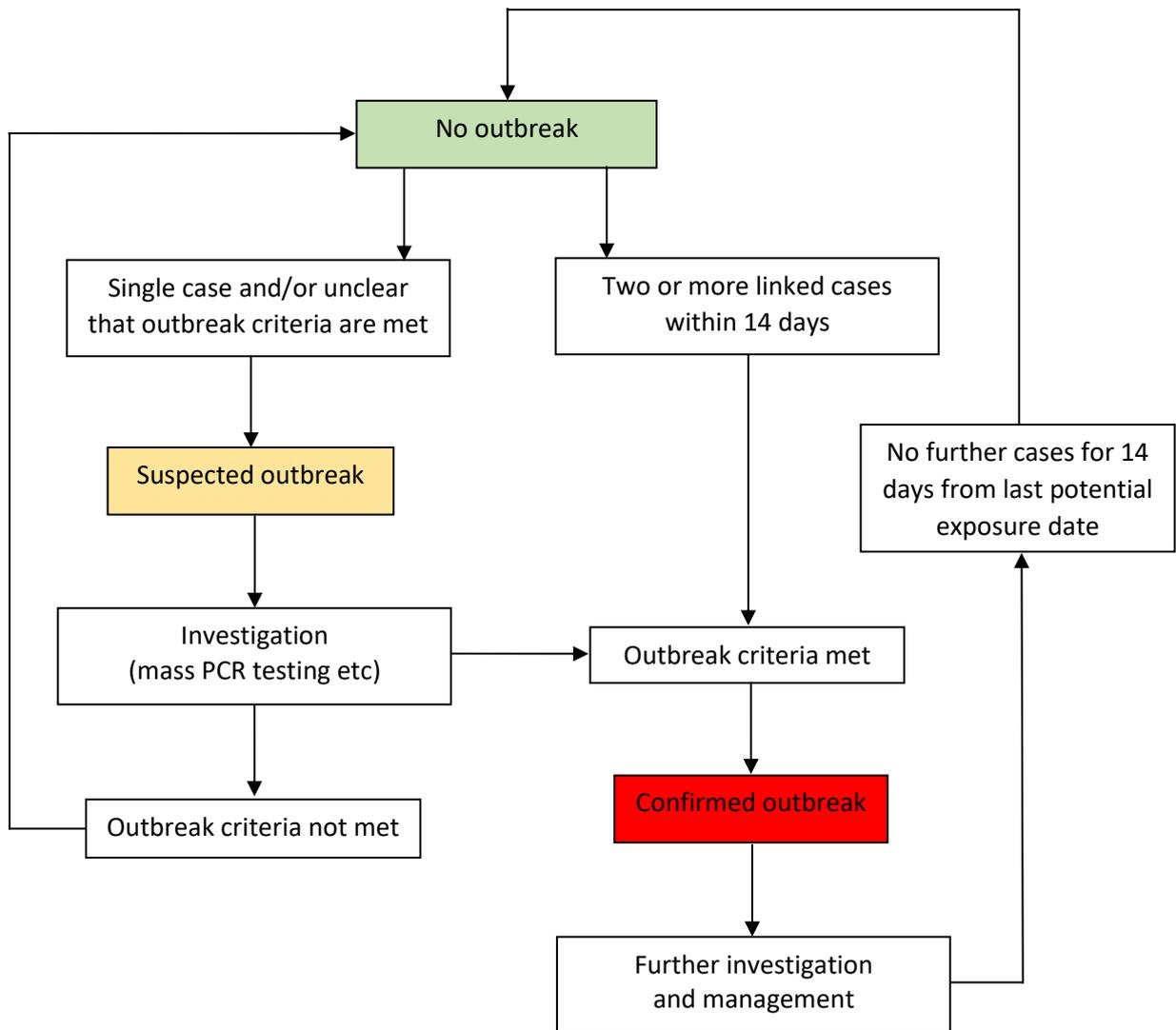
³ A care home may proceed directly from the 'No outbreak' stage to 'Confirmed outbreak' if the criteria for declaring an outbreak are immediately met. The situation should nonetheless be investigated in order to fully determine the nature and scale of the outbreak.

⁴ In view of this, the four criteria for an outbreak to be declared are: (1) Two or more cases, with (2) symptom onset dates (or dates of testing for asymptomatic cases) within 14 days of one another (3) within the same setting (eg the care home, or an individual unit of the care home if the units are functionally separate from one another, and (4) the cases are likely or known to be linked to one another, rather than unconnected sporadic cases (the latter might be concluded if for example two cases have arisen amongst staff, and the staff were not on shift together at any point during their incubation periods and/or one or both of them is a household contact of a previous case).

⁵ This does not include cases that are deemed by PHPU to be unlinked to the outbreak, such as a resident who has been in hospital or staff member who has been away from work for long enough that they are unlikely to have acquired their infection in the care home nor to have passed it on to other there.

⁶ The last potential exposure date is the most recent date on which either of the following occurred: (i) a resident who is a case was not yet in isolation during his or her infectious period or (ii) a staff member who is a case was at work during his or her infectious period.

Annex 2: Flow chart



A suspected outbreak occurs if there is only one initial case and/or it is not yet clear that the criteria for declaring an outbreak have been met. This requires investigations such as mass PCR testing and daily staff lateral flow testing to look for further cases and to determine whether or not there is an outbreak.

However in some situations it may be immediately apparent that there is an outbreak (for example if several staff have positive results on the same round of weekly staff testing), in which case an outbreak may be declared without going through the intermediate step of a suspected outbreak. If this occurs, the outbreak still needs to be investigated (if it has not already been) in order to enable all of the cases to be identified and managed.