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Increase in Norovirus Activity in New Hampshire

Key Points and Recommendations:

1. Increased awareness and vigilance for outbreaks of gastroenteritis in healthcare facilities, schools, and childcare settings, which may be caused by norovirus.
2. Strict adherence to infection control practices during a suspected outbreak.
3. Awareness of resources for institutional settings experiencing a gastrointestinal outbreak.
4. Timely reporting of all suspected outbreaks to the NH DHHS Bureau of Infectious Disease Control at 603-271-4496 (after-hours 603-271-5300).

Background:

Since December 1, 2015, NH DPHS has received 16 reports of acute gastroenteritis outbreaks in institutional settings, with 7 outbreaks being reported in the last week alone. Most of these outbreaks are confirmed to have been caused by norovirus, a common viral infection in the United States. Noroviruses are a group of related, single-stranded RNA, non-enveloped viruses that cause acute gastroenteritis in humans. There are three norovirus genogroups which can infect humans (GI, GII, GIV). Noroviruses identified in New Hampshire over the last several years are predominantly genogroup II (GII).

Noroviruses are highly communicable and can be transmitted in a number of ways including person-to-person contact, consumption of contaminated food and water, airborne droplets of vomit, and contact with contaminated surfaces. Symptoms commonly include vomiting and diarrhea which may be accompanied by abdominal cramps, nausea, fever or headache. Symptoms usually resolve within 48 hours (range 12-60 hours). Available treatment is supportive therapy for dehydration.

Infection Control Recommendations during an Outbreak:

Recommendations for All Institutional Settings (Healthcare, Schools, Childcare, etc.)

1. All staff, patients, residents, or students should practice frequent hand washing. Hand washing with soap and running water for at least 20 seconds is the most effective way to reduce norovirus contamination on the hands. Hand washing is particularly important after contact with symptomatic persons, when leaving affected areas, and before handling food or drinks.
2. Whenever contact with a symptomatic patient or contaminated environment is anticipated, use standard precautions (i.e. gloves and aprons). Whenever there is an anticipated risk of splashes to the face during the care of symptomatic patients or during cleaning and disinfection, use a surgical or procedure mask and eye protection or a full face shield, especially when the patient is vomiting.
3. Increase the frequency of cleaning and disinfection of frequently-touched surfaces such as water taps, door handles, and toilet or bath rails.

4. Promptly clean areas contaminated with vomit and feces and then disinfect using freshly prepared sodium hypochlorite with a concentration of 1,000--5,000 ppm (5--25 tablespoons household bleach [5.25%] per gallon of water). Whenever possible, this chlorine bleach solution should be used; however, a commercial product that is EPA-approved as effective against norovirus may be used alternatively. A list of EPA-approved products is available at http://www.epa.gov/oppad001/list_g_norovirus.pdf.
5. Clean soiled carpets and soft furnishings with hot water and detergent or steam clean; avoid vacuum cleaning.
6. Review kitchen practices and ensure that all food service workers wear gloves when handling ready-to-eat foods. Assess the health status of food service workers and exclude symptomatic individuals from work until 48 hours after resolution of symptoms.
7. In schools and childcare facilities, assess the health status of students and staff and exclude all symptomatic individuals from school or work until full recovery.
8. In healthcare facilities, assess the health status of all healthcare workers and exclude symptomatic individuals from direct patient care until 48 hours after the resolution of symptoms.

Additional Recommendations for Healthcare Facilities

9. Restrict or defer admissions to affected units and wards until 96 hours after resolution of the last case.
10. Stop all group activities until 96 hours after resolution of the last case.
11. Exclude non-essential staff from affected areas and interrupt the movement of inter-departmental staff while any patients are symptomatic.
12. Notify visitors and provide instructions regarding hand washing using signage or other messaging tools.
13. Conduct terminal cleaning at least 72 hours after resolution of the last case and prior to opening to admissions and resuming normal activities.

These recommendations are discussed in greater detail in the Centers for Disease Control and Prevention's Norovirus Outbreak Management and Disease Prevention Guidelines available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm?s_cid=rr6003a1_e.

The Healthcare Infection Control Practices Advisory Committee's guideline for the prevention and control of norovirus outbreaks in healthcare settings is available at: http://www.cdc.gov/hicpac/norovirus/002_norovirus-toc.html. Additionally, a toolkit for healthcare facilities experiencing a norovirus outbreak is available at: <http://www.cdc.gov/hicpac/pubs.html>.

Laboratory Testing for Norovirus:

Several commercial laboratories and the New Hampshire Public Health Laboratories (NH PHL) can test stool for norovirus. Available tests use real time reverse transcriptase polymerase chain reaction (real time RT-PCR) methods to detect the virus. Although norovirus can sometimes be found in stool samples taken as late as two weeks after symptom recovery, identification of the virus is best made from stool taken within 72 hours of symptom onset. During suspected outbreaks of norovirus, NH DHHS recommends norovirus testing through the NH PHL (see reporting information below). For specimens not related to an outbreak, fee-based testing at the NH PHL is also available. Label a sterile container with patient identifiers, then collect the whole stool specimen and place sealed container in a plastic bag. Refrigerate or place samples on ice and deliver to the NH PHL with a completed PHL requisition form as soon as possible for best testing results.

Reporting of Suspected Outbreaks:

Individual cases of norovirus are not reportable in New Hampshire unless suspected to be part of an outbreak. To report suspected outbreaks, call the Bureau of Infectious Disease Control at 603-271-4496 (toll free at 800-852-3345, ext. 4496). After hours, call 603-271-5300 (toll free at 800-852-3345, ext. 5300), and ask for the public health professional on call. The public health professional will discuss appropriate management of the suspected outbreak including laboratory testing. To discuss specific questions about laboratory testing and specimen submission you may also contact the NH Public Health Laboratories at (603) 271-4620.

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Thomas Flynn at 603-271-7499 or email tdflynn@dhhs.state.nh.us

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From: Elizabeth A. Talbot, MD – Deputy State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: Norovirus Fact Sheet

Norovirus

What is norovirus?

Noroviruses are a group of viruses that cause the “stomach flu,” or gastrointestinal (stomach and digestive) illness. Norovirus infection occurs occasionally in only one or a few people or it can be responsible for large outbreaks, such as in long-term care facilities.

Who gets norovirus?

Norovirus infects people of all ages worldwide. It may, however, be more common in adults and older children.

How does someone get norovirus?

Norovirus is spread from person to person via feces, but some evidence suggests that the virus is spread through the air during vomiting. Good hand washing is the most important way to prevent the transmission of norovirus. Outbreaks have been linked to sick food handlers, ill health care workers, cases in facilities such as nursing homes spreading to other residents, contaminated shellfish, and water contaminated with sewage.

What are the symptoms of norovirus?

Serious illness rarely occurs. The most common symptoms include nausea, vomiting, and stomach cramps. Diarrhea may occasionally accompany vomiting. Fever is usually low grade or absent. Infected people generally recover in 1-2 days.

How soon after exposure do symptoms appear?

The incubation period for norovirus is 1-2 days.

How is norovirus infection diagnosed?

Laboratory diagnosis is difficult but there are tests that can be performed in the New Hampshire Public Health Lab in situations where there are multiple cases. Diagnosis is often based on the combination of symptoms and the short time of the illness.

What is the treatment for norovirus infection?

No specific treatment is available. People who become dehydrated might need to be rehydrated by taking liquids by mouth. Occasionally patients may need to be hospitalized to receive intravenous fluids.

How can norovirus be prevented?

While there is no vaccine for norovirus, there are precautions people should take:

- Wash hands with soap and warm water after using the bathroom and after changing diapers
- Wash hands with soap and warm water before preparing or eating any food
- Cook shellfish thoroughly before eating
- Wash raw vegetables before eating
- Dispose of sewage in a sanitary manner
- Food handlers with symptoms of Norovirus should not prepare or touch food
- Health care workers should stay home if they have symptoms of norovirus.

For specific concerns about norovirus, call the New Hampshire Department of Health and Human Services, Bureau of Infectious Disease Control at 603-271-4496 or 800-852-3345 x4496. For further information, refer to the Centers for Disease Control and Prevention website at www.cdc.gov or the NH Department of Health and Human Services website at www.dhhs.nh.gov.

