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2023

Norovirus Outbreak Prevention Toolkit: A Guide for Preventing Norovirus Outbreaks in Skilled Nursing Facilities



COUNTY OF LOS ANGELES
Public Health

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Introduction

Preventing Norovirus Outbreaks in Skilled Nursing Facilities

A Message from the Norovirus Outbreak Prevention Collaborative

Dear Reader,

Noroviruses (NV) are the most common cause of both individual cases and outbreaks of gastroenteritis worldwide. In the U.S., approximately 21 million illnesses are attributable to NV each year, typically seen between November-April. NV poses great challenges to healthcare facilities and over half of all outbreaks reported in the US have been in these settings.

Within Los Angeles County, Skilled Nursing Facilities (SNFs) are the most frequently reported settings for NV outbreaks. From 2018-2022, 30 gastroenteritis outbreaks were reported from SNFs in LA County (this number of outbreaks was likely affected by COVID restrictions and precautions). Unlike many healthcare associated outbreaks, these outbreaks affect both residents and SNF direct care staff.

Most NV outbreaks are associated with person-to-person transmission and exposure to contaminated environments. These outbreaks result in:

- Increased staff workload due to acutely ill residents
- Intensive environmental cleaning requirements
- Absenteeism among direct care and other facility staff
- Forced facility closures to new admissions

The Norovirus Outbreak Prevention Toolkit was created through collaboration between several public health programs to strengthen outbreak prevention activities within SNFs. The toolkit includes training and outbreak management materials to help reach this goal. Materials are also available on the Acute Communicable Disease Control (ACDC) [Norovirus webpage](#) and the ACDC [SNF webpage](#) under 'Useful Links and Resources' for Norovirus.

Your cooperation is vital to prevent the spread of NV in SNFs! If you have any questions or feedback regarding this toolkit, please contact the SNF team via the following email address: lacsnf@ph.lacounty.gov.

Outbreak Materials

List of Reportable Diseases

<http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf>

(While not explicitly stated on this list, Norovirus Outbreak should be considered under “Outbreaks of any disease: including those not listed)

Please Post
Revised July 24, 2023



REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. “Health care provider” encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements *

- ☎ Report **immediately** by telephone for both confirmed and suspected cases.
 - 📞 Report by telephone **within 1 working day** from identification **COVID-19 Online Reporting**** OR **COVID-19 Death Online reporting****
 - 📞 Report by telephone **within 24 hours** for both confirmed and suspected cases
 - ✉ Report by electronic transmission (including FAX or email), telephone or mail within **1 working day** from identification **Mpox reporting Weblink**
 - 📞 Report by electronic transmission (including FAX or email), telephone or mail within **7 calendar days** from identification
 - ★ **Mandated by and reportable to the Los Angeles County Department of Public Health**
 - ± If enrolled, report electronically via the **National Healthcare Safety Network** (www.cdc.gov/nhsn/index.html). If not enrolled, use the LAC DPH **CRE Case Report Form** (publichealth.lacounty.gov/acd/Diseases/EpiForms/CRERepSNF.pdf)
 - For TB reporting questions: contact the TB Control Program (213) 745-0800 or visit www.publichealth.lacounty.gov/tb/healthpro.htm
 - For HIV/STD reporting questions: contact the Division of HIV and STD Programs. HIV (213) 351-8516, STDs (213) 368-7441 www.publichealth.lacounty.gov/dhsp/ReportCase.htm
- For laboratory reporting:** www.publichealth.lacounty.gov/lab/index.htm **For veterinary reporting:** www.publichealth.lacounty.gov/vet/index.htm

REPORTABLE COMMUNICABLE DISEASES

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> 📞 Anaplasmosis ☎ Anthrax, human or animal ✉ Babesiosis ☎ Botulism: infant, foodborne, or wound 📞 Brucellosis, animal; except infections due to <i>Brucella canis</i> ☎ Brucellosis, human ✉ Campylobacteriosis ✉ <i>Candida auris</i>, colonization or infection 📞 Carbapenem-Resistant <i>Enterobacteriaceae</i> (CRE), including <i>Klebsiella sp.</i>, <i>E. coli</i>, and <i>Enterobacter sp.</i>, in acute care hospitals or skilled nursing facilities ★± 📞 Chagas Disease ★ 📞 Chancroid ■ ✉ Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting) ✉ Chikungunya Virus Infection ☎ Cholera ☎ Ciguatera Fish Poisoning 📞 Coccidioidomycosis 📞 COVID-19 hospitalizations (COVID-19 Online Reporting**) 📞 COVID-19, deaths (COVID-19 Death Online Reporting***) 📞 Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) ✉ Cryptosporidiosis 📞 Cyclosporiasis 📞 Cysticercosis or Taeniasis ✉ Dengue Virus Infection ☎ Diphtheria ☎ Domoic Acid (Amnesic Shellfish) Poisoning 📞 Ehrlichiosis ✉ Encephalitis, specify etiology: viral, bacterial, fungal or parasitic ✉ <i>Escherichia coli</i>, shiga toxin producing (STEC) including <i>E. coli</i> O157 ☎ Flavivirus infection of undetermined species ✉ Foodborne Disease ☎ Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source | <ul style="list-style-type: none"> 📞 Giardiasis 📞 Gonococcal Infection ■ ✉ <i>Haemophilus influenzae</i>, invasive disease only, all serotypes, less than 5 years of age ✉ Hantavirus Infection ☎ Hemolytic Uremic Syndrome ✉ Hepatitis A, acute infection 📞 Hepatitis B, specify acute, chronic, or perinatal 📞 Hepatitis C, specify acute, chronic, or perinatal 📞 Hepatitis D (Delta), specify acute or chronic 📞 Hepatitis E, acute infection 📞 Human Immunodeficiency Virus (HIV), acute infection ■ (\$2641.30-2643.20) 📞 Human Immunodeficiency Virus (HIV) infection, any stage ■* 📞 Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) ■* 📞 Influenza-associated deaths in laboratory confirmed cases, <18 years of age ☎ Influenza, due to novel strains, human 📞 Legionellosis 📞 Leprosy (Hansen’s Disease) 📞 Leptospirosis ✉ Listeriosis 📞 Lyme Disease ✉ Malaria ☎ Measles (Rubeola) 📞 Melioidosis ✉ Meningitis, specify etiology: viral, bacterial, fungal, or parasitic ☎ Meningococcal Infection ☎ Middle East Respiratory Syndrome (MERS) ✉ Mpox or Orthopox virus infections, hospitalizations, and deaths (Weblink) 📞 Mumps 📞 Myelitis, acute flaccid ★ 📞 Nontuberculosis mycobacteria (extrapulmonary) ★ ☎ Novel virus infection with pandemic potential ☎ Paralytic Shellfish Poisoning ✉ Paratyphoid Fever | <ul style="list-style-type: none"> ✉ Pertussis (Whooping Cough) ☎ Plague, human or animal 📞 Poliovirus Infection ✉ Psittacosis ✉ Q Fever ☎ Rabies, human or animal ✉ Relapsing Fever 📞 Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age 📞 Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses 📞 Rocky Mountain Spotted Fever 📞 Rubella (German Measles) 📞 Rubella Syndrome, Congenital ✉ Salmonellosis, other than Typhoid Fever ☎ Scombrotoxic Fish Poisoning ☎ Shiga Toxin, detected in feces ✉ Shigellosis ☎ Smallpox (Variola) ✉ <i>Streptococcus pneumoniae</i>: Invasive cases only (sterile body site infections) ★ ✉ <i>Streptococcus pyogenes</i> (Group A <i>Streptococcus</i>): Invasive cases only, including necrotizing fasciitis and STSS ★ ✉ Syphilis, all stages including congenital ■ 📞 Tetanus ✉ Trichinosis ✉ Tuberculosis ■ 📞 Tularemia, animal ☎ Tularemia, human ✉ Typhoid Fever, cases and carriers ✉ <i>Vibrio</i> Infection ☎ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) ✉ West Nile Virus (WNV) Infection ✉ Yellow Fever ✉ Yersiniosis ✉ Zika Virus Infection |
|--|---|--|
- ★ **OCCURRENCE OF ANY UNUSUAL DISEASE**
- ☎ **OUTBREAKS OF ANY DISEASE**, including diseases not listed above. Specify if in an institution and/or the open community.

REPORTABLE NON-COMMUNICABLE DISEASES OR CONDITIONS

- 📞 Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
- 📞 Cancer, including benign and borderline brain tumors (CCR §2593)
- ✉ Pesticide-Related Illnesses (Health and Safety Code §105200)

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
 Tel: (888) 397-3993 or (213) 240-7821 • Fax: (888) 397-3778 or (213) 482-5508 • Email: ACDC-MorbidityUnit@ph.lacounty.gov
 ** COVID-19 Cases Only: COVID19@ph.lacounty.gov • Fax (310) 605-4274 • [COVID-19 Online Reporting](http://www.publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf)
 ***COVID-19 Deaths Only: COVIDdeath@ph.lacounty.gov • [COVID-19 Death Online Reporting](http://www.publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf)
 Use secure transmission for emailed reports.
 Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report

List of Reportable Diseases and Conditions continued.

Please Post
Revised July 24, 2023



REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements ★

☎ Report immediately by telephone (for both confirmed and suspected cases)

<p>OCCURRENCE OF ANY UNUSUAL DISEASE</p> <p>OUTBREAKS OF ANY DISEASE, including diseases not listed above. Specify if in an institution and/or the open community</p> <ul style="list-style-type: none"> ▪ Anthrax, human or animal ▪ Botulism: infant, foodborne, or wound ▪ Brucellosis, human ▪ Cholera ▪ Ciguatera Fish Poisoning ▪ Diphtheria 	<ul style="list-style-type: none"> ▪ Domoic Acid (Amnesic Shellfish) Poisoning ▪ Flavivirus infection of undetermined species ▪ Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source ▪ Hemolytic Uremic Syndrome ▪ Influenza, due to novel strains, human ▪ Measles (Rubeola) ▪ Meningococcal Infection ▪ Middle East Respiratory Syndrome (MERS) ▪ Novel virus infection with pandemic potential 	<ul style="list-style-type: none"> ▪ Paralytic Shellfish Poisoning ▪ Plague, human or animal ▪ Rabies, human or animal ▪ Scombroid Fish Poisoning ▪ Shiga Toxin, detected in feces ▪ Smallpox (Variola) ▪ Tularemia, human ▪ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
<p>① COVID-19, hospitalizations (COVID-19 Online Reporting**)</p>	<p>① COVID-19, deaths (COVID-19 Death Online Reporting***)</p>	<p>① Human Immunodeficiency Virus (HIV), acute infection (telephone within 1 working day)</p>

☎ Report within 24 hours by telephone for both confirmed and suspected cases

① Poliovirus Infection	① Melioidosis	① Myelitis, acute flaccid ★
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✉ Report by electronic transmission (including FAX or email), telephone or mail within 1 working day from identification

NOTE: Mpox can be reported by [Weblink](#).

<ul style="list-style-type: none"> ▪ Babesiosis ▪ Campylobacteriosis ▪ <i>Candida auris</i>, colonization or infection ▪ Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting) ▪ Chikungunya Virus Infection ▪ Cryptosporidiosis ▪ Dengue Virus Infection ▪ Encephalitis, specify etiology: viral, bacterial, fungal or parasitic ▪ <i>Escherichia coli</i>, shiga toxin producing (STEC) including <i>E. coli</i> O157 ▪ Foodborne Disease ▪ <i>Haemophilus influenzae</i>, invasive disease only, all serotypes, less than 5 years of age 	<ul style="list-style-type: none"> ▪ Hantavirus Infection ▪ Hepatitis A, acute infection ▪ Listeriosis ▪ Malaria ▪ Meningitis, specify etiology: viral, bacterial, fungal, or parasitic ▪ Mpox or Orthopox virus infections, hospitalizations, and deaths (Weblink) ▪ Paratyphoid Fever ▪ Pertussis (Whooping Cough) ▪ Pesticide-Related Illnesses (Health and Safety Code §105200) ▪ Psittacosis ▪ Q Fever ▪ Relapsing Fever 	<ul style="list-style-type: none"> ▪ Salmonellosis, other than Typhoid Fever ▪ Shigellosis ▪ <i>Streptococcus pneumoniae</i>: Invasive cases only (sterile body site infections) ★ ▪ <i>Streptococcus pyogenes</i> (Group A <i>Streptococcus</i>): Invasive cases only, including necrotizing fasciitis and STSS ★ ▪ Syphilis, all stages including congenital ▪ Trichinosis ▪ Tuberculosis ▪ Typhoid Fever, cases and carriers ▪ <i>Vibrio</i> Infection ▪ West Nile Virus (WNV) Infection ▪ Yellow Fever ▪ Yersiniosis ▪ Zika Virus Infection
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☎ Report by electronic transmission (including FAX or email), telephone or mail within 7 calendar days from identification

<ul style="list-style-type: none"> ▪ Anaplasmosis ▪ Brucellosis, animal; except infections due to <i>Brucella canis</i> ▪ Cancer, including benign and borderline brain tumors (CCR §2593)* ▪ Carbapenem-Resistant <i>Enterobacteriaceae</i> (CRE), including <i>Klebsiella sp.</i>, <i>E. coli</i>, and <i>Enterobacter sp.</i>, in acute care hospitals or skilled nursing facilities ★± ▪ Chagas Disease ★ ▪ Chancroid ▪ Coccidioidomycosis ▪ Creutzfeldt-Jakob Disease and other Transmissible Spongiform Encephalopathies ▪ Cyclosporiasis ▪ Cysticercosis or Taeniasis <p><small>*Except basal and squamous skin cancer unless on genital, and carcinoma in-situ and CIN III of the Cervix.</small></p>	<ul style="list-style-type: none"> ▪ Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810) ▪ Ehrlichiosis ▪ Giardiasis ▪ Gonococcal Infection ▪ Hepatitis B, specify acute, chronic, or perinatal ▪ Hepatitis C, specify acute, chronic, or perinatal ▪ Hepatitis D (Delta), specify acute or chronic ▪ Hepatitis E, acute infection ▪ Human Immunodeficiency Virus (HIV) infection, any stage ** ▪ Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) ** ▪ Influenza-associated deaths in laboratory confirmed cases, <18 years of age ▪ Legionellosis <p><small>**Use of FAX for HIV reporting is highly discouraged in order to protect patient confidentiality.</small></p>	<ul style="list-style-type: none"> ▪ Leprosy (Hansen's Disease) ▪ Leptospirosis ▪ Lyme Disease ▪ Mumps ▪ Nontuberculosis mycobacteria (extrapulmonary) ★ ▪ Respiratory Syncytial Virus, only deaths in a patient less than 5 years of age ▪ Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses ▪ Rocky Mountain Spotted Fever ▪ Rubella (German Measles) ▪ Rubella Syndrome, Congenital ▪ Tetanus ▪ Tularemia, animal <p><small>± If enrolled, report electronically via the National Healthcare Safety Network If not enrolled, use the LAC DPH CRE Case Report Form</small></p>
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To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
 Tel: (888) 397-3993 or (213) 240-7821 • Fax: (888) 397-3778 or (213) 482-5508 • Email: ACDC-MorbidityUnit@ph.lacounty.gov
**** COVID-19 Cases Only: COVID19@ph.lacounty.gov • Fax (310) 605-4274 • [COVID-19 Online Reporting](#)**
*****COVID-19 Deaths Only: COVIDdeath@ph.lacounty.gov • [COVID-19 Death Online Reporting](#)**
 Use secure transmission for emailed reports.
 Health Professionals Reporting Webpage: www.publichealth.lacounty.gov/clinicians/report

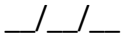
Outbreak Management Checklist

Instructions:

Review the completed outbreak management checklist with the assigned outbreak investigator. Your facility should determine the procedure for completing this document.

Norovirus Outbreak Interventions:	N/A	Completed By	Date	Signature
1. Communication				
1.1. Facility administration notified	<input type="checkbox"/>		__/__/__	
1.2. Facility infection control team notified	<input type="checkbox"/>		__/__/__	
1.3. Outbreaks are reportable immediately by phone to: Morbidity Unit: (888) 397-3993 or (213) 240-7821 or Email: ACDC-MorbidityUnit@ph.lacounty.gov • For a list of reportable conditions see: http://www.publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf	<input type="checkbox"/>		__/__/__	
1.4. Outbreaks are reportable to California Department of Public Health Licensing & Certification local office–County of Los Angeles Health Facilities Inspection Division	<input type="checkbox"/>		__/__/__	
1.5. Residents, family, & visitors notified: • See ' Notification Alert ' on page 14 of this toolkit	<input type="checkbox"/>		__/__/__	
1.6. Date of last admission	<input type="checkbox"/>		__/__/__	
1.7. Health facility closed to new admissions	<input type="checkbox"/>		__/__/__	
1.8. Health facility reopened to new admissions	<input type="checkbox"/>		__/__/__	
2. Investigation and Monitoring	N/A	Completed By	Date	Signature
2.1. Symptomatic health care workers removed from work and/or referred to Employee Health and/or evaluated by a clinician	<input type="checkbox"/>		__/__/__	
2.2. Residents evaluated for symptoms of norovirus once per shift. Symptomatic residents placed in contact isolation. (Sample Signage links: Sign 1 and Sign 2)	<input type="checkbox"/>		__/__/__	
2.3. Resident line list (see page 12 of this toolkit) completed (Line list template: PDF/Excel)	<input type="checkbox"/>		__/__/__	
2.4. Employee line list (see page 13 of this toolkit) completed (Line list template: PDF/Excel)	<input type="checkbox"/>		__/__/__	
2.5. Map cases on facility floor plan	<input type="checkbox"/>		__/__/__	
2.6. Report all new cases to District PHN DAILY. Be sure to notate the name of your outbreak investigator/PHN on your line list.	<input type="checkbox"/>		__/__/__	

3. Specimen Collection	N/A	Completed By	Date	Signature
3.1. Collect stool specimens as instructed by PHN as soon as possible, no later than 72 hours after onset of symptoms. <ul style="list-style-type: none"> PHN will provide specimen collection instructions prior to collection 	<input type="checkbox"/>		_/_/_	
4. Infection Control	N/A	Completed By	Date	Signature
4.1. Enhanced environmental cleaning and disinfection throughout the outbreak period	<input type="checkbox"/>		_/_/_	
4.2. Contact isolation–Symptomatic residents confined to their rooms (cohort ill residents together if possible). Movement of all residents minimized	<input type="checkbox"/>		_/_/_	
4.3. Limit staff movement between units. If staff have been exposed to ill residents, consider maintaining work assignment to same unit	<input type="checkbox"/>		_/_/_	
4.4. Environmental cleaning– Use an EPA approved disinfectant for norovirus: EPA List G: Products Registered as effective against Norovirus	<input type="checkbox"/>		_/_/_	
4.5 Utilize appropriate PPE: gloves, gown, mask, and face shield (face shield as needed depending on potential for splash or droplet exposure during direct resident care).	<input type="checkbox"/>		_/_/_	
5. Hand Hygiene	N/A	Completed By	Date	Signature
5.1. Soap and water used as the preferred method (20 seconds or more). <ul style="list-style-type: none"> Very important to reinforce with staff, residents, and visitors that hand sanitizer is ineffective against norovirus. 	<input type="checkbox"/>		_/_/_	
6. Education	N/A	Completed By	Date	Signature
6.1. Training (LAC DPH Norovirus Outbreak Control in Skilled Nursing Facilities slides) provided to all staff on the signs and symptoms of norovirus. 6.2. Educational materials given to the staff, consider the addition of providing the video below: CDC Educational video on norovirus 6.3. Please make sure to send a copy of the in-service education sign in sheet to your district PHN.	<input type="checkbox"/>		_/_/_	

<p>6.4. Control measures discussed.</p> <p>6.5. Work with DPHN assigned to the facility to determine which control measures are most appropriate for your facility. Please see "LAC DPH Norovirus Outbreak Notification Letter" for recommendations and actions to take.</p>	<input type="checkbox"/>			
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LAC DPH Norovirus Outbreak Notification Letter



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

RITA SINGHAL, M.D., M.P.H.
Director, Disease Control Bureau

Choose an item.
Regional Health Officer

Choose an item.
Choose an item.
Choose an item.
Choose an item.

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

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[Date]

NOROVIRUS OUTBREAK NOTIFICATION LETTER FOR [SITE NAME]

Dear Administrator,

On [DATE], the Los Angeles County Department of Public Health was notified of an outbreak a gastrointestinal illness (GI) called Norovirus among the **[Choose an item.]** of [SITE NAME]. [PHN NAME], a Public Health Nurse, will be working with you to investigate this outbreak and institute control measures to help prevent the spread of illness.

Norovirus is a contagious virus that is found in the stool or vomit of infected individuals. It can cause gastroenteritis, which is inflammation of the stomach and intestines. Symptoms of Norovirus usually begin about 24 to 48 hours after exposure to the virus and can include nausea, vomiting, diarrhea, and/or fever.

Based on the preliminary investigation, we are recommending the following actions:

1. Close the facility to **[Choose an item.]**. You will be notified by Los Angeles County Department of Public Health when it is safe to accept **[Choose an item.]**.
2. Staff, including kitchen and housekeeping staff, and visitors who are showing any of the symptoms described above should stay home until they have been symptom-free for at least 48 hours. This will help reduce the spread of illness.
3. Maintain the same **[Choose an item.]** assignments.
4. Thoroughly clean and disinfect surfaces immediately after an episode of illness, such as vomiting or diarrhea, by using a bleach solution or other cleaning agent which is registered as effective against norovirus by the Environmental Protection Agency (EPA).

5. Immediately remove and wash soiled laundry thoroughly with hot water and soap.
6. Enforce strict hand washing procedures for all **[Choose an item.]**, especially washing hands with adequate soap and water before meals and after visiting the toilet.
7. Discontinue all group activities, including group dining.
[Choose an item.] may dine in their individual rooms. You will be notified by the Los Angeles County Department of Public Health when it is safe to resume group activities.
8. Collect stool specimens as instructed by the Public Health Nurse.
9. Follow the instructions provided on the Norovirus Fact Sheet (enclosed with this letter) with close attention to cleaning procedures.
10. Notify the Los Angeles County Department of Public Health immediately about newly symptomatic **[Choose an item.]**.

Additional recommendations will follow based on laboratory screening of symptomatic **[Choose an item.]**, and if there is evidence of continued illness.

A GI outbreak is a reportable situation that requires investigation and follow-up as specified by the Acute Communicable Disease Control branch of the Los Angeles County Department of Public Health, with authority granted by the California Health and Safety Code of Regulations. This means that patient authorization is not required to obtain patient or employee information when healthcare professionals suspect or diagnose a disease of public health importance that is reportable by law in California or Los Angeles County.

All information regarding this investigation is confidential to protect all patients' privacy. The facility and the Los Angeles County Department of Public Health cannot release the name(s) of any ill person(s).

Please call [PHN NAME], Public Health Nurse, at [PHONE NUMBER] to report new cases or if you have any questions. The emergency phone number for weekends and holidays is (213) 974-1234.

Thank you for your cooperation.

Sincerely,

Choose Physician
Choose Job Title
County of Los Angeles Department of Public Health
Choose Health Center

Updated March 2023

Gastrointestinal Illness/Norovirus Outbreak Line List for Healthcare Facilities – Patients/Residents



GASTROINTESTINAL ILLNESS/NOROVIRUS OUTBREAK LINE LIST FOR HEALTHCARE FACILITIES - PATIENTS/RESIDENTS



Acute Communicable Disease Control Program
313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
213-240-7941 (phone) 213-482-4856 (facsimile)
www.publichealth.lacounty.gov/acd/

Facility Name: _____

Contacts: _____

Outbreak Number: _____

Demographics	Location				Illness Description								Diagnostics				Outcome			Comments		
	Name (Last, First), MRN*	Date of birth	Age	Sex (M/F)	Unit and/or Room Number (admit date to onset date)	Date of admission	Date onset illness	Highest temperature (°F) †	Vomiting (Y/N)	Diarrhea (Y/N) ‡	Watery diarrhea (Y/N)	Bloody diarrhea (Y/N)	Date symptoms resolved	Specimen collected (Y/N, if yes, date)	Specimen type (stool, vomitus)	Diagnosis/Lab result	Sent to PHL§ /outside lab (Y/N)	Hospitalized (Y/N) (if applicable)	Days hospitalized (if applicable)		Died (Y/N, if yes, date)	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						

*Medical Record Number

†Highest temperature: measured oral, under armpit or rectal

‡Diarrhea: 3 or more loose/runny stools per 24-hour period

§LA County Public Health Laboratory

Gastrointestinal Illness/Norovirus Outbreak Line List for Healthcare Facilities - Staff



GASTROINTESTINAL ILLNESS/NOROVIRUS OUTBREAK LINE LIST FOR HEALTHCARE FACILITIES - STAFF



Acute Communicable Disease Control Program
313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
213-240-7941 (phone) 213-482-4856 (facsimile)
www.publichealth.lacounty.gov/acd/

Facility Name: _____

Contacts: _____

Outbreak Number: _____

Demographics			Location/Contact						Illness Description						Diagnostics			Outcome		Comments				
Name (Last, First)	Date of birth	Sex (M/F)	Department +/or Unit	Job title*	Direct patient contact (Y/N)	Work in multiple locations (Y/N)	Date last worked	Date returned to work	Date onset illness	Highest temperature (°F) †	Vomiting (Y/N)	Diarrhea (Y/N) ‡	Watery diarrhea (Y/N)	Bloody diarrhea (Y/N)	Date symptoms resolved	Specimen collected (Y/N, if yes, date)	Specimen type (stool, vomitus)	Diagnosis/Lab result	Sent to PHLS /outside lab (Y/N)	Hospitalized (Y/N) (if applicable)	Died (Y/N, if yes, date)			
1																								
2																								
3																								
4																								
5																								
6																								
7																								
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*Medical Record Number
†Highest temperature: measured oral, under armpit or rectal
‡Diarrhea: 3 or more loose/runny stools per 24-hour period
§LA County Public Health Laboratory

Notification Alert

SNF administrative staff should use template to alert staff, residents, and facility visitors of facility Norovirus Outbreak by posting this Alert at the entrance of the facility or handing out to staff, residents, and visitors of the facility.

[Insert Agency Letterhead]

DATE

Dear Residents, Families, Staff and Visitors:

Our facility is currently working with the County of Los Angeles Department of Public Health (DPH) to investigate a number of residents and/or staff who became ill with a virus that causes vomiting and diarrhea, commonly called norovirus. This virus is found in the stool or vomit of infected people. Outbreaks of norovirus within Los Angeles County hospitals, skilled nursing facilities, and other community settings are frequently reported every year. We are notifying you in the interest of public awareness and safety.

People can become infected with the virus in several ways, including:

- Eating food or drinking liquids that are contaminated with norovirus.
- Touching surfaces or objects contaminated with norovirus and then placing their hand in their mouth.
- Having direct contact with another person who is infected with norovirus and showing symptoms (i.e., when caring for or sharing foods or utensils with someone who is ill).

The symptoms of norovirus usually begin approximately 24 to 48 hours after exposure to the virus. If you are feeling sick, tell the nurse or your own primary care provider. It is also recommended that you stay home for 48 hours after your symptoms resolve. The best way to prevent norovirus is to wash your hands with soap and water, as hand sanitizer is ineffective against norovirus.

Be sure to wash your hands before you leave this facility!

INSERT FACILITY NAME has already taken the appropriate steps to get this outbreak under control. Public Health is working closely with the staff of INSERT FACILITY NAME to investigate the cause of these infections and strengthen infection control measures (such as strict hand washing for doctors and staff) to prevent further spread of the virus.

For any questions regarding this notification alert, please contact: [Click here to enter text.](#)

Sincerely,

NAME, TITLE

SNF Training Materials

Training Pre-Test

INSTRUCTIONS: Please circle the best answer. There is only one answer for each question.

1. Symptoms of norovirus illness usually begin about 24 to 48 hours after direct contact with the virus but can appear as early as 12 hours after exposure.
True False
2. People can still spread norovirus infection to others just before having symptoms and until after they feel well enough to return to work.
True False
3. How can you prevent norovirus illness?
 - a) Drink plenty of water
 - b) Wash your hands frequently with warm soapy water for at least 20 seconds
 - c) Brush your teeth after you eat a meal
 - d) Use hand sanitizers frequently and in between residents
4. Vomiting, diarrhea, and abdominal cramps are the three most common symptoms of norovirus illness.
True False
5. Appropriate hand washing is likely the single most important method to prevent norovirus infection and control transmission.
True False
6. People can become infected with norovirus by:
 - a) Touching contaminated surfaces
 - b) Direct contact with another person who is sick
 - c) Eating food or drinking liquids that are contaminated
 - d) All the above

If you have any comments or suggestions, please write here:

THANK YOU FOR YOUR TIME

Training Post-Test

INSTRUCTIONS: Please circle the best answer. There is only one answer for each question.

1. Symptoms of norovirus illness usually begin about 24 to 48 hours after direct contact with the virus but can appear as early as 12 hours after exposure.
True False
2. People can still spread norovirus infection to others just before having symptoms and until after they feel well enough to return to work.
True False
3. How can you prevent norovirus illness?
 - a) Drink plenty of water
 - b) Wash your hands frequently with warm soapy water for at least 20 seconds
 - c) Brush your teeth after you eat a meal
 - d) Use hand sanitizers frequently and in between residents
4. Vomiting, diarrhea, and abdominal cramps are the three most common symptoms of norovirus illness.
True False
5. Appropriate hand washing is likely the single most important method to prevent norovirus infection and control transmission.
True False
6. People can become infected with norovirus by:
 - a) Touching contaminated surfaces
 - b) Direct contact with another person who is sick
 - c) Eating food or drinking liquids that are contaminated
 - d) All the above

If you have any comments or suggestions, please write here:

THANK YOU FOR YOUR TIME

Environmental Cleaning and Control Measures

Tips SNF staff should use to control the spread of Norovirus

When diarrhea and vomiting occur at your facility, make sure to:

- Immediately clean up vomit and feces with paper towels and secure in a plastic bag for disposal. You should wear gloves, gown, and surgical mask during cleaning, with the addition of a face shield as needed (depending on potential for splash or droplet exposure during direct resident care). Avoid using sponges or reusable cloths.
- Flush or discard any vomit or stool in toilet with lid down, (if an attached lid is already in place) and make sure that the toilet and surrounding areas are kept clean.
- Disinfect surrounding hard surfaces using an Environmental Protection Agency (EPA) approved disinfectant for Norovirus. Appropriate products listed here: [EPA List G: Products effective against Norovirus.](#)
- Immediately wash soiled clothing, linens, and privacy curtains with hot water and detergent. Use the maximum cycle length and put to dry on the highest heat setting.
- Clean carpets and soft furnishings with hot water and detergent. Dry vacuuming is not recommended since the virus may become airborne.
- Double the frequency of routine unit, bathroom, and toilet cleaning. Make sure that EVS staff uses a separate toilet brush for each toilet (i.e., leave toilet brush used for cleaning in the bathroom). Give special attention to frequently touched objects such as doorknobs, faucets, telephone, bedside tables, toilet, bed, and bath rails.
- Throw away foods that may have been infected by a sick kitchen employee.



Resident Care Preventative Measures

Tips SNF staff should use to control the spread of Norovirus among residents

To prevent the spread of norovirus at your facility, make sure to:

- Educate staff, residents, and visitors about methods of transmission.
- Identify differences in symptom patterns outside of normal (e.g., frequency and intensity of vomiting and diarrhea)
- Wear gloves, gown, and surgical mask when caring for ill residents. Utilize face shield depending on potential for splash or droplet exposure during resident care.
- Remove protective equipment and wash hands with soap and water for at least 20 seconds, especially before and after resident care, after using the restroom, and before and after handling food for others. Washing hands thoroughly is important as hand sanitizer is ineffective against norovirus.
- Limit staff and residents from moving between affected and unaffected units.
- Keep symptomatic residents in their rooms.
- Require all symptomatic staff (including kitchen staff), visitors, and volunteers to stay home for a minimum of 48 hours after symptoms disappear.
- Maintain the same staff-to-resident assignments.
- Cancel group activities and limit new admissions until the facility is symptom-free for at least 48 hours.
- Discontinue self-service in the cafeteria and hydration stations/water fountains to minimize cross-contamination by residents.
- Consider use of antiemetics for residents with severe vomiting.
- Be aware of the mental and emotional impact the outbreak and its management can have on residents.



Frequently Asked Questions (FAQ)

A list of FAQs about Norovirus

1. What is norovirus illness?

Norovirus is an illness of the stomach and intestines. It is often called food poisoning or stomach flu, but it is not related to the flu (influenza). It is the most common cause of diarrhea (watery stool) and vomiting (throwing up).

2. What are the symptoms of norovirus illness?

The most common symptom of norovirus illness is diarrhea. Other possible symptoms can include vomiting, nausea, and stomach cramping. You may also have a low-grade fever, chills, headache, muscle aches, and a general sense of tiredness. In older adults and individuals with cognitive impairments or psychiatric conditions may not be able to endorse the typical symptoms (nausea, cramping, abdominal pain, headaches, muscle aches) and may only manifest as decreased appetite or change in oral intake. Norovirus illness often begins suddenly with symptoms lasting for 1 to 2 days.

3. How is the norovirus illness spread?

Norovirus can spread quickly and easily from person to person through contact with infected stool or vomit, especially in enclosed spaces such as skilled nursing facilities, daycare centers, schools, and cruise ships. It also can spread easily from contaminated food or surfaces or from an infected person. This disease is often the cause of outbreaks in restaurants and catering.

4. How is Norovirus treated?

There are no medicines to treat norovirus illness. When people are ill with diarrhea and vomiting, they should drink plenty of fluids to prevent dehydration (water loss in the body) which is the most serious health effect from this illness, especially for young children, the elderly, and people with weakened immunity (such as cancer or HIV) or chronic illness (like diabetes or heart disease).

5. How can you prevent the spread of Norovirus?

- Wash your hands very well with soap and water, especially before eating or preparing food, and after using the toilet or changing diapers.
- People who are sick with norovirus should stay home to avoid getting others sick and should not prepare food while they have symptoms (diarrhea or vomiting) and for 2 days after they recover.
- Wash fruits and vegetables, and thoroughly cook all shellfish to temperatures above 60 degrees Celsius/140 degrees Fahrenheit
- Thoroughly clean and disinfect all surfaces, clothing or bedding as soon as possible after being soiled by diarrhea or vomit.

FAQ Link: <http://www.publichealth.lacounty.gov/hea/library/topics/norovirus/CDCP-ACDC-0077-01.pdf>

Spanish version: <http://www.publichealth.lacounty.gov/hea/library/topics/norovirus/CDCP-ACDC-0077-02.pdf>

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Community Field Services

Environmental Health

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Division, Licensing and
Certification Program

