Gastro-enteritis Outbreak (Norovirus) 2012
Scenerio

- Patient admitted with diarrhea into 4-bed unit
- Incontinent in BR, cleaned up, returned to bed, reminded to call for assistance
- Room-mate responds to patient calling for help while vomiting, touches bedrails, locates bell and calls nurse with patient’s bell. Leaves and goes to shared BR
- Nurse assists patient, exits room, returns to nursing station to chart, picks up a chocolate from box on desk and on it goes............
Virus strikes cruise ship out of New Orleans

Norovirus outbreak hits Ottawa Hospital |
CTV Ottawa | CTV News
24 Feb 2012 – Norovirus outbreak hits Ottawa Hospital. Norovirus. An electron micrograph shows the Norovirus in this undated photo. (U.S. Center for ...
Norovirus is the most frequent cause of infectious gastroenteritis.

- Norovirus can cause vomiting, non-bloody diarrhea, nausea, and abdominal cramping.
- Norovirus is usually spread by the faecal-oral route.
- Outbreaks are common in environments where there are communal living conditions.
What happens in healthcare facilities?

- The call
- Infection Prevention & Control
- Communication
- Continued support
The Call

- Notification of Infection Prevention and Control (ICP)
Infection and Prevention

- Isolation
- Investigation
- IPC Recommendations
- Recommended stool specimens
  - *C. difficile, C&S, rotavirus, norovirus, ova & parasites*
- Records
- Evaluate
Communication by email, telephone, directly

- Infection Control team including colleagues & Infectious Disease physicians
- Unit management, clinical resource nurse, staff nurses, and other staff-ward clerk, ward aides, other departments
- Directors (responsible upper management)
- Environmental Services
- Public Health via microbiology lab
ICP Support

- Frequent contact and presence of ICP
- Lists of recommended specimens

Resource

- Keep up-to-date records, check specimen results and document
- Work with Employee Health, EVS, as well as managers, and nursing staff
An example of a Norovirus outbreak
## Line List of a Medical Unit Outbreak

### Symptoms
- Norovirus +
- Diarrhea
- Emesis

### Dates
- Feb-26
- Feb-27
- Feb-28
- Feb-29
- Mar-01
- Mar-02
- Mar-03

### Patients

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<tr>
<th>Date</th>
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<td></td>
<td>5102B</td>
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<tr>
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<td>Mar-02</td>
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### Legend
- **Norovirus +**
- **Diarrhea**
- **Emesis**
What we did

- Call to IC on Feb 27
- Cohorting, isolation carts, signs, PPE, staffing
- Line list, twice daily updates, regular communication with nurse manager and director
- Decision to close unit on Feb 28 to transfers in or out, admissions. Discharges allowed. Consultation with ID physician
More

- Visitor information and notification
- Accommodation for palliative patients
- EVS bleach rinses added to regular housekeeping, * high touch areas and BR
- Hand hygiene
- No open food or drink at nursing station
- Length of isolation
Nearing the end

- 48 hours after the last symptomatic patient the unit was opened
- Unit opened 7 days after closure
- Communication and wrap-up
Repeat again and again