



**GUIDELINES FOR MANAGEMENT OF NOROVIRUS INFECTION
ACROSS THE CONTINUUM OF CARE**

**DEPARTMENT OF HEALTH & COMMUNITY SERVICES
DISEASE CONTROL DIVISION**

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DEFINITIONS**Case Definitions**

Confirmed Case	Laboratory confirmation of an infection with or without symptoms
Probable Case	Acute clinical illness in a person who is epidemiologically linked to a confirmed case.
Clinical Illness	≥ 2 episodes of vomiting in a 24 hour period or ≥ 3 episodes of diarrhea in a 24 hour period or ≥ 1 episode of both in a 24 hour period when non infectious causes have been ruled out.
Outbreak	The occurrence of ≥ 2 cases in a self contained area of care such as on a hospital unit, long term care facility unit or in a day care center with dates of onset within 7 days of each other.

Routine Practices/Standard Precautions:

- These are practices recommended by the Public Health Agency of Canada (PHAC) to prevent and control the transmission of microorganisms in health care settings from recognized and unrecognized sources (Health Canada, 1999).
- Routine Practices will be the term used in this document. Standard Precautions introduced by the Centers for Disease Control (CDC) in 1996 were intended for use in Acute Care Facilities whereas the Routine Practices were intended to be used across all health care sectors (Garner, 1996).
- In Acute Care settings the recommendations for “Routine Practices” do not differ in principle from the “Standard Precautions” published by the CDC.
- Acute care settings which have adopted “Standard Precautions” may continue to use that terminology and may wish to consult the PHAC guideline for more details

Contact Precautions:

- Contact Precautions are recommended for the prevention of transfer of microorganisms by the direct and indirect route
- Direct contact results from direct physical contact between an infected or colonized individual and a susceptible host
- Indirect contact involves passive transfer of microorganisms to a susceptible host via an intermediate object, such as contaminated hands. For further information on Routine Practices and Contact Precautions refer to Health Canada (1999) document.

Long term care facility: Any facility providing care to persons on a long term arrangement including long term care facilities, personal care homes, group homes etc.

CLINICAL PRESENTATION

Noroviruses, Norwalk-like viruses (NLV) are a common cause of outbreaks of viral gastroenteritis. Norovirus gastroenteritis has several distinguishing characteristics which include a rapid onset of the following symptoms; diarrhea, vomiting which is often projectile, a short duration of illness (1--3 days), and a short incubation period (24--48 hours). The illness is generally mild, but it can cause severe disease with associated dehydration and electrolyte imbalance that might require hospitalization and aggressive treatment with intravenous fluids (CDC, 2002). Relapse is uncommon, but recognized, and mortality rates are low, even in hospital outbreaks Lynn, 2004).

Epidemiology**Occurrence:**

Noroviruses have a worldwide distribution with multiple antigenic types circulating simultaneously in the same region. Outbreaks have been detected in all age groups and tend to occur in closed populations, such as hospital units, child care centers and on cruise ships (American Academy of Pediatrics, 2006). The attack rate is around 50% and the infective dose is as small as 1–10 virus particles.

Reservoir:

Noroviruses are a genetically diverse group of single stranded RNA, nonenveloped viruses belonging to the Caliciviridae family. They are non-culturable and were originally found in feces examined using electron microscopy during an outbreak of gastroenteritis in a school in Norwalk, Ohio in 1968. For decades they were called “small round structured viruses” or “Norwalk-like viruses”. Man is the only known host for noroviruses.

Transmission:

Noroviruses are extremely contagious because of their low infectious dose, prolonged asymptomatic shedding (up to 2 weeks after recovery), ability to resist some disinfectants, and stability in the environment (stable with freezing and at 140° F {60° C}) (CDC, 2002). Transmission is by person to person spread by the fecal-oral route but there may be aerosolisation of vomitus, which typically contains abundant infectious virus particles (Gallimore, 2004). Common-source outbreaks have been described after ingestion of ice, shellfish, salads, and cookies, usually contaminated by infected food handlers (American Academy of Pediatrics, 2006). Exposure to contaminated surfaces has also been implicated in some outbreaks.

Period of Communicability:

Excretion lasts 5 – 7 days after the onset of symptoms in 50% of infected people, and excretion can be prolonged in immunocompromised hosts.

Diagnosis

- Collection of stool sample from the first 10 patients for viral studies and the first three patients for bacteriologic analysis
- Once norovirus has been identified in an outbreak, further fecal specimens are not required and patients can be diagnosed on clinical grounds, providing they meet the case definition

CONTROL MEASURES FOR ACUTE & LONG TERM CARE**Surveillance**

- Establish a method for rapid recognition and reporting of cases of vomiting and diarrhea
- If two or more cases of vomiting and diarrhea occur within a two day period the infection control/communicable disease staff must be notified
- Send appropriate laboratory specimens as directed by Infection Control/Public Health
- Compile a list of all cases with evidence of infection (Appendix C & D)

Education

- Information must be provided to staff, patient and visitors (Appendix A & B)
- Signage must be placed indicating any restriction required (Appendix E – H)

Hand Hygiene

- Strict adherence to hand hygiene recommendations is the cornerstone of infection prevention
- Hand hygiene polices and techniques must be reinforced
- Hand hygiene facilities must be available
 - Hands must be washed with soap and water if visibly soiled
 - Use alcohol based hand rubs at the point of care
- Hand hygiene must be performed before and after contact with the patient/resident or with the patient/resident's immediate environment

Contact Precautions

- Signage
 - A sign must be posted to indicate the precautions required
- Personal Protective Equipment
 - Gloves
 - Wear gloves for all contact with the patient/resident and their environment
 - Wash hands immediately after removing gloves

- Gowns
 - Wear a gown whenever anticipating that clothing will have direct contact with the patient/resident or potentially contaminated environmental surfaces or equipment
 - Remove gown and wash hands before leaving patient-care environment
- Mask
 - A mask is not required unless there is anticipated close contact with the projectile vomiting of the patient/resident

Accommodation

- Single Room
 - A single room with dedicated toileting facilities (private bathroom or individual commode chair) is preferred
 - If a single room is unavailable, priority for accommodation should be:
 - Patients with confirmed norovirus may be cohorted
 - Cohorting should only be initiated or discontinued under the direction of infection control staff
 - If the patient is cohorted in a multibed room/unit
 - Maintain at least one meter between patients/residents
 - Room-mates must be aware of the precautions to follow and have the ability to comply with them

Environmental Cleaning

- All horizontal and frequently touched surfaces should be cleaned twice daily and when soiled
- In a multi-bed unit housekeeping activities must increase to a minimum of twice a day
- Food trays, linen, and waste should be handled as per the Routine Practices recommendations

Patient/Resident Care equipment

- Dedicate equipment (wheel chairs, walkers, etc.) where possible
- Commodes must be dedicated to the infected person
- If dedicated equipment is not available, it must be cleaned and disinfected before use for another patient/resident

Patient Transfer

- Limit transport and movement of patients outside of the room to medically necessary purposes
- The transfer service and the receiving department must be notified that the patient/resident is on contact precautions prior to transport
- A gown and gloves should be worn only if direct patient/resident contact is anticipated during transport
- Clean all equipment used for the transfer before use with another patient/resident
- Transfer of an infected patient/resident to another facility must be discussed with the infection control/communicable disease staff

Visitors

- Inform visitors of any restrictions deemed necessary by the Outbreak Management Team
- Instructions on hand hygiene and the appropriate use of gown, gloves or other precautions must be given to family and visitors
- Visitors must wash hands on entry to the unit and when leaving the unit
- The number of visitors must be kept to a minimum
- Visitors should not use the patient/resident's bathroom

Staff

- Staff must be excluded from work while ill and until at least 48 hours after symptoms have resolved
- There is no evidence that pregnant or immunocompromised staff members are at any greater risk of contracting noroviruses when working and need not be excluded from work
- Staff who have recovered from a norovirus illness may have short-term immunity to the causal agent

MANAGEMENT OF CASES

- Place on Contact Precautions
- Encourage fluids to maintain hydration

MANAGEMENT OF CONTACTS

- Monitor for symptoms
- Educate regarding signs and symptoms of infection and methods to prevent transmission

MANAGEMENT OF OUTBREAKS

- Initiate control measures
 - Delay in instituting control measures can significantly extend the duration of an outbreak
- Confirm the existence of an outbreak
 - Ensure specimens have been collected and sent to the laboratory
 - Confirm the current incidence with the usual or baseline incidence
 - Consult with Public Health
- Establish an Outbreak Management Team (OMT)
 - Determine if the unit must be closed to new admissions
 - Establish visiting parameters
- Search for additional cases
 - Use line listing
 - Characterize cases by person, place and time
 - Verify that contacts, who have been transferred to other units, do not have diarrhea
- Review and audit infection prevention and control strategies

- Educate staff on the mode of transmission and precautions to be used
- Visitors
 - Visiting restriction should be discussed by the OMT
 - Consensus on the extent of visiting restrictions necessary
- Environmental Services
 - If there is evidence of ongoing transmission it may be necessary to increase the level of housekeeping
 - An audit of housekeeping practices may be required
 - If ongoing transmission is happening, re-asses the disinfectant used for environmental cleaning in consultation with Infection Control Services or Communicable Disease Control
- Communications
 - Develop a strategy for informing the patient, staff and public
 - Rapid recognition and notification of an outbreak is very important
 - Review messages with the OMT
- Occupational Health
 - Identify ill staff members and maintain a list
 - Provide advice to ill staff members
- Declare the outbreak over
 - Write a report
 - Provide report to administrative personnel

CONTROL MEASURES FOR COMMUNITY

Notification of Public Health

- Establish a method for rapid recognition of cases of vomiting and diarrhea in schools, daycare centers (adult/child) and personal care homes
- Notify the local Public Health office when 2 or more cases of suspect gastroenteritis occur within a 2-day period
- The Public Health Nurse (PHN) and/or Environmental Health Officer (EHO) will:
 - contact the community site to collect information on the cases
 - advice on medical follow-up and the collection of appropriate laboratory specimens
 - compile a list of all cases with evidence of infection (Appendix C)
 - provide education with the community site regarding prevention and control
 - notify Communicable Disease Control Nurse (CDCN) of a potential outbreak of norovirus
 - CDCN will provide information as required
 - Fact Sheets (Appendix A & B), Sample Letter for schools (Appendix J), Sample Signage (Appendix E – H)
 - Control of Norovirus in Personal Care Homes (Appendix I)

Hand Hygiene

- Hand hygiene is the single most important way to prevent the spread of infection
- Hand hygiene facilities must be available
 - Hands must be washed with soap and water if visibly soiled
 - Hands must be washed with soap and water or with alcohol based hand rubs

- Hand hygiene must be performed after using the bathroom, before eating, after coughing or sneezing and after playing with pets

Symptomatic Persons

- Ill persons must be sent home as soon as possible
- Any person with symptoms of vomiting and diarrhea must stay at home until 48 hours after cessation of the symptoms
- Information must be given regarding the infection and education on the importance of hand hygiene

Environmental Cleaning

- Cleaning must be increased during an outbreak of gastrointestinal infection with emphasis on bathrooms, common touch surfaces and dining areas
- Cleaning agents must be approved by the parent organization or OMT
- Priority clean vomit/feces accident areas
- Cordon off vomit/feces accident areas
- Use paper towels to soak up vomiting/feces prior to washing
- Steam clean soft furnishings and carpets that are soiled

Hotels/Cruise Ships

- Notify Public Health
- Establish an outbreak management team to outline control measures
- Do not transfer guests to other hotels/ships
- Inform guests that have not yet arrived of the outbreak
- Keep guest sickness log
- Advise sick people to remain in their rooms
- Service sick people in their rooms
- Medical attention should be provided in the room of the guest
- When in doubt of water quality use commercially available bottled water
- Close swimming pool until review completed

PROCEDURE & REPORTING

Norovirus infection is on List B on notifiable disease list. It is reportable to the regional Medical Officer of Health (MOH), to the Provincial Department of Health and Community Services and to the Public Health Agency of Canada (PHAC). When a clinical case is suspected or a case is laboratory confirmed:

- Report is on a routine basis unless an outbreak is suspected
- In the case of an outbreak the attending physician must report the case immediately, by phone, to the MOH
- The MOH will involve the Communicable Disease Control Nurse (CDCN), Environmental Health, and the Infection Control Practitioner (ICP)
- The CDCN is responsible for ensuring the data is entered into the database
- Provincial Public Health – Disease Control division is responsible for submitting the data to PHAC
- The Public Health Laboratory provides a weekly report of any identified cases to the provincial office

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APPENDICES

Appendix A Norovirus Fact Sheet

What is Norovirus infection?

Norovirus infection is a gastrointestinal illness that occurs sporadically or in outbreaks.

- The virus was first identified during a gastroenteritis outbreak in Norwalk, Ohio, in 1972
- There are a number of strains of noroviruses that have been called other names such as Norwalk virus or Norwalk like viruses

How is it spread?

The virus is spread by exposure to infected people or contaminated food and water.

- The virus is spread in stool and vomit
- Outbreaks have been linked to sick food handlers, contaminated shellfish or water contaminated with sewage
- It is generally spread from person-to-person by direct contact
- Some medical reports suggest that the virus can spread through the air during vomiting.
- People can pass the virus on to others while sick

What are the symptoms?

The most common symptoms are nausea with vomiting, diarrhea and cramps.

- These symptoms occur in all age groups: diarrhea is relatively more common among adults, whereas vomiting is more common in children
- Many persons (25 – 50%) also experience headache, fever, chills and muscle aches
- Illness usually lasts from **24 – 48 hours** and there are no known long term effects

How soon after exposure do symptoms appear?

- The incubation period is **1-2 days**.

What is the treatment?

No specific treatment is available.

- Treat the symptoms
- Persons who become dehydrated might need to be rehydrated by taking increased liquids by mouth.
- Occasionally patients may need to be hospitalized to receive intravenous fluids
- Antibiotics are not recommended for noroviruses

How can you prevent infection?

The following recommendations may reduce the risk of acquiring or spreading the infection:

- Hand hygiene is the main way to prevent the spread
- Wash hands thoroughly after each toilet visit and before preparing food
- People who experience nausea, vomiting or diarrhea should not attend school or work and should not handle food for others while ill
- Avoid drinking untreated water
- Cook shellfish thoroughly before eating

Appendix B Noroviruses: Q&A for Health Professionals

What are noroviruses?

Noroviruses are a group of viruses that cause gastroenteritis in people. The term norovirus was recently approved as the official name for this group of viruses. Several other names have been used for noroviruses, including:

- norwalk-like viruses (NLVs)
- caliciviruses (because they belong to the virus family *Caliciviridae*)
- small round structured viruses
- viral gastroenteritis

What are the symptoms of illness caused by noroviruses?

The symptoms of norovirus illness may include:

- nausea, vomiting, diarrhea, and some stomach cramping
- low-grade fever, chills, headache
- muscle aches, and a general sense of tiredness
- illness often begins suddenly, and the infected person may feel very sick

The illness is usually brief

- with symptoms lasting only about 1 or 2 days
- children often experience more vomiting than adults.

How serious is norovirus disease?

Norovirus disease is usually not serious, although people may feel very sick and vomit many times a day.

- most people have no long-term health effects related to their illness
- sometimes people are unable to drink enough liquids to replace lost fluids
- dehydration may occur requiring medical attention
 - it is the most serious health effect that can result from norovirus infection
 - it is usually only seen among the very young, the elderly, and persons with weakened immune systems.

How do people become infected with noroviruses?

Noroviruses are found in the stool or vomit of infected people. You can become ill by:

- eating food or drinking liquids that are contaminated with norovirus
- touching surfaces or objects contaminated with norovirus, and then placing their hand in the mouth
- having direct contact with another person who is infected and showing symptom

When do symptoms appear?

Symptoms of norovirus illness usually begin about 24 to 48 hours after ingestion of the virus, but they can appear as early as 12 hours after exposure.

Are noroviruses contagious?

Noroviruses are very contagious and can spread easily from person to person.

- both stool and vomit are infectious
- particular care should be taken with persons in diapers who may have diarrhea

How long are people contagious?

People infected with norovirus are contagious from the moment they begin feeling ill to at least a few days after recovery.

- some people may be contagious for as long as 2 weeks after recovery
- good handwashing and other hygienic practices must continue after recovery

Who gets norovirus infection?

- anyone can become infected with these viruses
- there are many different strains of norovirus, which makes it difficult for a person's body to develop long-lasting immunity
- norovirus illness can recur throughout a person's lifetime

What treatment is available for people with norovirus infection?

- norovirus infection cannot be treated with antibiotics
- currently, there is no antiviral medication or vaccine to prevent infection
- when ill with vomiting and diarrhea, drink plenty of fluids to prevent dehydration
- drinking oral rehydration fluids (ORF), juice, or water can reduce the chance of becoming dehydrated
- sports drinks do not replace the nutrients and minerals lost during this illness.

Can norovirus infections be prevented?

Yes. You can decrease the chance of coming in contact with noroviruses by following these preventive steps:

- frequently wash the hands, especially after toilet visits and changing diapers and before eating or preparing food
- carefully wash fruits and vegetables, and steam oysters before eating them
- thoroughly clean and disinfect surfaces immediately after an episode of illness
- immediately remove and wash clothing or linens that may be contaminated with virus after an episode of illness
- flush or discard any vomitus and/or stool in the toilet and make sure that the surrounding area is kept clean

Appendix E Sample Signage Acute Care - No Visiting

ATTENTION FAMILY, VISITORS AND STAFF



NO VISITING

Due to an outbreak of gastrointestinal illness

- **Visiting may be permitted in emergency situations and under extreme circumstances**
- **Please contact the Switchboard at**
- **Persons who are reporting for diagnostic tests are requested to go directly to the area**
- **Please do not visit patient care units until further notice**

Appendix F Sample Signage for Restricted Visiting Acute Care & Long Term Care

HELP US TAKE CARE OF YOU



VISITORS RESTRICTED

Due to an outbreak of gastrointestinal illness

- 👏 Please notify your family and friends that visiting is strongly discouraged until further notice**
- 👏 To provide you with the best care possible, we must enforce this temporary measure to prevent further spread**
- 👏 We will let you know when the restriction have been lifted**
- 👏 We thank you for your cooperation**

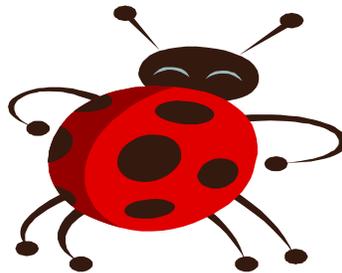
Appendix G Sample Signage - Restricted Visiting on Specific Care Unit

ALL STAFF MEMBERS



This Unit is experiencing
a
Gastrointestinal Outbreak

If it is necessary for you to enter the Unit at this time, please follow the following Isolation Precautions.

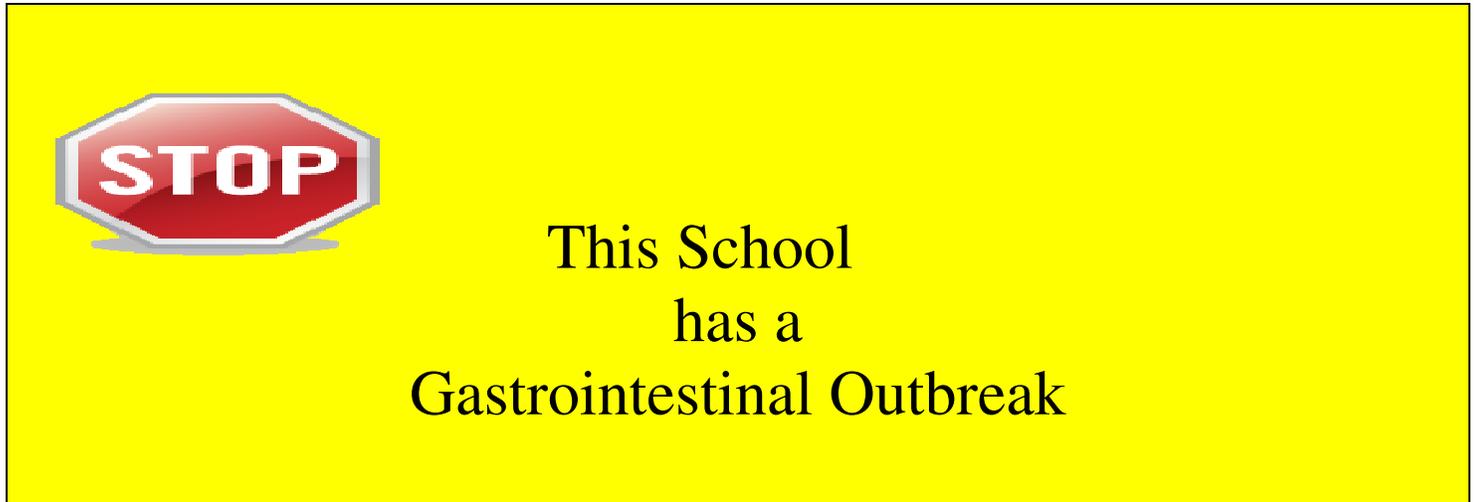


Place

ISOLATION PRECAUTION SIGN here

If you have any questions, contact the nurse in charge or the Infection Control Department.

Appendix H Sample Signage for Schools



- ✎ We have students who have vomiting and/or diarrhea
- ✎ **Handwashing is the most important way to prevent the spread infection**
- ✎ **Please follow these recommendations**
 - ✎ Keep your child at home if these symptoms are present
 - ✎ Keep your child at home until symptom free for 48 hours
 - ✎ Report any symptoms of infection to the school

Appendix I - Control of Norovirus in Personal Care Homes

Noroviruses are one of the most common causes of gastrointestinal illness. It is transmitted by the fecal-oral route and is very easily spread. Each year thousands of cases occur in schools, on cruise ships, and in group homes or residential living facilities and nursing homes. The following measures will help to control the spread of this virus.

- **Special consideration of the symptomatic person**
 - Special attention to treating the symptoms
 - Encourage fluids
 - Fragile persons can become dehydrated quickly
 - Keep the ill person separate from others if possible
 - Serve meals in the room
 - Ensure that the person is following hygienic practices:
 - Washing hands frequently
 - Careful consideration for laundry (separate dirty & clean)
 - Provide assistance with toileting
 - Remember everyone likes “tender, loving, care” when they are sick
- **Hand Hygiene- This is the most important way to prevent the spread of infection**
 - Educate staff, residents/clients, and visitors on the importance of hand hygiene
 - Review the hand hygiene practices and reinforce technique
 - Post signage as reminders
 - Ensure hand hygiene stations are readily available
 - Water, soap & paper towels and
 - Alcohol based hand rubs
 - Audit compliance with hand hygiene
- **Gloves**
 - Gloves must be worn for direct care of symptomatic persons
 - Remove gloves at the point of care
 - Do not use gloves in the office area or when using the phone
 - Do not travel through corridors while wearing gloves that may be contaminated
 - Hands must be washed immediately after removing the gloves
 - Appropriate gloves use must be audited
- **Masks**
 - Not required unless the swallowing of vomit is anticipated
- **Equipment for Care**
 - Dedicate for use by a single person
 - If items “must” be shared, the item must be cleaned and disinfected between each person (ie., blood pressure machine, thermometer & lifts)
 - No sharing of personal care items (shampoo, hair rollers, razors etc.)
- **Dishes**

- Used dishes must be handled as contaminated
- Place in dish washer
- **Environmental Cleaning**
 - Increase housekeeping activities
 - Bathrooms & toilet areas must be cleaned at least twice a day
 - Special attention to frequently touched surfaces such as doorknobs, light switches, & telephones
 - Review the housekeeping activities on a regular basis
 - Cleaning & Disinfection
 - Low level disinfectants are adequate for cleaning/disinfection or cleaning solution recommended by the OMT
 - The most important consideration is to ensure the job is done well
 - Heavily soiled areas
 - Use personal protective attire when cleaning/disinfecting
 - Contain the vomit or feces with paper towels or disposable pads and discard in garbage
 - Clean and disinfect the area
- **Linen**
 - Handle as little as possible
 - Place in linen hampers as close to the symptomatic person as possible
 - Do not place soiled linen on the floor
- **Garbage**
 - Handle as little as possible
 - Encourage more frequent pick-up for garbage
 - Handle waste following recommendations for Routine Practices
- **Visitors**
 - Signage must be placed to make all aware that there is a possible outbreak
 - In consultation with the Medical Officer of Health determine the level of visiting restrictions that may be necessary
 - Educate visitors about:
 - the virus and how it is spread
 - hand hygiene practices
 - the need to stay at home if they become symptomatic
 - initiatives taken to protect those ill
- **Staff**
 - Must follow infection prevention and control practices
 - Provide education on enhanced precautions
 - Symptomatic staff must stay off work until symptom free for 48 hours
 - If possible, minimize the flow of staff between sick and well persons

▪ **Communications**

- Ensure that residents/clients, visitors, & staff are aware of the potential outbreak
- Appoint one person to be the main spokesperson for the facility
- Ensure that a decision is made on restriction required within the facility such as:
 - Group activities (bingo, cards, etc.)
 - Hair appointments
 - Group visit

Appendix J – Sample letter for schools

TO BE USED IN CONSULTATION WITH PUBLIC HEALTH IF THERE IS AN OUTBREAK OF VIRAL GASTROENTERITIS AFFECTING A SCHOOL

Date _____

Dear Parent or Guardian:

Re: Viral Gastroenteritis (“Stomach Flu”)

Several students and staff in our school are sick with vomiting and diarrhea. Public Health is working with us at the school to help prevent more illness. At this time, it appears that the cause of the illness is a virus, most likely the *Norovirus* (Norwalk-like virus).

We are asking for your cooperation in following the advice given to us by Public Health.

IMPORTANT

- 👉 Please encourage your child to wash his/her hands thoroughly with warm water and soap after using the toilet and prior to eating.
- 👉 If your child has ‘stomach flu-like’ symptoms, including upset stomach, vomiting and/or diarrhea, please keep your child home from school.
- 👉 If your child has vomiting and/or diarrhea, it is important that your child **DOES NOT return to school until at least 2 full days (48 hours) AFTER the symptoms have ended AND your child feels better.**
- 👉 It is also recommended that your child not attend any group events such as birthday parties, clubs or sports teams, etc. until at least 48 hours after symptoms have ended.

We have attached information about viral gastroenteritis (“stomach flu”) including *Norovirus*.

Please read this information as it should help you to better understand the illness and reduce spread in your home and to others.

Sincerely,

Principal