



Norovirus Outbreak Toolkit

General toolkit for transitional housing such as: homeless shelters, group homes, family shelters, halfway houses, & temporary housing

About Gastrointestinal (GI) Illness

- GI illness can be caused by many different viral, bacterial, or parasitic bugs.
- Nebraska law requires healthcare providers & laboratories to report infectious diseases to public health.

WHAT IS INFECTIOUS GI ILLNESS?



- **Viruses such as Norovirus & Rotavirus**, spread quickly in crowded spaces
- **Parasites** like *Cryptosporidium*
- **Bacteria** like *E.coli*, or *Shigella*, or *Salmonella*

TYPES OF GI ILLNESS



- Diarrhea, vomiting, nausea, and stomachache are the most common symptoms.
- Fever (usually low-grade), headache, and body aches are also reported.

SYMPTOMS



- Most viral GI illness begins 12-48 hours after exposure and symptoms can last 24-72 hours.
- Some GI illness, such as parasites or bacteria, can last for several days or weeks.

INCUBATION & DURATION



- GI illness can spread via food, water, animal, environmental and person to person.
- In shelters and other transitional housing facilities, viral GI illness (Norovirus) is more commonly spread person to person or via the environment.

TRANSMISSION



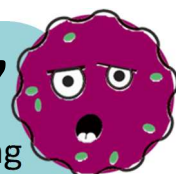
- If there are multiple individuals with gastrointestinal symptoms, it should be reported.
- **Contact your local health department as soon as possible for next steps.**

REPORT



There's no such thing as "Stomach Flu"

Hear the "stomach flu", "tummy bug", "24-hour flu", or "gastroenteritis" is going around? It's likely Norovirus! Norovirus is caused by germs that make people throw up or have diarrhea. These germs spread when tiny particles from someone's poop or vomit get into people's mouths, sometimes by accident. If a lot of kids or staff are getting sick with these symptoms, it could be serious and should be reported to your local health department.



Norovirus Toolkit Information

PUBLIC HEALTH'S ROLE

The Nebraska Department and Health and Human Services (NDHHS) and Nebraska Public Health Lab (NPHL) receives funding to investigate, test, and report Norovirus outbreaks to the [Norovirus Laboratory Surveillance Network](#), [NoroSTAT](#) and the [National Outbreak Reporting System](#). Data collected is used to link clusters or outbreaks to a common source, monitor circulating strains, and detect/identify emerging strains of norovirus.

NDHHS and local health departments play a key role with investigating, tracking, and controlling gastrointestinal (GI) illness outbreaks. At facilities like yours, the most common cause of acute GI illness outbreaks is norovirus (often referred to as the “stomach flu”), though these outbreaks can also be caused by a variety of other pathogens (e.g., *Sapovirus*, *Salmonella*, *Rotavirus*, and others).

INTENT OF THE TOOLKIT

This packet is intended for use during a suspected outbreak of GI illness at your facility to:

- 1) Give advice on how to stop the outbreak and figure out what caused it.
- 2) Assist with coordination of stool samples for testing if needed.
- 3) Collect data on to help prevent future outbreaks and understand how common the disease is.

WHEN TO REPORT A SUSPECTED OUTBREAK

By Nebraska state regulations, [Title 173 Communicable Disease](#), Reporting and Control of Communicable Diseases, outbreaks shall be reported to your local health department. This includes suspected outbreaks, increases in GI illnesses, or unusual disease activity at your facility. Here are some examples of when to report:

- 1) Illnesses are higher than normal. Find out what the usual number of GI illness is in your facility by looking at daily absence records. If the number of people out sick with vomiting or diarrhea goes above this usual number (like if it doubles), report it to your LHD.
- 2) Multiple cases of GI illness in one wing, area of housing, or the facility as a whole.
- 3) More staff calling in sick with GI illness than usual.

HOW TO REPORT

Please notify your [local health department](#) as soon as possible to report any suspect outbreak.

Your Health Department Contact Information

Local Health Department:

Name:

Phone Number:

Email address:

Fax Number:

Use this checklist for outbreak response.

REPORT



- Report the suspected outbreak to your [local health department](#) when you detect an increase in GI illnesses above the expected baseline, or “normal” rate (e.g., more illnesses than usual in the facility/unit/wing).
- Gather information before you report to your local health department:
 - What date was the first illness?
 - How many residents do you have in the facility? How many have been ill?
 - How many staff do you have in the facility? How many have been ill?
 - What GI symptoms are ill individuals reporting? How long is the illness lasting?
 - Have the ill individuals been in one unit or wing, or spread across the facility?
 - Have any food staff been ill?
 - Have any residents or staff tested positive for GI pathogens, such as norovirus?
 - Any recent vomiting incidents or diarrheal accidents in the facility?

DATA COLLECTION

- Use this [GI Illness Line List Report](#) to track illness among residents and staff (including food handlers).
- You may send an updated daily line list to your LHD contact.
- When the outbreak is deemed over, send the final GI illness line list report (required) and the checklist (optional) to your LHD contact.
 - Your local health department will inform you when the outbreak is deemed over, but typically seven (7) days after the last illness reported is a good window to ensure the outbreak is over.

STOOL TESTING

- If stools from residents/staff were ordered through a healthcare provider, notify your local health department of any of those results.
- If stool testing has not been done, DHHS/LHDs can assist with testing upon approval (DHHS approval is mandatory).
 - LHDs may have kits on hand if your facility may need them.
- Collect a stool sample from at least three (3) residents and/or staff.

	Option 1 (most common)	Option 2
Collection Device	Urine container or similar 	Cary-Blair or Enteric Plus transport media (with preservative) 
Volume	Minimum 1mL raw stool	Fill stool to the fill line, 10mL
Storage / Transport	Immediately refrigerate specimen	Room temperature

- Label container with patient’s name, date of birth, and collection date.
- Complete a pre-approved “NPHL Test Req Form” for each stool sample (pre-approved form is provided to the LHD from NDHHS upon notification of outbreak)
 - Patient name, address, date of birth, gender, and collection date must be completed.
 - Ensure information on the form matches the specimen container.
- If information does not match or is missing, specimens will be rejected.**

Checklist (continued)

Use this checklist for outbreak response.

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TRANSPORTATION OF STOOL SPECIMENS

- Coordinate with your local health department for transportation of stool specimens. Your LHD will work with you to coordinate collection kits.
- Local health department staff: please call NPHL Client Services 402-559-2440 to arrange a courier.
 - Please discuss needs with client services and they will check their routes.
 - Client services will not pick up from a personal residence.

RESIDENTS

- Track resident illness in the same GI line list report. Use “R” for resident.
- If possible, isolate ill residents using contact precautions while they are ill and for **48 hours** after vomiting/diarrhea has ended.
 - Isolate in single occupancy room, if possible. Or to one side of a room.
 - PPE should include gown and gloves. Masks should be worn when cleaning areas contaminated with feces or vomit.
 - Limit movement of resident outside of room for only necessary purposes.
- Consider suspending dining room service and group activities (i.e., unit wide or facility wide) for the duration of the norovirus outbreak.
- Consider halting acceptance of new residents until the outbreak has ended.

STAFF

- Track staff illness in the same GI line list report. Use “SF” for staff.
- Restrict ill staff/volunteers from contact with residents and food handling duties until **48 hours** after their vomiting/diarrhea has ended.
- Increase efforts to promote glove use and hand hygiene.
 - Educate residents, staff, and visitors on proper technique.
 - Promote proper glove use followed by handwashing. Hands should be washed before contact with residents, food prep, snacks/meals, after resident contact, and bathroom visits.
- Avoid having staff be in contact with residents who are experiencing active illness before being in contact with residents who have not been ill.

VISITORS

- Consider limiting visitors during the outbreak, as they can spread illness in the facility or become ill themselves.
- Post [signs](#) to promote hand hygiene.

Checklist (continued)

Use this checklist for outbreak response.

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CLEAN & DISINFECT

- Immediately clean and disinfect the housing facility. Cleaning is the first step of any disinfection process to remove organic matter or soils. Disinfecting kills viruses and bacteria on surfaces using chemicals.
- Focus on frequently touched surfaces and objects (e.g., bathrooms, door handles, sinks, tables, drinking fountains, elevators, stairs, computer equipment, kitchen preparation surfaces).
- Use one of these options:
 1. Disinfectant with a norovirus claim ([EPA](#)). Check that the label on your disinfectant specifically says that it is effective against norovirus. Use as directed.
 2. Use concentrations of (1000 to 5,000 ppm) (5 to 25 tablespoons of household bleach [5% to 8%] per gallon of water). Use this [bleach dilution calculator](#).
 - Wear PPE (gloves, face shield) and use ventilation when applying this solution.
 - Bleach has a 10-minute contact time.
- Clean up vomiting or diarrheal incidents immediately.
 - Remove all individuals in the immediate area for a period that allows for the air to be completely cleared of any airborne particles that may have been produced during the incident and cleanup process.
 - If possible, consider having a staff member who has been ill and has recovered during the outbreak do the cleaning.
 - Never use a vacuum to clean up vomit as norovirus particles can aerosolize.
- Launder soiled bedding and other linens immediately and use appropriate PPE (gown, gloves, face shield).
 - Never add soiled items in with other laundry items. Disinfect the interior of the washer and dryer afterwards. Remove all body fluids (vomit/feces) as much as possible before putting them in the washer.
- Continue to clean and disinfect daily until the outbreak is over.

FOOD SERVICE & DINING

- Exclude ill dietary staff from work for **48 hours** after diarrhea/vomiting have stopped as required by the [Nebraska Food Code](#).
 - Notify your local health department if dietary staff are ill, additional prevention measures may be needed.
- Clean and disinfect all kitchen and dining area surfaces with a product described above.
 - For food contact surfaces, rinse with clean water after disinfecting solution has fully dried.
- Discontinue all self-service food/drinks including self-service foods using tongs or other serving utensils.
- Postpone or cancel events until the outbreak is over.
- Restrict sharing of communal food items and foods brought from outside of the facility or prepared by residents.
 - A sack lunch-type strategy may be best.

Checklist (continued)

Use this checklist for outbreak response.

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HANDWASHING GUIDANCE

- Wash your hands often.
 - Hands should be washed well with soap and warm water for at least 20 seconds, especially:
 - After using the toilet or changing a diaper.
 - Before eating, preparing, or handling food.
 - Before giving yourself or someone else medicine.
- Be aware that** alcohol-based hand sanitizer alone does NOT work well against norovirus.

LAUNDRY GUIDANCE

- Immediately remove and wash clothes or linens that may have vomit or feces on them.
- Wear rubber or disposable gloves to handle soiled linens.
- Handle items carefully without shaking them.
- Wash the items with detergent and hot water at the maximum available cycle length and then machine dry them at the highest heat setting.
- Wash your hands after with soap and warm water.

ADDITIONAL CONSIDERATIONS

- Can you confine those who are actively ill from those who are not?
 - Confined to one side of the hall or bunk beds between walls?
- Can you bring them their food to avoid congregate food serving for meals?
- Can you define a bathroom for those who are ill adjacent to the section of the facility being used for those who are ill/symptomatic?
- Can cleaning and disinfection be increased – especially in designated “ill” bathrooms?
 - Are waste and trash being handled with appropriate personal protective equipment (PPE)?
 - Just when you think you cannot clean anymore, **clean again!**
- Do staff fully understand how norovirus behaves, is transmitted, and necessary personal protection measures?

ADDITIONAL RESOURCES

- [Nebraska Infection Control Assessment and Prevention Program \(ICAP\)](#) is available for general questions regarding infection control in your facility. **402-552-2881**
- Visit NDHHS’s website, [Resources for Transitional Housing Facilities](#) for this toolkit and helpful links.

Your Health Department Contact Information

Local Health Department:

Name:

Phone Number:

Email address:

Fax Number: