

## Victoria's Nail Salon – Infection Control Lapse

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**To:** Chair and Members of the Board of Health

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**Medical Officer of Health & CEO**

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## Recommendations

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It is recommended that the Board of Health:

1. Receive this report for information.

## Key Points

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- An Infection Prevention and Control (IPAC) lapse was identified during an inspection at Victoria's Nail Salon (VNS). Since the nature of the lapse could result in a risk for transmission of blood borne infections, although the risk was low, Wellington-Dufferin-Guelph Public Health (WDGPH) recommended testing for hepatitis B, hepatitis C and HIV (Human Immunodeficiency Virus) to patrons who visited VNS between April 2018 - February 2020.
- A Call Centre was established to respond to patron and health care provider questions, and drop-in clinics were set up to provide counseling on blood-borne infections and testing.
- More than a 1000 people were tested through WDGPH, as a result of this lapse, with 31 test results requiring further investigation and action, to date.

- There is no definitive link between any cases of hepatitis B, hepatitis C and HIV and VNS.

## Discussion

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An IPAC lapse was identified during an IPAC inspection at VNS, in Guelph. The inspections that took place February 21<sup>st</sup> and 25<sup>th</sup>, 2020 and March 2, 2020, uncovered manicure and pedicure equipment that was not cleaned after each use. The disinfectant was not mixed or changed appropriately, and dirty instruments were stored with clean instruments. VNS was also identified as a possible exposure site during a concurrent Hepatitis C investigation. Although the risk of transmission of blood borne viruses was considered very low, WDGPH recommended that clients who received a manicure or pedicure at VNS between April 20, 2018 and February 26, 2020 be tested for hepatitis B virus, hepatitis C virus and HIV.<sup>1</sup>

On March 3, 2020, a Media Release was created advising anyone who received pedicure or manicure services at VNS on Stone Road, in Guelph, between April 1, 2018 and February 21, 2020, to consult their physician about being tested for hepatitis B, hepatitis C and HIV. Clinics were also set up at WDGPH for testing on March 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup>, 2020, along with a Call Centre to address any client or health care provider questions.

Due to the anticipated impact of this infection control lapse, WDGPH implemented the Incident Management System (IMS) to manage the follow-up to this lapse.

## Call Centre

A Call Centre was active from March 3<sup>rd</sup> – 13<sup>th</sup>, 2020, receiving approximately 675 calls. The majority of calls (83%) were from the public requesting information about testing and specific information about the infection control lapse. Approximately 9% of the calls were from Health Care Providers requesting information about testing processes and follow-up of results. The Call Centre was dismantled on March 13, 2020 due to decreased calls and other Agency priorities (e.g. COVID-19 response).

An additional 131 calls were responded to by the Clinical Services Team starting on March 2, 2020. These calls have focussed on Health Care Provider questions about testing and results follow-up, and VNS patron questions once the Call Centre dismantled.

## Clinics

WDGPH initially offered drop-in testing clinics to the public on March 4<sup>th</sup>-6<sup>th</sup>, 2020, but due to volume, added March 9, 2020 as an additional drop-in clinic. Booked appointments were then offered for those who were not able to attend any of these planned clinics. Both drop-in and booked appointments included counseling on blood-borne infections and testing for hepatitis B, hepatitis C and HIV.

In an effort to support the Health Unit, the Health Services department at the University of Guelph (UofG) provided counseling on blood-borne infections and test requisitions for hepatitis b, hepatitis c and HIV to any of their students who attended VNS.

A total of 859 clients attended WDGPH drop-in clinics, with an additional 25 booked appointments. Nine of the booked appointments were seen. However, 16 were canceled due to clinic closure in response to COVID-19. An additional 101 students were seen at the Health Services department at the UofG.

A large number of people who attended VNS saw their Primary Care Provider for counseling and testing. This number is not available.

## Testing Results

All results of the testing done at WDGPH clinics or ordered by Health Services at UofG and Primary Care Providers were reviewed by Public Health Nurses (PHN). Thousands of results were received. After first round of testing (further testing may be required based on the time between when the VNS patron last received a pedicure/manicure and when the blood was drawn), 31 test results required further review.

Test Result (as of July 9, 2020)	Follow-up
Hepatitis C – inconclusive (13)	<ul style="list-style-type: none"><li>• 11 follow-up tests still pending</li><li>• 2 negative viral loads</li></ul>
Hepatitis C – antibody reactive (8)	<ul style="list-style-type: none"><li>• 5 negative viral loads</li><li>• 1 follow-up test still pending</li><li>• 2 viral loads but have other risk factors</li></ul>
HIV – inconclusive (1)	<ul style="list-style-type: none"><li>• Follow-up test still pending</li></ul>
Old cases Hep B/C (6)	<ul style="list-style-type: none"><li>• Old cases without follow-up required</li></ul>

Hepatitis B – new cases (3)	<ul style="list-style-type: none"> <li>• Other risk factors identified</li> </ul>
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As a result of Emergency Orders related to COVID, some VNS patron follow-up lab tests are outstanding. For test results received to-date, there are no strong linkages identified for the transmission of HIV or Hepatitis B. Due to the time frame for testing (April 2018 – February 2020) and VNS patrons’ historical accuracy of salon visit dates, any linkages for transmission of Hepatitis C are not possible to determine with certainty.

## Finance and Administration

During an IMS response, many normal business practices are put on hold as staff are redeployed to support the response. Unfortunately, during this response, WDGPH was not able to track reassigned hours that staff put into this response as there was a concurrent response for COVID-19 and many staff were responding to both incidents over the timeframe. At this point in time, the high-level estimate for the financial impact to the Agency is approximately \$20,000 recognizing that there were 2 events happening at the same time.

## Outcomes

### *Effective Response*

WDGPH quickly responded to the VNS IPAC Lapse by initiating the IMS structure, a Call Centre and drop-in clinics. Public messaging to encourage testing for hepatitis B, hepatitis C and HIV was successful based on the volume of VNS patrons who arrived at public health, Health Services at U of G and their Primary Care Provider for testing. Many patrons who attended WDGPH clinics were very anxious on arrival but left reassured and less worried.

The response to COVID-19 started mid-February just prior to the VNS lapse was assessed. Staff who were leading the follow-up of these test results were reassigned to the COVID-19 response which required training of new staff. A large number of test results were received which required three tiers of sorting which was staff intensive.

### *Public Awareness and Education*

Prior to a Media release about the VNS IPAC breach, a Medical Advisory was shared with local primary care providers. The Medical Advisory outlined the basis of the infection control breach, along with providing guidance for testing for hepatitis B,

hepatitis C and HIV. A copy of this Advisory was posted by an anonymous person on a community Facebook page which quickly spread the news for testing.

WDGPH also posted information about the IPAC breach on the Agency website and other social media sites such as twitter and Instagram.

As part of the drop-in clinics at the Health Unit, PHNs provided counseling to VNS patrons about the spread and acquisition of hepatitis B, hepatitis C and HIV. As noted earlier in this Report, many VNS patrons were anxious prior to their appointment, but following counseling left less worried. Anecdotally, HIV was the infection of concern for most patrons. In follow-up, ARCH (HIV/AIDS Resources & Community Health) has been contacted to discuss a future joint campaign with WDGPH to reduce stigma related to HIV.

## Conclusion

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WDGPH is required to investigate IPAC complaints in personal service settings, such as VNS, in accordance with the *Infection Prevention and Control Complaint Protocol, 2018 (or as current)*.<sup>2</sup> During an investigation of VNS in late February/early March, it was determined that IPAC lapses were significant enough to warrant public notification for testing of hepatitis B, hepatitis C and HIV.

WDGPH set up public clinics for counseling and testing which were well attended. Results of all tests ordered for VNS patrons at WDGPH Clinics, Health Services at UofG or through primary care providers were received at WDGPH. Of the thousands of results received, only 13 required further follow-up. Based on the type of result received and the VNS patrons' personal history and recollection of attendance at VNS, no definitive connection can be made to suggest that the acquisition of infection was related to attendance at VNS.

## Ontario Public Health Standard

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### Infectious and Communicable Diseases Prevention and Control

#### Requirement # 5

The board of health shall communicate, in a timely and comprehensive manner, with all relevant health care providers and other partners about urgent and emerging infectious diseases issues.

## Requirement #19

The board of health shall inspect and evaluate infection prevention and control practices in personal service settings in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

## WDGPH Strategic Direction(s)

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**Service Delivery:** We will provide our programs and services in a flexible, modern and accessible manner, and will ensure they reflect the immediate needs of our Clients and our role in the broader sector.

**System Transformation:** We will equip the Agency for change in all aspects of our work so that we are ready for transformational system change when the time comes.

**Knowledge Transfer:** We will ensure that our decision-making and policy development efforts are informed by meaningful health data at all times.

## Health Equity

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A variety of forums were used to inform the public of the need for hepatitis B, hepatitis C and HIV testing in relation to the VNS IPAC lapse. A formal media advisory, updates on WDGPH website along with twitter and Instagram postings were employed to ensure that the message was shared widely.

VNS patrons were advised by WDGPH to visit their primary care provider for testing, but also offered drop-in clinics for those who might not have a local provider or an Ontario Health Card. Hepatitis B, Hepatitis C and HIV testing are free for Ontario residents with a health card, however, a health card is not required for those requesting testing at the Health Unit. Also, partnering with Health Services at the UofG opened more testing options for university students who attended the VNS.

## References

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1. Wellington-Dufferin-Guelph Public Health. Infection Control Lapse at a Nail Salon. [online]. Advisory to Physicians and Primary Care Providers. 2020 March 2. [cited 2020 July 06].

2. Ontario Ministry of Health and Long-Term Care. Infection Prevention and Control Protocol, 2018. Available from:  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Infection\\_Prevention\\_And\\_Control\\_Protocol\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_And_Control_Protocol_2018_en.pdf)

## Appendices

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None.