The A.C.D. Quarterly

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH

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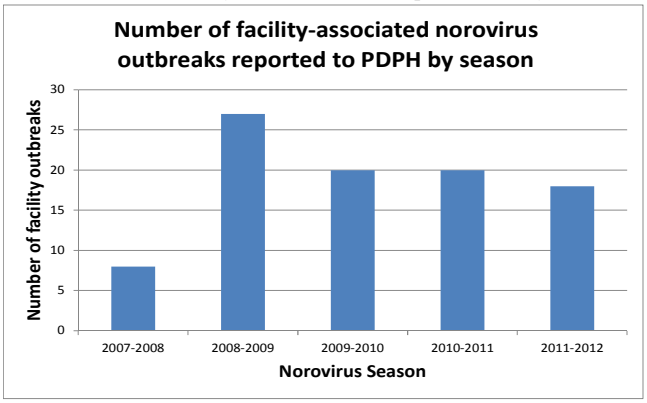
Norovirus Outbreaks 2011/2012

Noroviruses are a group of viruses that are a leading cause of gastroenteritis, especially in winter months. The virus typically causes severe vomiting and diarrhea accompanied by nausea, abdominal cramps, and fatigue in infected persons. Most persons ill with norovirus will experience symptoms suddenly, be sick for about 1-2 days, and recover on their own. Oral rehydration fluids may be used to treat dehydration due to vomiting and diarrhea. The virus is highly contagious and is spread through the oral-fecal route, typically person-to-person or through contaminated food. Norovirus is of special public health concern in residential facilities or institutions where transmission occurs readily and disease can spread widely. While the vast majority of norovirus outbreaks occur in the late fall through early spring, outbreaks can happen all year long. As disease transmission can be difficult to control in institution settings, early recognition of symptoms and quick implementation of control guidelines can be effective. DDC recommends the following to help control the spread of norovirus:



• Persons with unexplained vomiting or diarrhea should be advised to stay home from work, school or childcare until they are completely well, especially if they work in high-risk situations like foodservice, healthcare, or childcare. Persons with suspected norovirus infection who work in these settings should remain excluded from work for at least 72 hours after symptoms have resolved.

• Hand washing and facility cleaning are critical for the control of this infection. All persons should be reminded to clean hands before eating or drinking, after using the bathroom or changing diapers, and after contact with ill persons. Hand washing should be reinforced in all high-risk settings with young children, especially residential shelters and childcare programs, where children should be supervised to ensure that they wash hands after using the toilet and before eating.

• Report any cluster or outbreak of gastrointestinal illness to DDC at 215-685-6740 or 215-686-4514 after business hours. Individual cases of norovirus infection are not reportable, however DDC should be notified of outbreaks, particularly those that are facility-associated or possibly food-borne. DDC can assist with infection control recommendations and the submission of stool samples to the Philadelphia Public Health Laboratory for norovirus detection.

Fact sheets, posters, and guidance on controlling the spread of norovirus in institutional, childcare, and school settings are available at https://hip.phila.gov/xv/DiseaseInformation/tabid/81/Default.aspx

Surveillance Spotlight: Hepatitis C in Youth

Hepatitis C (HCV) is a Philadelphia Department of Public Health Reportable Disease, and we are launching a new effort to better characterize HCV infection in Philadelphia youth ≤ **30** years. Nationally there is a concerning new trend of increasing HCV infection in youth- more than half are not even aware they are infected. Through a confidential investigation of all newly reported youth cases, from **January 1-June 30, 2012**, patients will be interviewed by telephone, and providers will be asked to fill out a brief form, and submit lab results.

An epidemiological analysis of the data will determine:

- Number of youth cases
- Number of Acute vs. Chronic infection
- Risk Factors

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Youth Hepatitis C Surveillance Coordinator

The goal of the investigation is to use our results to drive recommendations for prevention efforts, address questions associated with risk factors and screening, and guide a sustainable, long-term approach to data collection & feedback. **Your role is to report <u>all acute cases</u> of HCV and return the clinician form for all newly identified acute and chronic HCV case patients who are ≤ 30 years of age.** We will be providing our newly diagnosed cases a listing of local Hep C specialists and care sites. We will be sharing our results with participating providers.

Skilled Nursing Facilities and Infection Control

The Philadelphia Department of Public Health (PDPH) conducted an infection control survey of skilled nursing facilities (SNF) in Fall 2010 focusing on glucose monitoring, influenza vaccination, and disease outbreaks. The survey was completed to help focus education efforts for infection control and to better assist Philadelphia long-term care facilities.

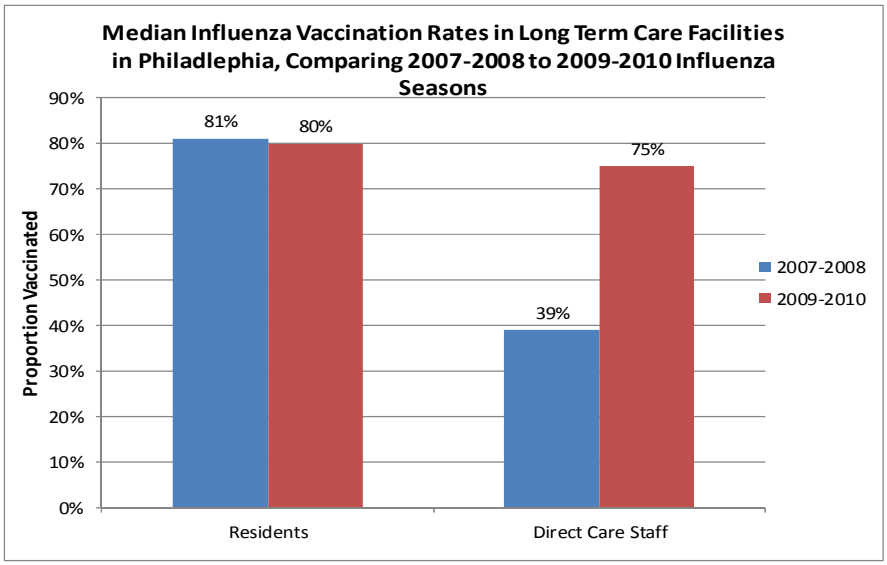
A total of 45 completed infection control surveys were received out of 47 facilities surveyed. Blood glucose monitoring was identified as an area of concern because of the increasing number of persons for whom it is required and the opportunity for the transmission of blood borne pathogens, such as hepatitis B and C, without strict infection control practices. Facilities reported a median of 33% of residents who undergo blood glucose monitoring. Most facilities (93%) reported that all blood glucose monitoring is completed by staff members. Forty-four of 45 SNFs reported that glucometers are shared among residents, although all reported cleaning them between each use. Seventeen SNFs reported using reusable fingerstick devices and of them, 7 reported sharing the devices between patients. Guidelines for proper blood glucose monitoring can be found in Box 1.

Current Blood Glucose Monitoring Guidelines

- Reusable fingerstick devices should *never be* shared.
- Blood glucose monitors should be *designated for individual patients* when possible.
- If blood glucose monitors are shared, they should be cleaned and disinfected *after every use* following manufacturers guidelines.
- Dispose of used syringes, needles, and other sharps at the *point of use* in dedicated sharps containers.
- Proper *hand hygiene* should be followed.

Influenza vaccination rates among staff are improving. The self-reported percentage of staff receiving influenza vaccinations has increased from 2007-2008 to 2009-2010 (Table 1). Healthy People 2020 has a target influenza vaccination rate of 90% for health care personnel. PDPH encourages facilities to work towards this goal and can assist with providing strategies for vaccine compliance as well as providing linkages to free influenza vaccine clinics.

Questions regarding outbreak management of influenza and norovirus show that facilities are initiating control measures as soon as an increase in disease is detected. The majority of facilities keep symptomatic staff out of work and close to new and re-admissions during outbreaks, however, some facilities do not follow all control measures, which can prolong outbreaks and put additional persons at risk for disease.



Self-identified areas of concern included MRSA, *C. difficile,* and respiratory illness. The majority of facilities are interested in in-services and educational materials from PDPH.

In response to the survey results, the PDPH plans to develop an infection control toolkit with best practices for long-term care facilities.

Thank you to the facilities that completed the survey. For more information or questions please visit https://hip.phila.gov. Information is also provided at the Centers for Disease Control and Prevention (http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html).

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