**EPIDEMIOLOGIC INVESTIGATION SUMMARY**

*Norovirus Outbreak*  
Among Residents and Staff of a Residential Facility for Groups in Washoe County, Nevada, 2018

*Department of Health and Human Services*  
*Division of Public and Behavioral Health*  
*Office of Public Health Informatics and Epidemiology*

**PURPOSE**

The purpose of this newsletter is to provide the scientific community, decision makers, healthcare providers, and the public a summary of the outbreak investigations conducted by the Division of Public and Behavioral Health.

**BACKGROUND**

On June 4, 2018, the Division of Public and Behavioral Health (DPBH), Office of Public Health Informatics and Epidemiology (OIHIE) was informed of a gastrointestinal (GI) illness among residents of Facility “A.” The outbreak or increase in illness was first identified by staff of the facility on June 1, 2018. Initial symptomology of the ill residents included vomiting, diarrhea, and abdominal pain. The outbreak investigation began on June 4, 2018.

**CASE DEFINITIONS**

**Clinical criteria** An illness with gastroenteritis that presents with the following symptoms: vomiting, diarrhea, abdominal cramps or stomach ache, nausea, with or without fever between May 30, 2018 and June 5, 2018.

**Epidemiological criteria** Any residents or staff members associated with Facility “A” identified through investigations.

**Laboratory criteria** Any laboratory confirmation by PCR or other method from a human specimen for an enteric etiology.

**Case classification**

A **confirmed case** A case meeting clinical, epidemiological, and laboratory criteria.

A **probable case** A case meeting the following clinical and epidemiological criteria.

Vomiting OR Diarrhea OR Abdominal cramping (stomach ache) + fever* OR Nausea + fever*

*fever refers to self-reported fever or measured elevated temp.*

**Epidemiology**

**Onset Date**  
The peak illness onset date was June 2, 2018.
Epidemiology Summary
A total of 26 cases met the confirmed and probable case definition (two lab-confirmed and 24 probable). There were no deaths associated with this outbreak and there were 3 hospitalizations (all residents). The resident attack rate was 17.4% (20/115) and the staff attack rate was 24% (6/25). The overall attack rate was 18.6%.

*Age* - The median age was 64 (range: 21 – 94 years).

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Total N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-19 years</td>
<td>0</td>
<td>26</td>
<td>0%</td>
</tr>
<tr>
<td>20-49 years</td>
<td>5</td>
<td>26</td>
<td>19.2%</td>
</tr>
<tr>
<td>50-74 years</td>
<td>14</td>
<td>26</td>
<td>53.8%</td>
</tr>
<tr>
<td>≥ 75 years</td>
<td>7</td>
<td>26</td>
<td>26.9%</td>
</tr>
</tbody>
</table>

*Sex* - Male n=10 (38.5%), Female n=16 (61.5%)

*Incubation period* - The incubation period for norovirus is 12-48 hours.

*Duration of illness* - The average duration of illness was approximately two days (range two – ten days).

### Summary of Symptoms

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>n</th>
<th>Total N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>22</td>
<td>26</td>
<td>85%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>22</td>
<td>26</td>
<td>85%</td>
</tr>
<tr>
<td>Fever</td>
<td>0</td>
<td>26</td>
<td>0%</td>
</tr>
<tr>
<td>Nausea</td>
<td>2</td>
<td>26</td>
<td>8%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>21</td>
<td>26</td>
<td>81%</td>
</tr>
</tbody>
</table>
Laboratory
There were a total of two specimens tested, both of which were positive for norovirus genogroup II.

Data Sources
Residents who reported complaints consistent with GI illness. (line listing form)
Staff who called in with complaints consistent with GI illness. (line listing form)

CONCLUSIONS
The latest onset date occurred on June 5, 2018. The facility completed two incubation periods with no new cases, therefore the outbreak investigation was closed on June 13, 2018.

Mitigation
After lab results confirmed that the cause of the outbreak was norovirus, which has an incubation period of 12-48 hours¹, DPBH reiterated the importance of continued outbreak control measures in order to interrupt further transmission. The facility continued their own mitigation efforts as well.

RECOMMENDATIONS
To prevent norovirus outbreaks in healthcare settings, the following public health measures are recommended:

- Follow hand-hygiene guidelines and careful washing of hands with soap and water after contact with patients with norovirus infection.
- Use gowns and gloves when in contact with or caring for patients who are symptomatic with norovirus.
- Routinely clean and disinfect high touch patient surfaces and equipment with an Environmental Protection Agency-approved product with a label claim for norovirus.
- After vomiting or having diarrhea, immediately clean and disinfect contaminated surfaces using a bleach-based household cleaner, which is effective against norovirus, as directed on the product label. If no such cleaning product is available, you can mix a solution with ½ cup of bleach to one gallon of water.
- Remove and wash contaminated clothing and linens.
- Exclude healthcare workers who have symptoms consistent with norovirus from work for 48 hours after the resolution of symptoms.
- During outbreaks, place patients with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms to prevent further exposure to susceptible patients.

REFERENCES
RECOMMENDED CITATION


ACKNOWLEDGEMENTS

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