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PIN 19-07-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

FROM: *Original signed by Pamela Dickfoss*  
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SUBJECT: **CONTROLLING TRANSMISSION OF NOROVIRUS (ACUTE VIRAL GASTROENTERITIS) OR “STOMACH FLU”**

**Provider Information Notice (PIN) Summary**

PIN 19-07-ASC provides information and recommendations for controlling transmission of norovirus (acute viral gastroenteritis), commonly referred to as the “stomach flu,” in adult and senior care facilities.

Norovirus (acute viral gastroenteritis) is a highly contagious infection that results in the sudden onset of vomiting and/or diarrhea. Norovirus is commonly known as the “stomach flu” because it may be accompanied by body aches and a low-grade fever, however the infection is unrelated to the influenza virus.

Norovirus outbreaks are common in congregate settings, including all types of residential care facilities. Outbreaks in adult and senior care facilities pose a risk to clients/residents and staff and can cause major disruptions in the provision of services, daily routines and activities.

**Incubation, Symptoms and Diagnosis**

The time between viral exposure to the onset of symptoms is called the incubation period. For norovirus, the incubation period varies between 12 to 48 hours, with an average incubation period of approximately 33 hours. Norovirus can affect anyone,

and is characterized by nausea, acute-onset vomiting, and watery, non-bloody diarrhea with abdominal cramps. In addition, muscle aches, malaise (a general feeling of illness), and headache are commonly reported. Low-grade fever is present in about half of all cases. Dehydration is the most common complication of norovirus, particularly in the elderly. Symptoms usually last 24-60 hours, but the virus may be present in a person's stool for up to two weeks longer. Symptoms can be more severe and prolonged in vulnerable populations such as those residing in adult and senior care facilities.

Lab results are not very useful in diagnosing norovirus in individuals, but tests for norovirus are available in local health department laboratories. Nevertheless, decisions about what to do to control a norovirus outbreak must be made quickly and generally before lab results are made available.

### **Transmission**

Norovirus is very contagious because the virus is present in high amounts in the stool and vomit of ill persons. Transmission only requires a few particles to cause illness in a person. Some individuals may have the virus in their stool for as long as two to three weeks, even after their symptoms have resolved. About one in three infected individuals are asymptomatic; however, their contribution to transmission in outbreaks is uncertain. Transmission can be limited by "[Standard Precautions](#)" for hand and personal hygiene for all clients/residents and staff during an outbreak.

Norovirus is transmitted most commonly through hand transfer of the virus to the oral mucosa by way of contact with persons, materials, and environmental surfaces that have been contaminated with either stool or vomit. The norovirus is relatively stable in the environment and may be present for a week or more. A person vomiting, particularly forcefully, may generate droplets that travel through the air for short distances, contacting other people or surfaces that are not visibly contaminated with vomit. Contaminated food may also be a source of illness. The ease of its transmission, short incubation period, environmental persistence, and lack of immunity following infection enables norovirus to spread rapidly through confined populations.

**Note:** Residential care facilities are particularly at risk for outbreaks because of increased person-to-person contact.

### **Treatment**

There is no specific treatment for norovirus, but it is wise to check with the client's/resident's physician for guidance. It is extremely important for ill persons to drink plenty of fluids so they do not become dehydrated. Rarely, intravenous fluids may be required.

### **Detecting and Reporting an Outbreak**

Early detection of an outbreak of norovirus is imperative in controlling its transmission. Suspect an outbreak when two or more clients/residents or facility staff develop acute-onset vomiting and/or diarrhea within a two-day period.

A licensee is required to report a suspected or confirmed outbreak as soon as possible to the local health department, local Community Care Licensing Division Adult and Senior Care Regional Office, and the client's/resident's authorized representative, as required by applicable regulations (California Code of Regulations, [Title 22, section 80061\(b\)\(1\)\(H\)](#), [Title 22, section 81061\(b\)\(1\)\(G\)](#), [Title 22, section 82061\(a\)\(1\)\(F\)](#), and [Title 22, section 87211\(a\)\(2\)](#)). Submission of specimens for testing should be discussed with the local health department.

### **Controlling Transmission**

It is difficult to prevent norovirus from being introduced into a facility by staff and clients/residents who participate in community activities, or from visitors, since the onset of illness is often abrupt and unexpected. However, use of the following infection-control measures can limit the spread in a facility.

#### **Isolation and Cohorting**

The principles of isolation and cohorting are to separate the ill from the asymptomatic and prevent transmission from the ill to the asymptomatic. It is recommended that clients/residents with norovirus be confined to their rooms for a minimum of 48 hours after the resolution of symptoms. If it is not feasible to accommodate symptomatic clients/residents in single occupancy rooms, make every effort to separate them from asymptomatic clients/residents. This may include placing symptomatic clients/residents in multi-occupancy rooms or designating areas or contiguous sections within a facility for symptomatic and asymptomatic clients/residents.

Inform staff and clients/residents that they can become ill and vomit with little or no warning, and to try and isolate themselves if they suspect they are becoming ill.

Staff who have recovered from recent suspected norovirus infection associated with an outbreak may be best suited to care for symptomatic clients/residents until the outbreak resolves.

Consider the following precautions:

- Minimize client/resident movements during norovirus outbreaks.
- Restrict symptomatic and recovering clients/residents from leaving the care area unless it is for essential care or treatment.
- Suspend group activities (e.g., dining events) for the duration of a norovirus outbreak.

- Close affected areas to new admissions or transfers as a measure to diminish the magnitude of a norovirus outbreak.

### Hand Hygiene

- Actively promote adherence to hand hygiene among staff, clients/residents, and visitors in affected areas.
- During outbreaks, use soap and water rather than alcohol hand rubs for hand hygiene after providing care or having contact with clients/residents suspected or confirmed with norovirus.

### Personal Protective Equipment (PPE)

- Use gowns and gloves upon entry to a room of an ill client/resident, and when cleaning environmental surfaces known or suspected of contamination with vomit or stool.

### Environmental Cleaning

- Require the use of disposable gloves (latex or vinyl) when in contact with vomit or stool. After removing the gloves, staff should immediately—without touching surfaces or objects—wash their hands with soap and water. Used gloves should be put in a trash bin (disposable gloves should never be washed and reused).
- Perform routine cleaning and disinfection of frequently touched environmental surfaces and equipment in affected areas. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand/bed railing, telephones, door handles, computer equipment, and kitchen preparation surfaces.
- To the extent possible, increase the frequency of cleaning and disinfection of client/resident care areas and frequently touched surfaces during outbreaks of norovirus (e.g., increase unit level cleaning to twice daily to maintain cleanliness, with frequently touched surfaces cleaned and disinfected three times daily using Environmental Protection Agency-approved products for healthcare settings). A freshly prepared solution of household bleach at least 1000 ppm (five tablespoons, or one-quarter cup plus one tablespoon, of standard 5.25 percent household bleach in a gallon of water) can be used.
- Clean and disinfect surfaces starting from the areas with a lower likelihood of norovirus contamination (e.g., tray tables, counter tops) to areas with highly contaminated surfaces (e.g., toilets, bathroom fixtures). Change mop heads when new solutions are prepared, or after cleaning large spills of vomit or stool.

### Linens and Clothing

- Put linens soiled with vomit or stool in a plastic bag before sending them to the laundry. Encourage staff working in the laundry to wear gloves, a mask, and a disposable gown (or to change their clothes) when physical contact with soiled

linens is necessary.

- Wash soiled clothing in hot water using any commercial laundry detergent. Dry clothes in a dryer.

### Kitchen and Food Safety

Facility staff and clients/residents should not prepare food for others while they are sick and for at least two days after symptoms stop. To help make sure that food is safe from norovirus, routinely clean and sanitize kitchen utensils, counters, and surfaces before preparing food. Food that might be contaminated with norovirus should be thrown out.

### Staff Leave and Policy

- Exclude ill personnel from work for a minimum of 48 hours after the resolution of symptoms. Once personnel return to work, reinforce the importance of performing frequent hand hygiene.
- Exclude non-essential staff, students, and volunteers from working in areas experiencing outbreaks of norovirus.

### Resources

- [Center for Disease Control \(CDC\) Norovirus symptoms and prevention](#)
- [CDC Responding to Norovirus Outbreaks](#)
- [California Department of Public Health \(CDPH\) Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities](#)

If you have any questions regarding this PIN, please contact your local [Adult and Senior Care Regional Office](#).