

Guidelines for Acute Gastroenteritis Outbreaks in Healthcare Facilities

Define the outbreak:

Case Definition: Multiple episodes of diarrhea and/or multiple episodes of vomiting in a 24-hour period.

Outbreak Definition: Onset of three or more cases within a 24-hour period.

When you have an outbreak:

1. Begin a line listing of ill persons (including staff and residents). https://oeps.wv.gov/toolkits/documents/agi-norovirus/agi_norovirus-line-list-hcf.pdf
 - Complete for the duration of the outbreak until you have no new cases for double the incubation period of the suspected illness.
 - Use the line listing to track the progress of the outbreak and to adjust your control measures.
2. Implement appropriate control measures (see below).
3. Report the outbreak to your local health department and stay in touch throughout the outbreak.
4. Collect specimens.
 - Discuss the need for testing with your local health department or the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE).
 - If you collect specimens, DIDE recommends collecting three to five stool specimens from recently ill persons:
Specimen Submission Form: https://dhhr.wv.gov/ols/labs/Documents/Micro/Test%20Request%20Form_Micro_UPDATED-10Feb2022.pdf
Specimen Collection Instructions:
https://dhhr.wv.gov/ols/labs/Documents/Micro/STOOL%20SPECIMEN%20COLLECTION%20INSTRUCTIONS_Enteric.pdf

To help control the spread of infection:

1. Practice good hand hygiene. Promote adherence among healthcare personnel, patients, and visitors.
 - Wash hands frequently and thoroughly with soap and water.
 - Ensure individuals wash hands before eating or drinking, after going to the bathroom, or after contact with an ill patient.
 - Increase frequency of employee hand hygiene audits. A hand hygiene observation worksheet is available here: https://oeps.wv.gov/hai/documents/hcp/Obs_Tool-Hand_Hygiene.pdf
2. Place patients on Contact Precautions according to the Centers for Disease Control and Prevention guidelines for a minimum of 48 hours after the resolution of symptoms. Specifics of Contact Precautions can be found under section III.B.1: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>.
3. Cases should be placed in a private room when possible. If not possible, cohort ill patients and separate them from non-ill patients.
4. Minimize patient movements within a ward or unit.
 - Consider restricting symptomatic and recovering patients from leaving the patient care area unless for essential care/treatment.
 - Suspend group activities for the duration of the outbreak.
5. Consider the closure of affected wards to new admissions or transfers.
6. Exclude ill personnel from work for a minimum of 48 hours after resolution of symptoms. Establish protocols for staff cohorting such as staff who are caring for ill patients do not also care for non-ill patients.
 - Staff who have recovered from recent infection may be best suited to care for symptomatic patients until outbreak resolves.
7. Increase frequency of cleaning/disinfection of patient care areas and high touch surfaces with commercial cleaning and disinfections products registered with the U.S. Environmental Protection Agency as effective against Norovirus. (See *Environmental Cleaning Recommendations* <https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline#products>)
8. Establish visitor policies for outbreaks and ensure that visitors comply with hand hygiene and contact precautions.

**REMEMBER: Outbreaks are immediately reportable to your local health department.
For further questions or information, contact the Division of Infectious Disease Epidemiology.**