

2025 - 2026 SEASON

RECOMMENDATIONS FOR PREVENTION AND CONTROL OF NOROVIRUS OUTBREAKS IN LONG TERM CARE FACILITIES

Norovirus is a highly contagious, environmentally stable virus and is the leading cause of gastroenteritis in humans. Symptoms of norovirus include: nausea, vomiting, diarrhea, cramping, and low-grade fever. This toolkit provides general guidance to long term care facilities (LTCFs) on preventing, detecting, reporting, and controlling norovirus outbreaks. Additional guidance is also available at: https://www.cdc.gov/norovirus/prevention/index.html

PREVENTING OUTBREAKS

Norovirus is transmitted via the fecal-oral route; either through consumption of food or water containing fecal particles, direct person-to-person contact, or environmental fomite contamination (an inanimate object or surface capable of transmitting infectious organisms). Persons can decrease the chance of becoming infected with norovirus by:

- Frequent hand washing with warm, soapy water (alcohol based hand sanitizers do NOT effectively kill norovirus)
- · Washing soiled clothing and linens
- · Promptly disinfecting contaminated surfaces with household chlorine bleach-based cleaners
- · Avoiding food or water from sources that may be contaminated

DIRECTING AND REPORTING OUTBREAKS _

Single cases of norovirus are not reportable to local public health agencies, but long term care facilities should contact their local public health jurisdiction if there are a few concurrent cases (suspected or confirmed). Due to high transmissibility and close living quarters of the residents in LTCFs, promptly implementing control measures can decrease the spread of illness. The local public health agency will collect information (how many residents and staff are ill, resident census, wing/floor where illness is present, symptoms, etc.) and provide guidance on control measures.

CONTROLLING OUTBREAKS

During an outbreak, facilities should immediately begin to disinfect with approved bleach-based cleaners to minimize spread of the virus. While it is important to clean the entire facility, it is most important to clean high contact areas with increasing frequency. Areas such as common rooms (including TV remotes, door handles, etc.), the cafeteria (if the cafeteria cannot be closed), shared bathrooms (including bathroom stall door handles, handicap rails, etc.), and foodservice areas should be cleaned with increased frequency until the outbreak has ended. EPA's list G contains a full list of products that are registered to kill norovirus. Disinfection and cleaning procedures can be found at http://www.michigan.gov/documents/mdch/NorovirusEnvironCleaning_281018_7.pdf.

Examples of effective cleaning products in outbreak situations are:

- Stainless steel, food/mouth items, and toys: use 1 tablespoon of bleach in 1 gallon of water (1:250 dilution)
- Non-porous surfaces (tile floors, countertops, sinks, toilets): use 1/3 cup bleach in 1 gallon of water (1:50 dilution)
- Porous surfaces and wood floors: use 1½-cup bleach in 1 gallon of water (1:10 dilution)

It is important to pay close attention to residents and monitor for symptoms. Norovirus can spread rapidly, especially in long term care facilities. Ill residents should be kept in their rooms for at least 48 hours after symptoms end. Previously ill individuals may be contagious for up to two weeks after symptoms have ended, so ensuring good hand hygiene even in those that are no longer ill is essential to controlling outbreaks in congregate settings.

TREATMENT

There are no specific medications or vaccines for norovirus, and it CANNOT be treated with antibiotics. It is important to drink fluids such as juice or water to reduce the risk of becoming dehydrated. Sports drinks do not replace the nutrients and minerals lost during the illness. Nutritional supplements such as Pedialyte, Carnation or other equivalent products can be used to replace nutrients as tolerated by patients.

CONTROLLING NOROVIRUS OUTBREAKS IN LONG TERM CARE FACILITIES CHECKLIST

RECOMMENDATIONS O	RECOMMENDED BY LHJ O · · ·	IMPLEMENTED By facility $\circ \cdots$
III RESIDENTS	o o o	
Group ill individuals together in the same hall, wing, or unit if possible (usually not possible in residential settings, may be feasible in rehab or nursing settings).		
Isolate ill residents from others by confining them to their rooms (48 hours after nausea, vomiting, diarrhea have stopped). Serve meals in rooms using disposable paper products. If unable, use paper dining products in the dining room, and increase cleaning frequency.		
Discontinue group activities where both ill and well residents are among each other (e.g. meals, parties, BINGO, card tournaments). Group activities should be kept to a minimum or postponed until the outbreak is over (no new cases for 96 hours).		
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STAFF	• • •	•
Ill staff are to remain out of work for 48 hours after symptoms (nausea, vomiting, diarrhea, stomach cramps) have ended.		
Minimize the flow of staff between sick and well residents. Staff should be assigned to work with either well residents or sick residents, but not both groups. Staff that travel back and forth between ill and well residents play a role in transmitting the virus from resident to resident. Staff should not float between different facilities.		
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Staff should wash their hands with soap and water when entering and leaving every resident room.	•	• • • • • • • • • • • • • • • • • • •
Staff should wear gloves when caring for ill residents who are vomiting, have diarrhea, or when they are touching potentially contaminated surfaces (i.e. cleaning). Gloves should be discarded and hands washed immediately after completing patient care.		
HOUSEKEEPING		
Use bleach for best disinfection (see guidelines for environmental cleaning and disinfection for norovirus for specific concentrations).	•	· · · · · · · · · · · · · · · · · · ·
A) EPA-approved disinfectants are available, but effectiveness during outbreaks is still under evaluation		
B) Disinfect surfaces such as handrails, doorknobs, light switches, physical/occupational therapy aides, etc.		
Wear gloves when cleaning potentially contaminated surfaces or laundry. Contaminated linen and bed curtains should be carefully placed in laundry bags and washed in hot water.		
Carpet contaminated by an episode of vomiting or diarrhea should be cleaned with detergent and hot water, followed by either a) disinfection with a hypochlorite solution (if bleach resistant) or b) steam cleaning		

RECOMMENDATIONS O	RECOMMENDED By LHJ ••••	IMPLEMENTED By facility $\circ \cdots$
EDUCATION/HAND HYGIENE		
Educate staff, residents and visitors regarding outbreak and control measures. Remind them about the need for hand hygiene. Post signs and make the OCHD Norovirus fact sheet available.		
RESIDENT MOVEMENT/ADMISSIONS/TRANSFERS		
Cancel large group activities in the facility and consider serving all meals in rooms.		
Do not move residents to other wards or facilities unless medically indicated.		
Limit new admissions until the outbreak is over.		
VISITORS		
Visitors should not enter the facility if they are ill.	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Post notices alerting visitors of the presence of illness, to postpone visits to ill residents if able, and regarding the need for hand washing with soap and water both before and after visiting any resident.		
Limit visitation until the outbreak is over (if possible).		
Make directions to hand washing areas (clear signage to restrooms) and the OCHD Norovirus fact sheet available/visible.		
ACTIVE SURVEILLANCE/COMMUNICATION		
Initiate active daily surveillance for influenza-like illness (ILI) among residents and staff until 1 week after last onset of illness. Record illnesses on line list provided.		
Report outbreak to LARA or other licensor.		
Communicate with the local health jurisdiction daily.		•
NOTES		

RESOURCES

OCHD Norovirus Fact Sheet: https://www.oakgov.com/community/health/health-a-z/information-a-z/norovirus

OCHD Handwashing Fact Sheet: https://www.oakgov.com/community/health/health-a-z/information-a-z/hand-washing

MDHHS Guidelines for Environmental Cleaning and Disinfection of Norovirus: http://www.michigan.gov/documents/mdch/NorovirusEnvironCleaning 281018 7.pdf

CDC Preventing Norovirus Infection: https://www.cdc.gov/norovirus/prevention/?CDC AAref Val=https://www.cdc.gov/ norovirus/about/prevention.html

CDC About Norovirus: https://www.cdc.gov/norovirus/about/index.html

CDC Norovirus Prevention and Control Guidelines for Healthcare Settings: https://www.cdc.gov/infection-control/hcp/ norovirus-quidelines/index.html

MDHHS Norovirus Fact Sheet: http://www.michigan.gov/documents/mdch/NorovirusFactsheet 281017 7.pdf

MDHHS Norovirus Investigation in Long Term Care Facilities: Things to Consider. https://www.michigan.gov/-/media/ Project/Websites/mdhhs/Folder1/Folder96/NorovirusInvestLTCF.pdf?rev=a2e2cb88567642218ad2b09dddfa8089

MDHHS Guidelines for the Control of a Suspected or Confirmed Outbreak of Viral Gastroenteritis in a Nursing Home: http://www.michigan.gov/documents/mdch/NorovirusNursingHomes 281019 7.pdf

OSHA Fact Sheet: Noroviruses

https://www.osha.gov/sites/default/files/publications/norovirus-factsheet.pdf

EDUCATIONAL RESOURCES

Handwashing: Clean Hands Save Lives: https://www.cdc.gov/handwashing/

LINE LIST FOR OUTBREAKS IN LONG TERM CARE FACILITIES

Please list all residents and employees ill with Norovirus-like symptoms. Designate employees with an asterisk (*)

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DIED (Y/N)											
HOSPITALIZED (Y/N)											
FLU VACCINE (Y/N/DATE)											
LAB RESULT/ TYPE TEST											
SPECIMEN COLLECTION DATE											
SYMPTOMS											
ONSET Date											
UNIT/ ROOM											
AGE											
NAME											