



# New Hampshire Health Alert Network

## Health.Alert@nh.gov

**Status:** Actual  
**Message Type:** Alert  
**Severity:** Moderate  
**Sensitive:** Not Sensitive  
**Message Identifier:** NH-HAN #20120113 Norovirus Update 2012  
**Delivery Time:** 12 hours  
**Acknowledgement:** No  
**Originating Agency:** NH Department of Health and Human Services, Division of Public Health Services

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**DATE:** January 13, 2012

**TIME:** 1200 EST

**TO:** Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Hospital Emergency Departments, Hospital CEOs, Laboratory Response Network, Manchester Health Department, Nashua Health Department, NHHA, NH School Nurses and Administrators, Community Health Centers, EWIDS, DHHS Outbreak Team, DPHS Investigation Team, Public Health Networks, and DPHS Management Team

**FROM:** Jodie Dionne-Odom, MD, Deputy State Epidemiologist

**SUBJECT:** Norovirus Update 2012

**NH Department of Health and Human Services (NH DHHS) recommends:**

- Increased awareness and vigilance for outbreaks of gastroenteritis in healthcare facilities, which may be caused by norovirus
- Strict adherence to infection control practices during a suspected outbreak
- Awareness of a CDC toolkit for healthcare facilities experiencing a gastrointestinal outbreak
- Timely reporting of all suspected outbreaks to the NH DHHS Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300)

**Epidemiology and Clinical Course:**

Since December 1<sup>st</sup>, 2011, NH DHHS has investigated 16 reports of gastroenteritis outbreaks, predominantly reported from healthcare facilities. Most of these outbreaks have a confirmed cause of 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 and are named after the original strain "Norwalk virus," which caused an outbreak of gastroenteritis in a school in Norwalk, Ohio in 1968. Currently, there are at least five norovirus genogroups, three of which can infect humans (GI, GII, GIV). Norwalk virus is in group GI. 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 normally last 12-60 hours and commonly include vomiting and diarrhea. Primary symptoms may be accompanied by abdominal cramps, nausea, fever or headache. Available treatment is supportive therapy for dehydration and fortunately, symptoms usually resolve within 48 hours.

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### Laboratory Testing for Norovirus:

Stool testing for norovirus is available at some commercial laboratories and the New Hampshire Public Health Laboratories (NH PHL). Available tests use reverse transcriptase polymerase chain reaction (RT-PCR) methods to detect the virus in stool specimens. While virus can sometimes be found in stool samples taken as late as two weeks after recovery, identification of the virus is best made from stool taken within 48 to 72 hours after onset of symptoms with good results obtained on samples taken as long as five days after onset. NH DHHS recommends norovirus testing for suspected outbreaks of norovirus and requests that stool specimens get sent to the NH PHL after consultation with the NH DHHS Bureau of Infectious Disease Control (see reporting information below). Specimen testing at the NH PHL for non-outbreak specimens is also available at a cost. Stool specimens should be collected in a sterile container, refrigerated or placed on ice, and delivered to the NH PHL as soon as possible for best testing results.

### Infection Control Recommendations during an Outbreak:

1. Promptly clean areas contaminated with vomit and feces and follow up disinfections with freshly prepared 0.1% (1000 ppm) hypochlorite solutions (5 tablespoons bleach per gallon of water).
2. **Review kitchen hygiene practices and health status of food service workers and exclude symptomatic individuals from work until 48 hours after the resolution of symptoms.**
3. **Assess health status of all health care workers and exclude symptomatic individuals from direct patient care until 48 hours after the resolution of symptoms.**
4. Practice frequent hand washing and gloving by all food and healthcare workers.
5. Practice frequent hand washing by all patients/residents.
6. Restrict or defer admissions to affected units and wards.
7. Stop all group activities temporarily.
8. Exclude non-essential staff from affected areas.
9. Interrupt the movement of any non-essential inter-departmental staff.
10. Use gloves and aprons whenever contact with an infected individual or contaminated environment is anticipated.
11. Wash hands after contact with infected individuals, on leaving affected areas, and before handling food or drinks.
12. Notify visitors and provide instructions regarding hand washing.
13. Clean soiled carpets and soft furnishings with hot water and detergent or steam clean; avoid vacuum cleaning.
14. Clean frequently-handled objects such as water taps, door handles, and toilet or bath rails.
15. Conduct terminal cleaning 72 hours after resolution of the last case.

In 2011, the Healthcare Infection Control Practices Advisory Committee published new guidelines for the prevention and control of norovirus outbreaks in healthcare settings, which are available at: [http://www.cdc.gov/hicpac/norovirus/002\\_norovirus-toc.html](http://www.cdc.gov/hicpac/norovirus/002_norovirus-toc.html)

Additionally, the Centers for Disease Control and Prevention (CDC) has released a new norovirus

toolkit that complements these guidelines and is designed to assist healthcare facilities prevent the spread of norovirus infections. The new toolkit features recommended infection control measures and tools for outbreak response, coordination, and reporting. This toolkit is available at: <http://www.cdc.gov/hicpac/pubs.html>

**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 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 Bureau of Infectious Disease Control at 603-271-4496.  
For after hours / toll free, call 1-800-852-3345, ext. 4496.**

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## DEFINITION OF TERMS AND ALERTING VOCABULARY

### Message Type

Alert: Original alert  
Update: Prior alert has been updated and superseded  
Cancel: Prior alert has been cancelled  
Error: Prior alert has been retracted

### Status

Actual: Refers to a live event  
Exercise: Designated recipients must respond to the communication or alert  
Test: Related to a technical and/or system test

### Severity

Extreme: Extraordinary threat to life or property  
Severe: Significant threat to life or property  
Moderate: Possible threat to life or property  
Minor: Minimal threat to life or property  
Unknown: Unknown threat to life or property

### Sensitive

Sensitive: Indicates the alert contains sensitive content  
Not Sensitive: Indicates non-sensitive content

### Message Identifier

A unique alert identifier that is generated upon alert activation

### Delivery Time

Indicates the time frame for the delivery of the alert

### Acknowledgement

Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the time frame in which a response is required.

### Originating Agency

A guaranteed unique identifier for the agency originating the alert.

### Alerting Program

The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

**You have received this message based upon the information contained within our emergency notification database.**

**If you have a different or additional e-mail or fax address that you would prefer to be used, please contact:**

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**Business Hours: 8 AM – 4 PM**  
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