



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**HEALTH DIVISION**  
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

**Recommendations for Preventing and Controlling  
Viral Gastroenteritis Outbreaks in  
Medical and Residential Care Facilities**

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Outbreaks of viral (norovirus) gastroenteritis in long-term care skilled nursing facilities are not uncommon, and can become epidemic during the winter and early spring. Currently Southern Nevada is experiencing a higher than expected number of outbreaks in medical and residential care facilities.

While norovirus infection is usually mild in otherwise healthy adults, illness can be severe in the elderly, particularly in those with underlying medical problems. Norovirus is extremely contagious and is primarily spread when microscopic viral particles are transferred from contaminated hands to the mouth and ingested (fecal-oral). Millions of particles are present in the stool and vomitus and it takes only a small number to cause illness. The infection is almost always transmitted from person-to-person (including residents, staff, visitors and volunteers). When appropriate infection prevention and control measures are not implemented immediately, outbreaks can continue for weeks with many residents becoming ill.

The virus can persist in the environment and is resistant to most disinfectants, and as a result contamination of the environment plays a key role in transmission. Norovirus can remain infectious on environmental surfaces for many days and in order to control fomite spread, it is imperative to use disinfectants that are approved by the Environmental Protection Agency (EPA) for norovirus. A list of EPA registered antimicrobial products effective against Norovirus may be found on the Health Division's website at: [http://www.health.nv.gov/HCQC\\_InfectionPreventionControl.htm](http://www.health.nv.gov/HCQC_InfectionPreventionControl.htm)

The Nevada State Health Division is closely coordinating with the Southern Nevada Health District and with infection control staff /teams at each impacted facility in order to contain these outbreaks. The immediate focus of the outbreak response is to break the cycle of disease transmission within the facility and prevent infection from spreading into the community. In addition to providing technical assistance, staff from the Nevada State Health Division's Bureau of Health Care Quality and Compliance and the Local/State Office of Epidemiology are in direct daily communication with the administration of each of the impacted facilities in order to enforce the following measures and contain the outbreak.

1. Early identification of symptomatic cases and immediate implementation of elementary principles of case “isolation” and containment - (confine symptomatic residents to their rooms until 72 hours after symptoms cease. Exclude non-essential staff from entering room).
2. Identification of residents/patients that are believed to have been exposed and apply the elementary principles of “quarantine” with close monitoring for potential signs and symptoms.
3. Educate facility staff and residents regarding the “mode of transmission” of infection (e.g. person-to-person, hand-mouth, environmental contamination, etc.), signs/symptoms, individual and group risk of contracting the infection and measures for self protection and risk reduction.
4. Temporary exclusion of all symptomatic staff, volunteers, and visitors – (request symptomatic staff, visitors and volunteers to stay home until are symptom-free for at least 72 hours). Advise/encourage ill persons to self-isolate at home while applying maximum personal and environmental hygienic precautions to protect other household members from contracting the infection.
5. Temporary suspension/restriction of all activities conducted by volunteers who will be advised not to come to the facility until complete containment and control of the outbreaks are achieved.
6. Provide a clear warning sign outside each entry to the facility informing the visitors (or any other individuals) about the outbreak, alerting them regarding risks of contracting the infection, and advising them to postpone all none essential business/activities in the facilities.
7. Report – without delay – all new cases to the local/state health authorities.
8. Suspend all new admissions until this outbreak is over in non-hospital settings.
9. Except for residents/patients who require medical attention, suspend/restrict - to the extent possible - all patient transfer to other facilities.
10. To the extent possible, enforce social distancing measures and cancel/restrict all group activities within the facility.
11. Restrict staff activities to no more than one facility. Discontinue "floating" staff from the affected unit to non-affected units.
12. Environmental hygiene measures and general cleaning are extremely important - Particular attention should be given to the cleaning of rooms containing ill residents and to cleaning objects that are frequently handled such as door handles and toilet or bath rails, telephones, banisters to stairs/passageways and rails to balconies. Cleaning should be with a solution containing an approved EPA disinfectant and using separate disposable cloths for toilet areas.
13. Immediately identify and appropriately clean and disinfect contaminated areas (e.g. carpet, seats, bathroom, etc.) in the facility.
14. Use to the extent possible single-use cups, plates and eating utensils.

15. Encourage staff, residents, volunteers, and visitors to hand-wash frequently and thoroughly and provide - when feasible- alcohol based sanitizers in the facility.

The above measures are intended to assist facility infection control teams in the development of a rational approach to the control of viral gastroenteritis outbreaks.