Hospital outbreaks are reported more often in the medical literature than occurrences in the long-term care (LTC) or behavioral health setting. By studying and learning from outbreaks in the LTC/behavioral health setting, infection preventionists (IP) will glean additional knowledge and apply this information to hopefully prevent future infections, and infection clusters, in their facility. This quarterly column will assist the IP with heightening awareness of appropriate interventions for preventing an outbreak.

Loury et al1 discuss a festive lunch that was served at a French nursing home on January 4, 2012. The following day, almost 30 residents and staff members became ill with gastroenteritis.

Based on your education and training, with the rapid illness onset, you suspect the following pathogen:
1. Norovirus
2. Shigella
3. Staphylococcus aureus
4. Clostridium perfringens

On January 6, French health authorities were notified of the outbreak. The investigators noted that both residents and staff were served raw oysters, shrimp, wild boar, potatoes, cheese, and cake. The standard investigation also included a questionnaire, which collected demographic data, residents’ room location, staff member responsibilities, time of illness onset, symptoms, and food ingested. Stool specimens were sent for a pathogen work-up. Uneaten oysters were also sent for additional analysis. Of note, raw oysters are susceptible to norovirus contamination. Stool specimens were positive for norovirus and several other pathogens. The oysters also tested positive for norovirus.

The attack rate was 57 percent (84/147), and the percentage of illness was similar in both the residents and staff. Diarrhea and
“The Centers for Disease Control and Prevention (CDC)\(^2\) identifies norovirus as the top illness from ingesting contaminated food in the United States.”

CDC/ILLUSTRATOR: ALISSA ECKERT, MS
Oysters and other shellfish should be thoroughly cooked before ingestion. Norovirus can survive the quick steaming process that is sometimes used for cooking.

Ill staff with norovirus may come to work ill (presenteeism) due to financial concerns, fear of facility consequences for calling out sick, etc.

Ill food handlers should not prepare food for others. Check with the health department to determine when ill food handlers, including those who have norovirus, can safely return to work.

Environmental surfaces contaminated with norovirus should be cleaned/disinfected with a chlorine bleach solution or other agent registered as effective against norovirus by the U.S. Environmental Protection Agency (EPA). It might be beneficial to increase the frequency of environmental cleaning and disinfection.

Review CDC recommendations for isolation precautions and personal protective equipment, including when to wear a surgical mask.

Notify the Department of Health of an increased number of gastroenteritis cases, including norovirus.

Ill residents may need to be separated from healthy roommates during the duration of illness. Cohorting ill residents may be an option.

Consider suspending group activities, new admissions, and visitors during increased norovirus activity.

Ensure your facility has signage that promotes hand hygiene, respiratory etiquette, and asking visitors not to visit when ill.