



CALIFORNIA DEPARTMENT OF HEALTH SERVICES
Viral and Rickettsial Disease Laboratory
NOROVIRUS OUTBREAK SPECIMEN SUBMITTAL FORM*

Name of institution/setting: _____

Type of institution/setting (e.g. long term care facility, school, camp, restaurant, hospital, jail, cruise ship, catered event, etc): _____

Number of residents/students/population-at-risk (if appropriate): _____

Number of staff (if appropriate): _____

Date of first case: ____/____/____ Date of last case: ____/____/____

Suspected source: [] Food-borne [] Water-borne [] Person-to-person [] Imported/travel [] Unknown

If source identified, note any additional information available: _____

Total number of clinical cases: ____ Number of cases hospitalized: ____ Number of cases who died: ____

Total number of cases tested: ____ Total number of laboratory-confirmed cases: ____

Tested for bacteria? [] Yes [] No Results: _____

Tested for ova and parasites? [] Yes [] No Results: _____

* Outbreaks of any disease are reportable under the Title 17, California Code of Regulations. Please communicate with your local communicable disease control unit to ensure that any norovirus outbreaks are reported to the California Department of Health Services Statistics and Surveillance Section.

Instructions for Submittal of Stool Samples

Note that while vomitus may contain high norovirus titers, our PCR has only been standardized to test stool samples.

Timing Ideally stool specimens should be obtained during the acute phase of illness (within 48-72 hours of diarrhea onset) while the stools are still liquid or semisolid because the level of excretion is greatest then. The increased sensitivity of molecular assays (PCR) often allows the virus to be detected in stools collected up to 7-10 days after onset. For specimens collected late in the illness, the utility of viral diagnosis and interpretation of the test results should be discussed with laboratory personnel before tests are conducted.

Number of Samples For meaningful laboratory results (see interpretation below) specimens from a minimum of four (4) and preferably more, up to a maximum of ten (10) ill persons should be obtained during the acute phase of illness. The greater the number of stool samples submitted (up to a maximum of 10), the more meaningful the test results.

- > A single stool sample will not be tested since neither a positive nor negative result will be meaningful.
> Testing of asymptomatic cases is not encouraged without prior consultation.

Storage and Transportation Stool specimens should be kept refrigerated at 4°C until they can be sent to the laboratory. Samples stored at this temperature can be kept for 2-3 weeks without compromising diagnostic yield. Samples should be frozen if they cannot be shipped to the laboratory within 3 weeks.

Interpretation of Results We recommend that the following interpretative guidelines be used to evaluate laboratory PCR results:

- > POSITIVE - Norovirus can be considered to be the etiologic agent if norovirus nucleic acid is detected in two (2) or more stools per outbreak.
> NEGATIVE - To be considered negative for Norovirus, at least four (4) or more acute stool samples (all collected with 7-10 days of onset of diarrhea) must be submitted and all must be negative for norovirus nucleic acid.
> INCONCLUSIVE - All other outcomes.

Note: norovirus PCR testing is intended for use primarily as laboratory support for epidemiological investigations.

