



Cowlitz County Health and Human Services

PHONE: 360-414-5599 FAX: 360-425-7531

WEBSITE: www.co.cowlitz.wa.us/hhs

Main Campus: 1952 9th Avenue, Longview, WA 98632 askcowlitzhealth@cowlitzwa.gov
Environmental Health Unit: 207 4th Avenue North Kelso, WA 98626 OMSeptic@cowlitzwa.gov

GI Illness (VGE) Outbreak in Long Term Care Facilities (LTCF) Resource Guide

GI Illness (VGE) Quick Reference

VGE Symptoms	Common symptoms include: nausea, vomiting, abdominal cramps, watery (non-bloody) diarrhea
Incubation Period	12-48 hours
Period of Communicability	Norovirus is shed for at least 48 to 72 hours after resolution of all symptoms. However, studies have demonstrated the presence of virus in the stool for several months after infection. Additional research is needed to determine length of infectiousness.
Lab Testing	Consider ordering testing as early as possible during a suspect norovirus outbreak and ideally from an individual during the acute phase of illness (within 2-3 days of onset).
Treatment	For most people, viral gastroenteritis is a self-limited illness of a few days' duration. In severe cases, dehydration and electrolyte imbalance can be potentially fatal, especially in the elderly.
When to Report to CCHHS	When 2 or more cases of diarrhea and/or vomiting occur within a 24 hour-hour period in residents and staff. Report only those cases of diarrhea and/or vomiting that cannot be attributed to another cause.
How to Report to CCHHS	Upload a line list securely online OR fax a line list to our secure fax line at (360) 425-7531.
What to Report to CCHHS	A line list of symptomatic residents/staff.

In outbreaks of gastroenteritis, healthcare facilities often face the problem of having to act before an etiologic agent can be identified. Often the culprit is Norovirus, but sometimes this cannot be confirmed. When possible, it is helpful to rule out the possibility of bacterial infection. If possible, test several stool samples for possible bacterial causes of gastroenteritis, such as Salmonella, *E. coli* O157:H7, and Shigella, especially if diarrhea is bloody or if diarrhea persists for 2 or more days.

In the event of a VGE outbreak, CCHHS will work with the facility to determine appropriate response and the need for any additional control measures based on CDC and the Washington Department of Health recommendations. Control measures will be determined on a case-by-case basis in response to that particular outbreak. Control measures should be continued until the outbreak is declared over, typically 96 hours after the last onset of diarrhea and/or vomiting in residents or staff.

What are the Reporting Requirements?

- Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) [246-101-305](#).
- In Cowlitz County, we ask that facilities report the following:

- When 2 or more cases of diarrhea and/or vomiting occur within a 24 hour-hour period in residents and staff. Report only those cases of diarrhea and/or vomiting that cannot be attributed to another cause.

How do I report an outbreak to Cowlitz County Health & Human Services?

- To report a suspected or confirmed outbreak, facilities can upload a line list securely [online](#) OR fax a line list to our secure fax line at (360) 425-7531. If facilities have questions or aren't sure if they are having an outbreak, CCHHS can be reached via phone at (360) 414-5599 extension 6431.

Infection Prevention Control Measures

Before an Outbreak Occurs

- Have policies and procedures in place for:
 - Responding to individual cases and outbreaks of GI in your facility that outlines the chains of communication needed to manage and report outbreaks. Utilize CDC recommendations to guide your facility's response.
 - Visitor recommendations during an outbreak.
 - Patient transfer that clearly outline process for communicating to transport services and receiving facilities when a patient has a known or suspect infectious disease or when the facility is experiencing an outbreak.
- Provide annual training to staff on the detection and management of GI and norovirus, and appropriate infection control precautions.
- Ensure appropriate personal protective equipment (PPE) is available and staff are trained on correct use.
- Review and update work-exclusion policies avoiding contact with residents when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.

During an Outbreak

- Follow [CDC Key Infection Control Recommendations for the Control of Norovirus Outbreaks in Healthcare Settings](#). These recommendations include:
 - Place patients with VGE on contact precautions for a minimum of 48 hours after the resolution of symptoms
 - Exclude ill staff from work for a minimum of 48 hours after the resolution of symptoms (CCHHS Food Service Information During a Norovirus (VGE) Outbreak for food service worker information)
 - Promote adherence to hand hygiene among healthcare personnel and residents.
 - During outbreaks, use soap and water for hand hygiene.
 - Contact and standard precautions should be used for patients with suspected VGE/norovirus.
 - Perform more frequent cleaning and disinfection of high touch surfaces and patient care areas.
- Additional control measures recommended by CCHHS include:
 - Facilities should notify their licensor of the outbreak and initiation of control measures.
 - Initiate daily monitoring for signs and symptoms of illness among residents and staff.
 - Utilize a line list to track and record symptomatic residents and staff in the facility. This line listing is helpful when sent daily to CCHHS. The line list information helps determine the extent of the outbreak and guide public health recommendations.
 - Provide education to staff, patients, and visitors on the recognition of norovirus symptoms, proper hand washing technique and modes of transmission upon recognition and throughout the duration of an outbreak.
 - Ensure hand washing stations are supplied with soap, paper towels, and hands-free trash bins.

- Ensure staff members are correctly and consistently donning/doffing appropriate PPE.
- Provide meals to ill residents in their rooms.
- Dedicate staff to each unit to prevent the introduction of the illness to other areas within the facility.
- Avoid new admissions or transfers to areas with symptomatic residents.
- Post visible signs to alert visitors that the facility is having an increase in gastrointestinal illness.
- Restrict the number of visitors to the facility, especially to units with affected patients.
- Provide regular briefings to staff and residents outlining the status of the outbreak and the control activities being implemented.

After an Outbreak

- Evaluate your facility's response.
- Develop action plans to address any identified areas of concern regarding facility readiness and response.
- Review and update staff training regarding applicable policies and procedures with focus on infection prevention practices.

Additional Resources

- WA DOH:
 - [Norovirus Outbreak Response Toolkit for Local Health Jurisdictions](#)
- CDC:
 - [CDC Norovirus Illness Key Facts](#)
 - [CDC Norovirus: What Healthcare Providers Should Know](#)
 - [Stop Norovirus Poster](#)
- EPA:
 - [EPA Disinfectants for Norovirus](#)