

Summary of Guidelines for Investigating Outbreaks of Acute Gastroenteritis  
in Long Term Care Facilities in Kentucky\*

- Working case definition - Initial case definition should be broad and then made more specific, as new information comes in. An example of a case definition for suspect norovirus infection would be: “Any Resident or staff member at xxx LTCF with at least one or more episodes of vomiting and/or diarrhea, within the past 24 hours with an onset data on or after Month/Day/Year.” Case definitions should include methods to categorize cases as suspect, probable, or confirmed. Case definitions for probable and confirmed cases should also include criteria for cases that were epilinked to confirmed cases.
- Please remember Kentucky DPH specific recommendations for norovirus - The Three, Threes: (**3 days** per incubation period, up to **3 days** of exclusion for employees after symptoms have resolved, have at least **3 positive** specimens to confirm an outbreak.
- Encourage and Review, proper Hand Washing - Appropriate hand hygiene is likely the single most important method to prevent norovirus infection and control transmission. Reducing any norovirus present on hands is best accomplished by thorough handwashing with running water and plain or antiseptic soap. Alcohol-based hand sanitizers ( $\geq 62\%$  ethanol content) may be used to complement hand washing but should not be considered as a substitute to soap and water hand washing.
- Clean, then disinfect contaminated surfaces with either of the following methods: Use a chlorine bleach solution with a concentration of 1,000-5,000 ppm (1:50-1:10 dilution of household bleach or 5–25 tablespoons household bleach [5.25%] per gallon of water) for hard, nonporous surfaces OR use disinfectants registered as effective against norovirus by the EPA. Prepare a fresh dilution of bleach every day and discard unused portions. See link: [http://www.epa.gov/oppad001/list\\_g\\_norovirus.pdf](http://www.epa.gov/oppad001/list_g_norovirus.pdf) Particular attention during cleaning should be given to the likely areas of greatest environmental contamination such as bathrooms and high-touch surfaces (e.g., door knobs and hand rails).
- Recommend that ill staff members in health-care facilities and food handlers be excluded during their acute illness and for 48–72 hours following resolution of symptoms.
- Recommend use of contact precautions for preventing the spread of gastroenteritis (PPE- gown, gloves, & surgical mask for vomiting). Vomitus could aerosolize and infect others, who are in close proximity (Norovirus is highly infectious, as the infectious dose is very low, i.e., 8-18 viral particles).

- Avoid cross-coverage of staff members between units or facilities with affected patients and units or facilities that are not affected when possible.
- Cohort symptomatic patients when possible and provide separate toilets facilities for ill and well persons.
- Recommend the facility to have signs on all entrances about the outbreak. The signs should alert visitors, supply staff, and vendors about the ongoing outbreak and encourage soap and water hand washing before and after visiting.
- Cancel or postpone group activities, including dining. Residents should eat in their rooms. Ill residents should be restricted to their rooms during the acute phase of their illness and for a period of 48 hours following recovery.
- Recommend that the facility close to new admissions for two norovirus incubation periods, i.e., six days, after the last onset of a case in a staff member or resident. Readmissions may be allowed to an unaffected unit.
- Collect stool specimens on 7 to 10 ill patients or staff to send to the Division of Laboratory Services (DLS) for norovirus testing. Separate specimens for diagnostic testing for bacterial pathogens and for *C. difficile* would have to be sent to the facility's usual lab or a national reference lab. DPH recommends having at least 3 norovirus-positive specimens to confirm an outbreak. Please make sure to collect at least 7 specimens for testing. But in case <7 specimens but  $\geq 3$  are sent to the state lab and if 3 or more test positive for norovirus, DPH does not recommend collecting any more specimens.
- When transferring symptomatic patients, please notify the EMS and the hospital or the receiving facility in advance about the ongoing outbreak, so appropriate precautions could be put in place to prevent the spread into the community or other facilities.
- Conduct a site visit along with an environmentalist or obtain the layout and inspection report from the LHD environmentalist.

References:

<http://chfs.ky.gov/dph/epi/norovirus.htm>

<http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm#toolkit>

[http://wwwnc.cdc.gov/eid/article/17/1/p1-1101\\_article.htm](http://wwwnc.cdc.gov/eid/article/17/1/p1-1101_article.htm)

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm?s\\_cid=rr6003a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm?s_cid=rr6003a1_e)

\*These recommendations are not required by Kentucky Law but are strongly encouraged by Kentucky Department for Public Health.