



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

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Albany, New York 12237

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To: Hospitals, Nursing Homes and Local Health Departments

From: NYSDOH Bureau of Communicable Disease Control,
Regional Epidemiology Program

**HEALTH ADVISORY: PREVENTION AND CONTROL OF
NOSOCOMIAL GASTROINTESTINAL ILLNESS OUTBREAKS**

**Please distribute immediately to the Infection Control Department, Medical Director,
Emergency Department, Employee Health, Infectious Disease,
Director of Nursing, Laboratory Directors, Environmental
Services Directors and all patient care areas.**

SUMMARY

The purpose of this advisory is to provide specific guidance to hospitals and nursing homes regarding the prevention and control of nosocomial gastrointestinal illness outbreaks. This advisory should be shared with all direct patient caregivers and physicians and posted on patient care units.

BACKGROUND

Over the last month, there has been an increase in the number of nosocomial gastrointestinal outbreaks of suspected viral etiology reported across New York State. Gastrointestinal outbreaks account for a high percentage of the nosocomial outbreak reports submitted to the NYSDOH each year and often result in significant morbidity to patients and staff. These outbreaks can be disruptive to patient/resident activities, as well as increase staffing shortages.

Caliciviruses (commonly known as noroviruses) are a common causative agent of outbreaks of non-bacterial gastroenteritis in the United States. Infection is characterized as a self-limiting illness with clinical symptoms of nausea, vomiting, diarrhea, abdominal pain, low-grade fever, or a combination of these symptoms. The symptoms characteristically last 12-60 hours, with an incubation period of 12-48 hours.

RECOMMENDATIONS

If your facility is experiencing an increase in gastrointestinal illness, the following control measures should be taken:

- **Infection Control:** Reinforce Standard Precautions for all patients/residents. During an outbreak in a facility, Contact Precautions should be implemented for all symptomatic patients/residents. In the absence of an outbreak in a facility, Contact Precautions should be implemented for any symptomatic patient/resident who is incontinent of vomitus or stool.

This should include wearing surgical or procedure masks, as the risk of aerosolization and spraying is increased with incontinent or vomiting patients/residents.

- **Staff Education:** Review with staff the indications for and the procedures related to Standard Precautions and Contact Precautions. Review control measures to prevent fecal-oral transmission. Emphasis should be placed on hand hygiene and proper use of personal protective equipment, including wearing a surgical mask when handling vomitus.
- **Staffing:** Where possible, discourage floating staff of affected units to non-affected units.
- **New Admissions:** Where possible, close affected units to new admissions.
- **Patient Activities:** Consider cohorting symptomatic cases. Restrict symptomatic patients to their rooms or unit as much as possible without compromising patient/resident care. Consider temporarily discontinuing group activities. Staff should promote patient/resident hand hygiene.
- **Symptomatic Staff:** Survey patient care staff and food handlers for gastrointestinal symptoms and, if symptomatic, exclude from work until at least 48 hours after symptoms resolve. Consult the local or state health department regarding testing and management of staff infected with non-viral agents.
- **Environmental Aspects:** Reinforce frequent cleaning of affected areas. It is recommended that chlorine bleach (at a recommended concentration of 1 part household bleach to 50 parts water) be used to disinfect hard, non-porous environmental surfaces in the setting of an outbreak. Educate housekeeping staff on proper use of personal protective equipment, including the use of a mask when cleaning vomitus.
- **Specimen Collection:** Test three to four patients'/residents' stool specimens at your local laboratory for bacterial pathogens and, if clinically consistent, ova and parasites. Viral testing is not necessary in all cases. On a case-by-case basis, consult your NYSDOH Regional Epidemiology office regarding possible submission of specimens to the NYSDOH Wadsworth Laboratories for viral testing. If the outbreak appears to have a point source (i.e., sharp peak of cases with same onset), identify and save common foods for laboratory testing at the NYSDOH.

REPORTING

Facilities are required to report nosocomial gastrointestinal illness outbreaks to the NYSDOH by entering the outbreak information electronically into the Nosocomial Outbreak Reporting Application (NORA) on the Health Provider Network (HPN), accessible at:

<https://commerce.health.state.ny.us/hpn/infecontrol/forms.html>. (Persons who need to access the NORA system must be assigned the role of “Infection Control Practitioner” in the HPN Communications Directory; if they are not in this role they should contact the HPN Coordinator at their facility.) If electronic reporting via the NORA system cannot be done promptly, a completed Health Care Facility Infection Control Report form (DOH-4018) should be faxed to (518) 408-1745. This form is available on the NYS DOH Web site at:

<http://www.health.state.ny.us/nysdoh/infection/infecreport.pdf>. Follow-up will be conducted by the regional epidemiologist in your area.

NYSDOH Regional Epidemiology Offices:

- Western Regional Office (716) 847-4503
- Central New York Regional Office (315) 477-8166
- Capital District Regional Office (518) 408-5396
- Metropolitan Area Regional Office (914) 654-7149

FURTHER INFORMATION

For further information, please refer to the following resources:

NYSDOH Health Facilities Series Memo, “Investigation and Control of Nosocomial Gastroenteritis Outbreaks,” available at:

<http://www.health.state.ny.us/nysdoh/infection/doh97-4.htm>

CDC Fact Sheet, “Norovirus in Healthcare Facilities,” available at:

http://www.cdc.gov/ncidod/dhqp/id_norovirusFS.html

“Norwalk-Like Viruses: Public Health Consequences and Outbreak Management,” MMWR Vol. 50 No. RR-9, available at:

<http://www.cdc.gov/ncidod/dvrd/revb/gastro/rr5009.pdf>

If you have additional questions, please don’t hesitate to call your Regional Epidemiology office at the number listed above or the Infection Control Program at (518) 473-4439.