



Norovirus in Long Term Care Facilities Outbreak Checklist

Norovirus Description

The typical symptoms are nausea, vomiting, abdominal cramps, and watery non-bloody diarrhea. Low-grade fever may also be present. The usual incubation period is 1-2 days, but can be as short as 12 hours. Illness typically lasts 12-60 hours and is self-limiting but extremely contagious. The virus is present in vomitus and stool, and can be shed in stool for up to two weeks after the symptoms resolve; asymptomatic persons can spread the virus.

Outbreak: Likely when there are at least 3 patients/residents, students, and/or staff in a facility who are experiencing symptoms of this virus in a 48-hour period.

Reporting an outbreak

Any outbreak should be promptly reported to the Philadelphia Department of Public Health (PDPH) by calling 215-685-6740 during business hours or 215-686-4514 during evenings, weekends and holidays and asking for the Division of Disease Control on-call staff.

Outbreak Checklist

- 1. Inform PDPH within 24 hours of outbreak recognition.
- 2. Staff, residents and visitors should wash hands vigorously with soap and warm water for at least 20 seconds before and after all contact—do not rely exclusively on alcohol-based hand sanitizers.
- 3. Contact precautions should be used for any symptomatic residents. Precaution signs should be hung on doors of those affected by the virus.
- 4. Restrict ill patients to private rooms when possible. Observe contact isolation precautions.
- 5. Maintain line list: Monitor for ill staff and patients. Continue for 1 week after last case onset.
- 6. Ideally, specimens from at least 5 individuals should be obtained during outbreaks to confirm outbreak etiology. Stool or vomitus can be collected within 48-72 hours of symptom onset. Specimens should be labeled and stored in a refrigerator (4°C). PDPH can assist with laboratory testing.
- 7. Exclude ill staff and visitors until 72 hours after last symptom. If transmission continues in the facility, screen employees who have been exposed and potentially incubating infection, to ensure rapid exclusion if symptoms develop.
- 8. Persons cleaning areas that are heavily contaminated with vomitus or feces should wear gowns, gloves and surgical masks.
- 9. All vomitus and fecal spillages must be promptly and carefully cleaned so that aerosols are minimized. Refer to PDPH norovirus cleaning guidelines for additional information.
- 10. Routine ward, bathroom and toilet cleaning should occur with increased frequency, especially common-use bathrooms. A chlorine-based or other appropriate disinfectant should be used for non-porous surfaces.
- 11. Review food service/disinfection practices. Pay attention to staff hand washing and ice machines.
- 12. Restrict admissions and transfers until outbreak is over (i.e., no new cases for at least 72 hours).
- 13. Limit staff from moving between affected and unaffected units and assign staff to work on the same wards or units as consistently as possible, until the outbreak has resolved. If feasible, maintain the same staff-to-resident assignments. Exclude any nonessential personnel from affected units.
- 14. Post notice for visitors: Restrict visitors to a single entry point, and monitor compliance with contact isolation precautions.
- 15. Cancel group activities and serve meals in rooms until 72 hours after last case.
- 16. Educate staff and post signage around building reminding of precautions against the spread of disease.

*For additional information, please refer to PDPH guidance on the prevention and control of norovirus in an institutional setting and for norovirus cleaning guidelines.