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PIN 17-03-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

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

Provider Information Notice (PIN) Summary

PIN 17-03-ASC provides background information and recommendations for controlling the transmission of viral gastroenteritis in adult and senior residential community care facilities.

Often called the “stomach flu,” acute viral gastroenteritis is an infection that results in the sudden onset of vomiting and/or diarrhea. While known as stomach flu because it may be accompanied by body aches and a low-grade fever and is most common during winter (although it can occur at any time), it is unrelated to influenza. It is usually caused by a group of viruses called noroviruses, and will be referred to here as norovirus. It is the most common cause of acute gastroenteritis and gastroenteritis outbreaks, and can affect nearly everyone particularly because there is no long-term immunity to the virus. Approximately 1 in 14 Americans become ill with norovirus each year.

Norovirus causes acute but self-limited vomiting, often with diarrhea, abdominal cramping, fever, and fatigue. Most individuals recover from acute symptoms within 2-3 days, but symptoms can be more severe and prolonged in vulnerable populations. Norovirus outbreaks are common in congregate settings, including all types of residential care facilities, as a result of high rates of transmission from person to

person. They pose a risk to residents and staff, and can cause major disruptions in the provision of services and daily activities in these facilities.

Incubation Period, Diagnosis/Symptoms and Immunity

The average incubation period for norovirus-associated gastroenteritis is 12 to 48 hours, with an average of approximately 33 hours.

Illness 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 cases. Symptoms usually last 24-60 hours, but the virus may be present in a person's stool for up to two weeks longer. Dehydration is the most common complication, and may require intravenous replacement fluids, particularly in the elderly. Lab results are not very useful in diagnosing norovirus in individuals, but tests for norovirus are available in local health department laboratories, which usually require a minimum number of samples to be submitted. However, decisions about what to do to control an outbreak must be made before lab results are available. People who have had the norovirus can get it again after only a few months. Approximately 1 in 4 people are not susceptible at all.

Transmission

Norovirus is very contagious because it is present in very high amounts in the stool and vomit of ill persons, and takes only a few particles to cause illness in a susceptible person. Some individuals may have virus in their stool for as long as 2-3 weeks, even after their symptoms have resolved. About 1 in 3 infected individuals are asymptomatic, but their contribution to transmission in outbreaks is uncertain. Transmission can be limited by universal recommendations for hand and personal hygiene for all residents and staff during an outbreak.

Noroviruses are transmitted in residential care facilities most commonly through hand transfer of the virus to the oral mucosa via contact with persons, materials, and environmental surfaces that have been contaminated with either feces or vomitus. The viruses are 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 vomitus. Contaminated food may also be a source of illness. The ease of its transmission, a very low infectious dose, a short incubation period, environmental persistence, and lack of immunity following infection enables norovirus to spread rapidly through confined populations. 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 or resident's physician for guidance. It is extremely important for ill persons to drink plenty of liquids so they do not become dehydrated. Rarely, intravenous fluids may be required.

Detecting and Reporting an Outbreak

Early detection of an outbreak of acute gastroenteritis may be challenging since at any one time one or more residents may have vomiting and/or diarrhea. An outbreak should be suspected when two or more persons (clients/residents or staff) develop acute-onset vomiting and/or diarrhea within a two-day period. Report suspected or confirmed outbreaks of acute gastroenteritis as soon as possible to the RCFE licensee, facility administrator or both, local health department, and your local Community Care Licensing Division Adult and Senior Care Regional Office (California Code of Regulations (CCR), Title 22, section 87211(a)(2)) and CCR Title 17, section 2500.) Submission of specimens for testing should be discussed with the local health department.

Controlling Transmission

Little can be done to prevent noroviruses from being introduced into a facility by staff, clients/residents who participate in community activities, or 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 by staff or others from the ill to the asymptomatic. Residents with acute gastroenteritis should be confined to their room for a minimum of 48 hours after the resolution of symptoms. When symptomatic residents cannot be accommodated in single occupancy rooms, efforts should be made to separate them from asymptomatic residents. These efforts may include placing symptomatic residents in multi-occupancy rooms, or designating areas or contiguous sections within a facility for symptomatic and asymptomatic residents, which may be difficult in a residential care facility.

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 residents until the outbreak resolves.

Consider the following precautions:

- Minimize resident movements during norovirus outbreaks
- Restrict symptomatic and recovering residents from leaving the resident-care area unless it is for essential care or treatment
- Suspend group activities (e.g., dining events) for the duration of a norovirus outbreak.
- Closure of affected areas to new admissions or transfers as a measure to attenuate the magnitude of a norovirus outbreak

Hand Hygiene

- Actively promote adherence to hand hygiene among staff, 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 residents suspected or confirmed with norovirus gastroenteritis.

Personal Protective Equipment (PPE)

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

Environmental Cleaning

- Require the use of disposable gloves (latex or vinyl) when in contact with vomit or fecal matter. 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 resident care areas and frequently touched surfaces during outbreaks of norovirus gastroenteritis (e.g., increase unit level cleaning twice daily to maintain cleanliness, with frequently touched surfaces cleaned and disinfected three times daily using EPA-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 emesis or fecal material.

Linens and Clothing

- Put linens soiled with vomit or fecal matter 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.

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, the importance of performing frequent hand hygiene should be reinforced.
- Exclude non-essential staff, students, and volunteers from working in areas experiencing outbreaks of norovirus.

If you have any questions, please contact the applicable Adult and Senior Care [Regional Office](#).

RESOURCES

CDPH Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities:

<http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/PCofViralGastroenteritisOutbreaks.pdf>

CDC Norovirus:

<https://www.cdc.gov/norovirus/index.html>

CDC Responding to Norovirus Outbreaks:

<https://www.cdc.gov/norovirus/php/responding.html>