

# MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM

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**\*\*ADVISORY – Important Information\*\***

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**TO:** Long Term Care Facilities, Hospitals, Emergency Departments, Infection Control Practitioners, Schools, Day Care Centers, Rural Health Centers

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**SUBJECT:** Norovirus Gastroenteritis in Maine

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## Norovirus Gastroenteritis in Maine

December 9, 2010

Over the last 10 days, Maine CDC has investigated five reports of gastroenteritis outbreaks from Cumberland, Oxford, Kennebec and Hancock counties. Four outbreaks occurred in long term care facilities and one occurred in a school setting. Norovirus infections typically increase during the winter months, and Maine CDC routinely receives numerous reports of suspected outbreaks each year. Last winter season, December 2009-March 2010, there were 12 suspect and confirmed norovirus outbreaks reported, compared to 56 reported during the same time period the year before. Public health partners are encouraged to consider norovirus when assessing clusters of gastroenteritis and to act promptly to prevent the spread of illness. All of the above facilities have implemented preventive measures to control further spread of illness

**Background:** Norovirus infections are characterized by the abrupt onset of gastrointestinal symptoms, including nausea, vomiting, diarrhea, and stomach cramping. It is highly contagious and is transmitted in stool and vomitus. Exposure can result through direct contact with a person who is ill, by consuming food or liquids that are prepared or handled by an ill person, and through contact with surfaces or objects contaminated by vomitus or stool. The virus can persist on surfaces for prolonged periods of time dependent on type of surface, temperature and moisture.

**Recommendations:** In outbreaks and clusters of illness, diagnosis should be confirmed by PCR testing of stool specimens at the Maine CDC's Health and Environmental Testing Laboratory (HETL). Stools should also be tested for bacterial pathogens through private laboratories. Information on specimen collection and handling can be found at: [http://www.maine.gov/dhhs/etl/micro/submitting\\_samples.htm](http://www.maine.gov/dhhs/etl/micro/submitting_samples.htm). To report a possible institutional outbreak and to obtain epidemiologic support for norovirus stool testing, call 1-800-821-5821.

Patients with acute gastroenteritis should be informed that infection can easily spread from person to person, and that both stool and vomitus are infectious. Patients and their close contacts should wash their hands frequently with soap and water, and should be aware that viral shedding will continue for 2 weeks or more after symptoms have resolved. **Alcohol-based hand sanitizers (≥ 62% ethanol) may be helpful as an adjunct method of hand hygiene, but should not replace washing with soap and water in the situation of a possible norovirus outbreak** (see CDC Norovirus Fact Sheet link below for more info). Infected individuals should refrain from food handling, patient or child care, and recreational water activity, until 48 hours after symptoms have resolved.

- **Food Workers:** Food preparers and food handlers with gastroenteritis should not work until at least 48 hours after their symptoms resolve. Because the virus continues to be present in the stool for as long as 2 to 3 weeks after the person feels better, strict hand washing after using the bathroom and before handling food items is important to prevent the spread of this virus. Food handlers who were recently sick may be given different duties so that they do not have to handle food.
- **Health Care Facilities:** Transmission of norovirus infection to and from patients and staff occurs readily, and cases of gastroenteritis should be reported to infection control professionals as soon as possible. Contact Precautions should be used when caring for diapered or incontinent persons during outbreaks in a facility, and when there is the possibility of splashes that might lead to contamination of clothing. Persons cleaning areas contaminated with vomitus or feces should wear surgical masks. Patients with suspected norovirus may be placed in private rooms or cohorted. Increasing environmental disinfection will decrease the presence of the virus on surfaces. Health care facilities may consider limiting admissions and discharges, as well as elective procedures until outbreaks subside or until patients can be appropriately cohorted.
- **Schools and child care facilities:** Alert parents when an outbreak is suspected and request that ill children remain at home during the symptomatic period and at least 48 hours after symptoms resolve.

### **For More Information:**

- Contact the Maine CDC at 1-800 821-5821
- CDC Norovirus Fact Sheet: <http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus-factsheet.htm> and [http://www.maine.gov/dhhs/boh/disease\\_specific\\_information.htm](http://www.maine.gov/dhhs/boh/disease_specific_information.htm)
- Health Care Facilities: [http://www.cdc.gov/ncidod/dhqp/id\\_norovirusFS.html](http://www.cdc.gov/ncidod/dhqp/id_norovirusFS.html)
- Maine Health and Environmental Testing Laboratory <http://www.maine.gov/dhhs/etl/homepage.htm>