

**Outbreak of Suspected Norovirus Associated with Long Term Care Facility —
Sedgwick County, February 2019**



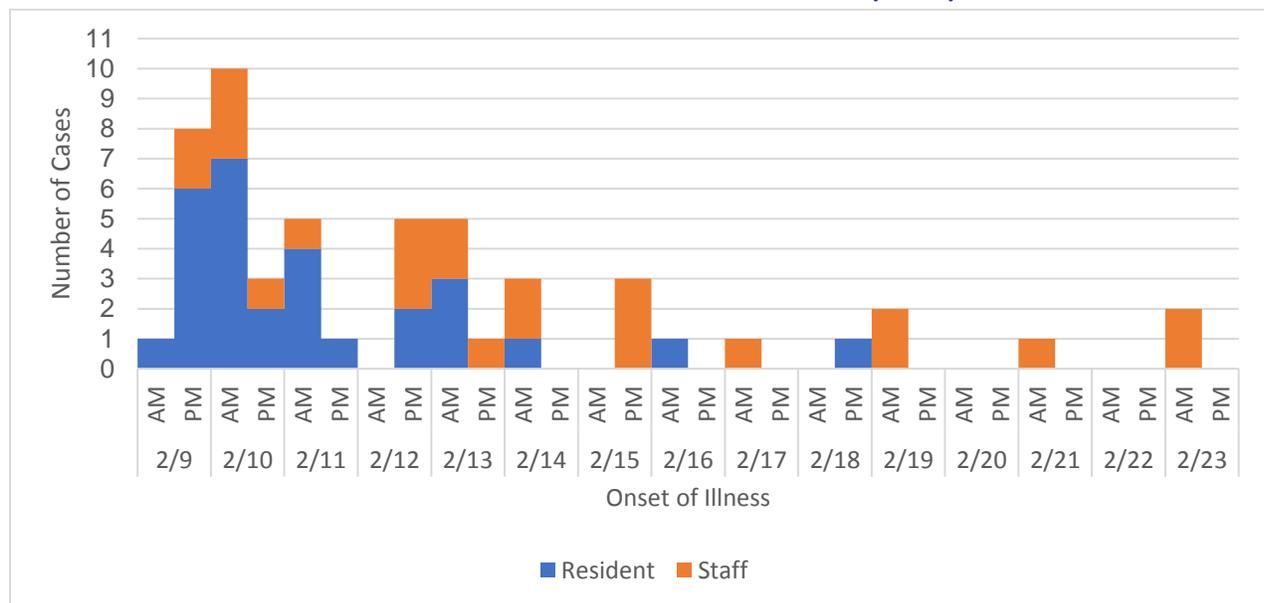
Background

On February 11, 2019 at 11:50 a.m., the Kansas Department of Health and Environment’s, Infectious Disease Epidemiology and Response section (KDHE) was notified by Sedgwick County Health Department (SCHD) of 10 residents experiencing gastrointestinal symptoms at assisted living facility in Wichita, KS. SCHD, in conjunction with KDHE, began an outbreak investigation on February 11th at 12:00 p.m. to determine the cause of illness and to implement appropriate control measures. A line list was provided to the facility to record illness in residents and staff.

Key Investigation Findings

- 53 individuals (29 residents and 24 staff members) with illness were reported and identified as cases. A case was defined as vomiting or diarrhea (3 or more loose stools experienced in a 24-hour period) in a resident or staff member of the facility between February 9 and March 2, 2019. There was one staff member who became ill on March 3 but was not considered a case related to this outbreak.
- 35 (66%) of the ill experienced vomiting and 43 (81%) reported diarrhea.
- The median recovery time was 24 hours with the shortest recovery at 12 hours and the longest at 96 hours.
- Onset of illness ranged from February 9 to February 23. The last illness reported in a resident was on February 18 (Figure 1).
- No deaths were reported, but two hospitalizations were reported.
- Of those 53 ill, 39 (74%) were female and 14 (26%) were males.
- Age was provided for 39 cases. The median age was 84 years with a range from 19 years to 99 years.
- One case tested positive for norovirus at a private laboratory.

FIGURE 1: NUMBER OF CASES BY FACILITY ASSOCIATION AND ONSET DATE (N=53)



Conclusion and Recommendations

Fifty-three individuals (29 residents and 24 staff) became ill with gastrointestinal illness and met the case definition for this investigation. Norovirus was suspected as the causative agent of this outbreak.

Routine prevention measures were initiated on February 9, with the restriction of symptomatic individuals to rooms and away from common areas, increased frequency of cleaning and disinfection of patient care areas, and the stressing of good hand hygiene. The monitoring of personnel absenteeism due to gastrointestinal illness and exclusion until 48 hours after symptoms resolve was also enforced. Additional measures were initiated on February 10, included posting of signage to alert the community to the increased gastrointestinal illness in the facility, limiting the number of large group activities, and restricting personnel movement from areas of illness to areas not affected. On February 11, the facility also stopped new admissions to the affected areas, encouraged postponements of visitations from the outside community, and assigned recently recovered staff to care for those who were symptomatic. These measures appeared to be effective as the number of ill residents decreased while sporadic cases continued to be observed among staff who had potential exposure to sources outside the facility.

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