



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin HAI Long-Term Care Education Series

May 27, 2021

Today's Agenda

- **GI Illness and Outbreaks in LTCFs**
 - **Jordan Mason**, Supervisor, Enteric and Waterborne Diseases Unit, COVID-19 Outbreaks Team, Division of Public Health, Wisconsin Department of Health Services
 - **Beth Ellinger**, Infection Preventionist, Bureau of Communicable Diseases, Division of Public Health, Wisconsin Department of Health Services
- **Respiratory Viruses in Wisconsin**
 - **Tom Haupt**, Respiratory Disease Epidemiologist, Bureau of Communicable Diseases, Division of Public Health, Wisconsin Department of Health Services
- **COVID-19 Guidance Update in LTCFs**
 - **Ashlie Dowdell**, Director, Healthcare-Associated Infections Prevention Program, Division of Public Health, Wisconsin Department of Health Services



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Acute Gastroenteritis (AGE) Outbreaks and Infection Prevention in Long-Term Care Facilities

Jordan Mason, DVM, MPH

Supervisor, Enteric and Waterborne Diseases Unit

Beth Ellinger, MS, MPH, CIC

Infection Preventionist, Healthcare-Associated Infections (HAI)
Prevention Program

Outline

- Background
- Surveillance
- Outbreak preparation
- Outbreak identification
- Outbreak management

Background

Norovirus

- Most common cause of enteric illness
- Member of the *Caliciviridae* family
- Formerly known as:
 - Norwalk virus
 - Snow mountain virus
 - Winter vomiting disease
 - Small round structured virus (SRSV)

History of Norovirus

1929: “Winter Vomiting Syndrome” first described

1968: Identified as cause of outbreak in Norwalk, Ohio

Late 1980s: Received national attention due to the large cruise ships outbreaks

1990s: Use of molecular diagnostics became more widespread

Clinical Picture

- Incubation: 24–48 hours (10–50 hours)
- Duration: 12–60 hours
- Symptoms: vomiting, non-bloody diarrhea, nausea, abdominal pain, low-grade fever
 - Self-limiting illness
 - Not “the flu”

Transmission

- Person-to-person
 - Direct fecal-oral
 - Ingestion of virus in aerosolized vomitus
- Foodborne
- Environment
- Waterborne

Viral Shedding

- Reservoir: humans
- Shed in stool and vomitus
- Shedding may begin 24 hours before symptoms and last for 2–3 weeks
- Peak shedding: four days after exposure
- No symptoms in a third of infections

Transfer of Norovirus

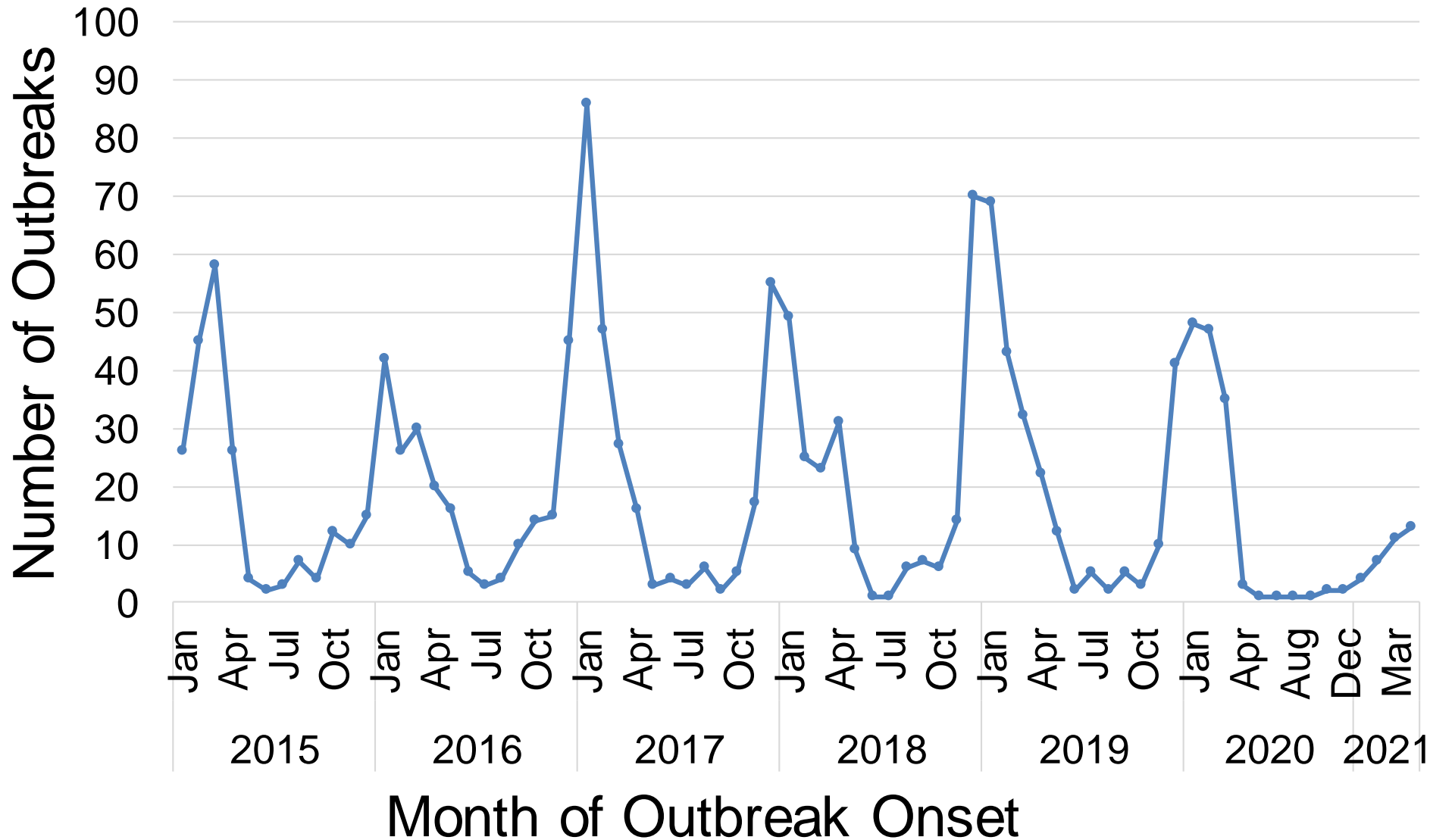
- Infectious dose as low as 10 viral particles
- Shed in feces with up to 10,000,000 viral particles per gram
- Transferred from contaminated fingers to up to seven surfaces

Treatment

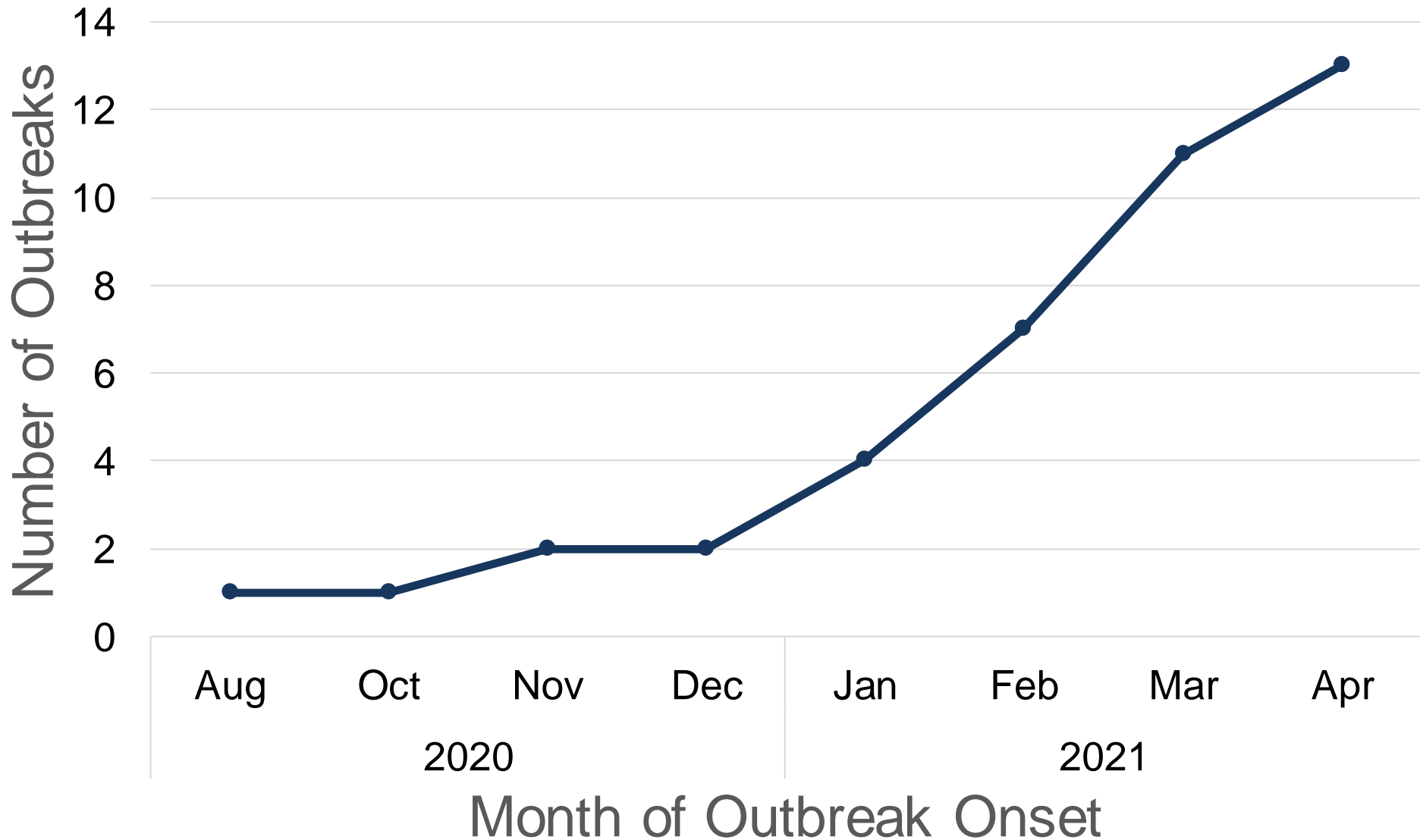
- No vaccine.
- No antivirals.
- Approximately 10% of cases seek medical attention.
 - Severe dehydration
 - Elderly individuals
- Deaths have been reported.

Surveillance

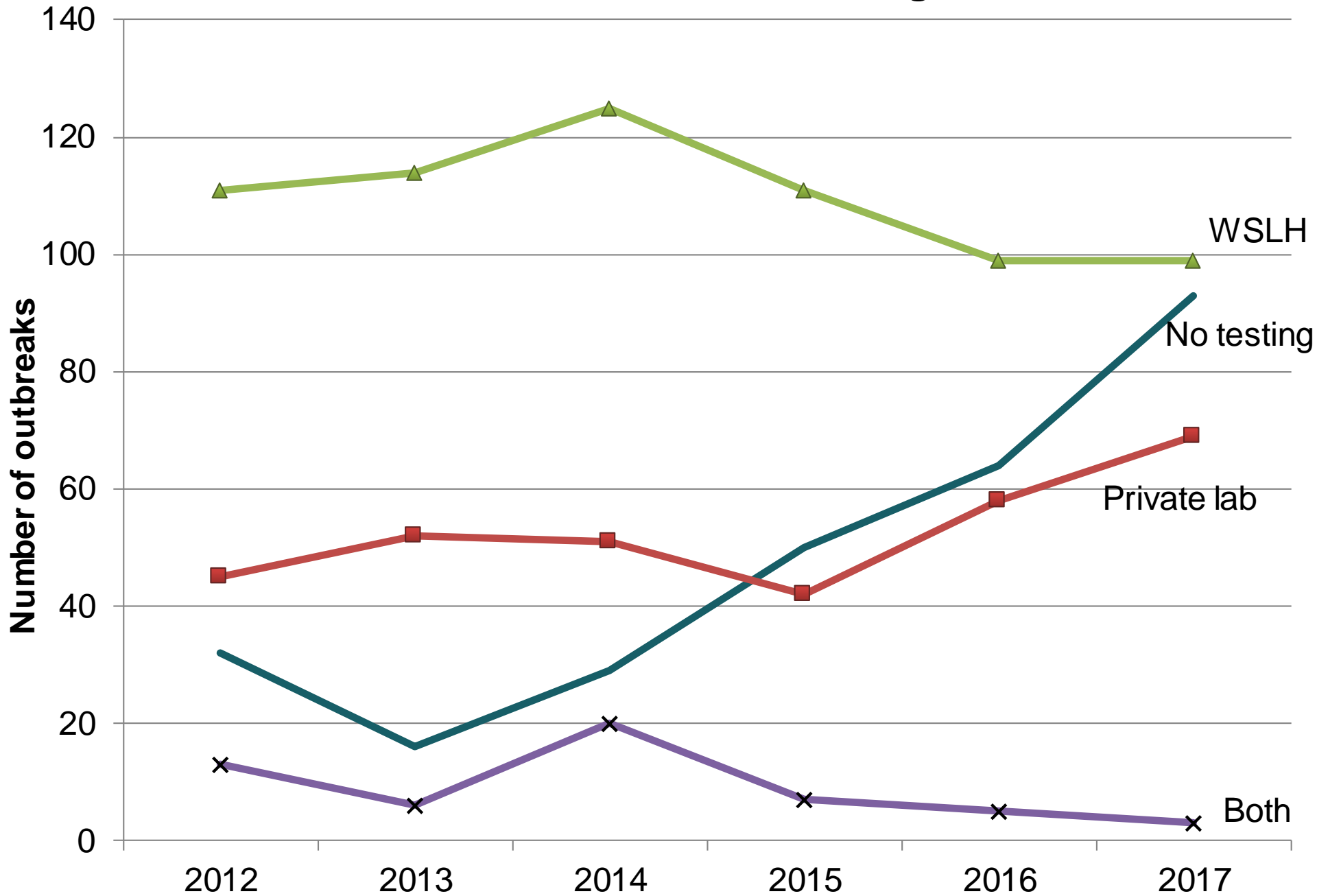
LTCF AGE Outbreaks, 2015-2021



LTCF AGE Outbreaks, 2020-2021



LTCF AGE Outbreak Testing



AGE Outbreak Preparation



**RECOMMENDATIONS FOR PREVENTION
AND CONTROL OF ACUTE
GASTROENTERITIS OUTBREAKS IN
WISCONSIN LONG-TERM CARE FACILITIES**

Wisconsin Department of Health Services
Division of Public Health | Division of Quality Assurance
December 2017
P-00653



Division of Public Health (DPH) and Division of Quality Assurance (DQA):

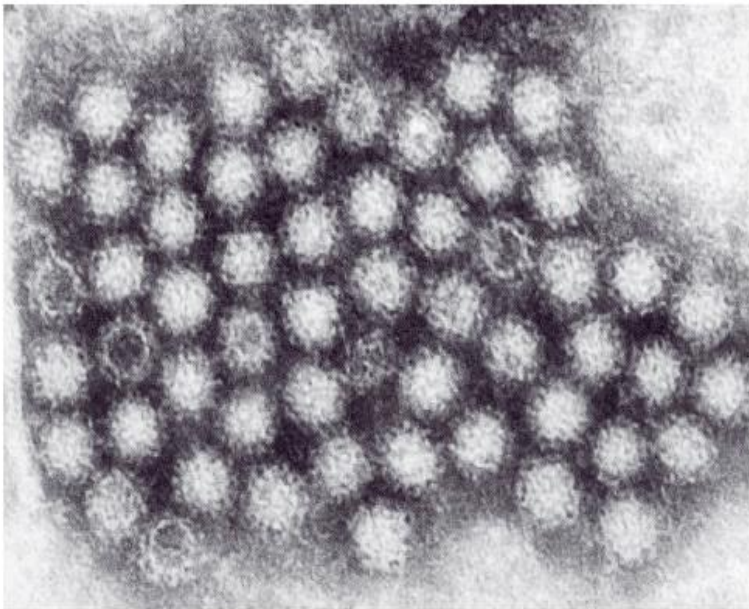
Recommendations for Prevention and Control of Acute Gastroenteritis Outbreaks in Wisconsin Long-Term Care Facilities (LTCFs)

<https://www.dhs.wisconsin.gov/publications/p0/p00653.pdf>

Guidelines

- Released December 2017
- Includes:
 - Management and cleaning checklist
 - Data sheet with surveillance summary data
 - Additional resources (fact sheets and signage)
 - Recommendations to address frequent questions

Updated Norovirus Outbreak Management and Disease Prevention Guidelines



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Preparing

Centers for Disease
Control and Prevention
(CDC) MMWR:

*Updated Norovirus
Management and
Disease Prevention
Guidelines*

[https://www.cdc.gov/mmwr/preview/
mmwrhtml/rr6003a1.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm)

Preparing

CDC: Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings

Preparing

DHS Norovirus fact
sheet

DHS handwashing fact
sheet

CDC Norovirus cleaning
instructions

NOROVIRUS

Norovirus is a virus that causes vomiting, diarrhea, and abdominal cramping. Norovirus is often incorrectly referred to as "the stomach flu"; however, norovirus (bello) is not related to the flu (influenza), which causes respiratory symptoms. Norovirus causes approximately 20 million illnesses each year in the United States. Anyone can get norovirus infection and become sick. There are many different types of noroviruses; having a norovirus infection once does not mean you will not get it again during your lifetime.

How is it spread?

- ▶ The virus is found in the stool or vomit of someone infected with norovirus from the time symptoms start until at least 48 hours after symptoms end, and probably longer.
- ▶ The virus can be on a person's hands and spread to others, which is why handwashing is important.
- ▶ It can be spread by eating objects with norovirus (has norovirus on it) and
- ▶ Norovirus can survive o

What are the signs a

Symptoms usually begin 1-2

Common symptoms:

- ▶ Vomiting (more commo
- ▶ Watery, non-bloody dia
- ▶ Stomach cramps

What are the treatm

- ▶ There is no treatment f
- ▶ Drinking plenty of liqui
- ▶ dehydrated.

How can it be preven

- ▶ Handwashing is the m
- ▶ hands after using the re
- ▶ Anyone with diarrhea o
- ▶ order to prevent spread
- ▶ People with diarrhea o
- ▶ schools, or take care of
- ▶ No vaccine is available t

Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads easily.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

Norovirus particles are extremely small and billions of them are in the stool and vomit of infected.

Clean-up and Disinfection for Norovirus ("Stomach Bug")

THESE DIRECTIONS SHOULD BE USED TO RESPOND TO ANY VOMITING OR DIARRHEA ACCIDENT

Note: Anything that has been in contact with vomit and diarrhea should be discarded or disinfected.

1 Clean up

Remove vomit or diarrhea right away!

- Wearing protective clothing, such as disposable gloves, apron and/or mask, wipe up vomit or diarrhea with paper towels
- Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid; do not vacuum material; pick up using paper towels
- Dispose of paper towel/waste in a plastic trash bag or biohazard bag
- Use soapy water to wash surfaces that contacted vomit or diarrhea and all nearby high-touch surfaces, such as door knobs and toilet handles
- Rinse thoroughly with plain water
- Wipe dry with paper towels

DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

2 Disinfect surfaces by applying a chlorine bleach solution

Steam cleaning may be p
Mixing directions are ba
For best results, consult i

a. Prepare a chlorine b
Make bleach solution fr

» WASH YOUR HANDS! «

1. Wet your hands with clean, running water (warm or cold), and apply soap.

2. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.

3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

4. Rinse your hands well under clean, running water. Let the water run back into the sink, not down to your elbows.

5. Dry your hands using a clean towel or air dry them.

Division of Public Health
9-01710 (12/2008)

Wisconsin Department of Health Services

Outbreak Identification

When to Suspect an Outbreak

- **Suspect** outbreak: **three** or more residents or staff experience vomiting and/or diarrhea within a 72-hour period and have geographic commonality
- Based on symptomology, not on clinical diagnoses
- Example: three residents with symptoms of vomiting, on the same wing, with illness onsets within two days

Clinical Features of AGE

Sudden onset of vomiting and/or diarrhea as well as:

- Headache
- Fever/chills
- Abdominal cramps

Common Viral GI Pathogens

- Norovirus
- Rotavirus
- Sapovirus

Surveillance Considerations

- Monitor all staff for AGE year-round.
- Communication between care staff on different shifts is essential.
- Early reporting of AGE is key.
- Have a surveillance mechanism in place to monitor for AGE.

Ways to Detect an Outbreak

- Notify the local/tribal health department (LTHD) and facility administration when an outbreak is suspected.
- Outbreak notification should include:
 - Number of ill residents and staff.
 - Onset dates.
 - Signs and symptoms of the illness.
 - Any laboratory tests completed or pending.

Facility Responsibilities

- Report suspected outbreaks to the LTHD.
- Follow their outbreak management plan.
- Implement control measures when needed.
- Reach out to the LTHD for assistance when needed.

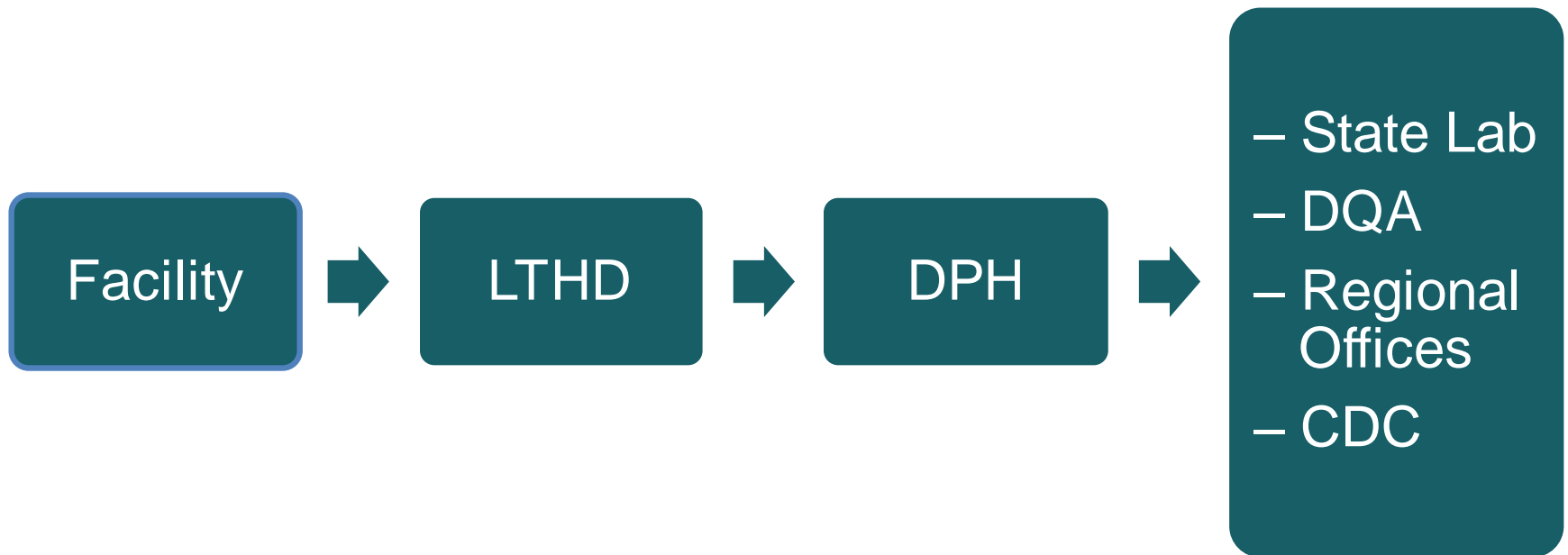
LTHD Responsibilities

- Report outbreaks to DPH.
- Serve as a resource to the facility and assist when needed.
- Facilitate fee-exempt stool testing.

DPH Responsibilities

- Report outbreaks to the CDC.
- Provide recommendations.
- Provide technical assistance to the LTHD and facility regarding outbreak management.
- Manage statewide surveillance.

Public Health Notification



Staff-Only Outbreaks

- In outbreaks with only ill staff, consider the following:
 - Did ill staff work within 50 hours of becoming ill?
 - Do ill staff members have sick family members at home?
 - Do ill staff members care for the same residents?
- The goal is to determine if there is transmission within the facility.

Laboratory Testing for Norovirus

- Fee-exempt testing at the Wisconsin State Laboratory of Hygiene (WSLH)
- Authorized when **five or more** are ill
- Test method: RT-PCR test (not a culture)
 - Viral sequencing to determine circulating strains of norovirus
 - Kit #10 (culture and sensitivity)
 - Refrigerate and ship with an ice pack
- Bacterial culture not routinely run

Who and How Many to Test

- Use three kits (the usual number recommended).
- Collect timely and representative samples.
- Focus on residents with active illness.
- Test to confirm the etiology of the outbreak, not to confirm each patient.

Infection Prevention

Considerations

- GI illnesses can be caused by many organisms and present with similar symptoms.
- In acute and long-term care, the most likely illnesses to consider are:
 - Norovirus.
 - *C. difficile*.
 - COVID-19.

Norovirus Infection Prevention

Stop Norovirus!

Norovirus causes diarrhea and vomiting. It spreads easily from an infected person to others, especially in long-term care facilities. Elderly residents are more likely to become very sick or die from norovirus.

Protect yourself and elderly residents from norovirus.

WASH YOUR HANDS



Wash your hands often with soap and water for at least 20 seconds each time and avoid touching your mouth.

CLEAN SURFACES



Use a bleach-based cleaner or other approved product* to disinfect surfaces and objects that are frequently touched.

WASH LAUNDRY



Remove and wash soiled clothes and linens immediately, then tumble dry.

USE GOWN AND GLOVES



Use gown and gloves when touching or caring for patients to reduce exposure to vomit or fecal matter.

STAY HOME WHEN SICK



If you're sick, stay home and don't take care of or visit people in long-term care facilities for at least 2 days after your symptoms stop.

For more information, visit www.cdc.gov/norovirus



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

*Use a chlorine bleach solution with a concentration of 1000-5000 ppm (5-25 tablespoons of household bleach (5-8% per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA) at http://www.epa.gov/oppad001/list_g_norovirus.pdf

<https://www.cdc.gov/norovirus/downloads/stop-norovirus.pdf>

Cohorting and Isolation

- Contact precautions (gloves and gown for **all** encounters)
- Private room with bathroom
- Roommates (gowns and gloves changed between residents)



Cohorting and Isolation Considerations

- Cohorting staff
- Halting new admissions
- Pausing activities and communal dining



Norovirus Isolation Duration

- Until 48 hours after resolution of symptoms
- Specified by LTHD due to facility outbreak status



<https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf>

Norovirus Hand Hygiene

- Health care personnel (HCP) should perform hand hygiene with soap and water.
- Alcohol-based hand rub is not effective against Norovirus particles.
- Post signage throughout affected unit or facility to encourage proper hand hygiene.
- Educate residents and visitors on proper hand hygiene.

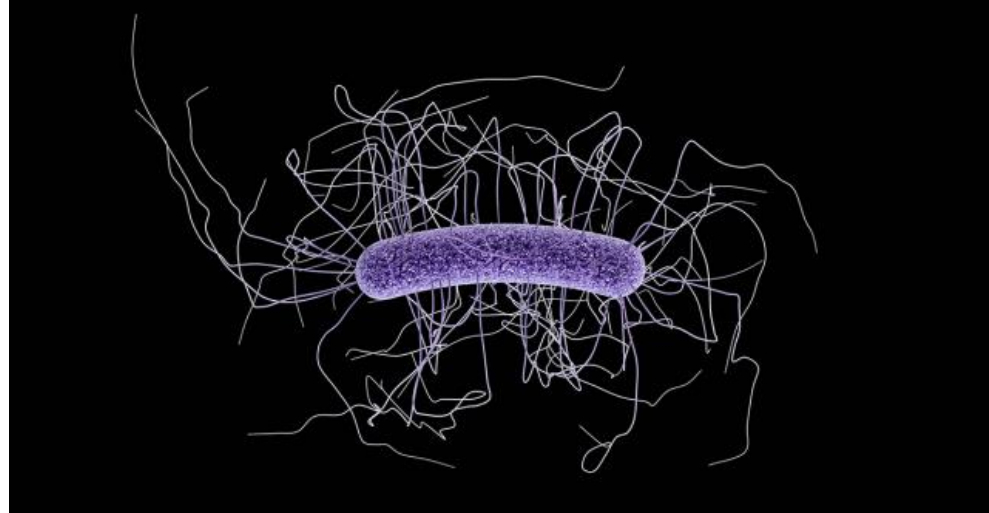


Environmental Cleaning and Disinfection

- Increase frequency in resident care areas and on high-touch surfaces.
- Use disinfectants on the EPA list of approved products for Norovirus.
- Clean and disinfect shared equipment between residents.
- Clean and disinfect common areas and staff-only areas, including breakrooms, locker rooms, and meeting areas.

Employee Health Policies

- Develop and adhere to policies for HCP with symptoms of GI illness.
- Exclude ill staff from work for a minimum of 48 hours after resolution of symptoms.
- Reinforce proper hand hygiene before and after resident contact.
- Develop plans for cohorting staff during an outbreak.



Clostridioides difficile ***(C. diff)***

C. diff Epidemiology

- Spore-forming, anaerobic Gram positive bacteria
- Common cause of acute diarrhea in hospitals and LTCFs
- Main symptoms: watery diarrhea, fever, loss of appetite, nausea and abdominal pain or tenderness
- Associated with antibiotic use

C. Diff Epidemiology

- Test for *C. difficile* when residents have diarrhea while taking antibiotics or after taking them.
- *C. diff* is shed in feces. Any surface, device, or material (such as commodes, bathtubs, etc.) that becomes contaminated with feces could serve as a reservoir for *C. diff* spores.
- Spores can be transferred to residents via the hands of HCP who have touched a contaminated surface or item.

C. diff Risk Groups

- Antibiotic exposure
- GI surgery or manipulation
- Serious underlying medical conditions
- Long hospital stays
- Immune-compromised
- Advanced age



Cohorting and Isolation

- Contact precautions (gloves and gown for **all** encounters)
- Private room with bathroom
- Resident cohorting



C. diff Duration of Isolation

- Cessation of diarrhea
 - People with *C. diff* can continue to shed after diarrhea ceases, so consider extending contact precautions for several days after symptom resolution.
- Completion of *C. diff* treatment
- Recommendation of infectious disease physician

C. diff Hand Hygiene

- HCP should perform hand hygiene with soap and water.
- *C. diff* spores are resistant to the drying effects of alcohol.
- Provide education on proper hand hygiene.
- If an entire unit is affected, post signage throughout the unit to remind residents, staff and visitors about the hand hygiene requirement.

Environmental Cleaning and Disinfection

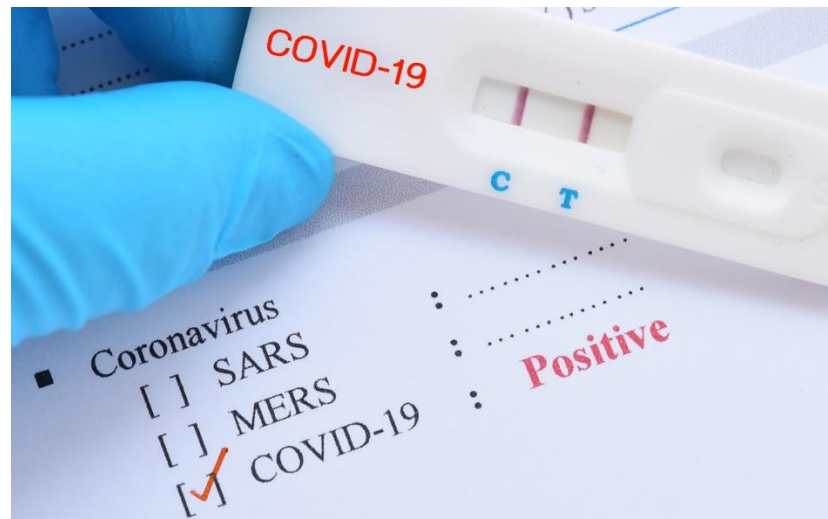
- Increase frequency in resident care areas and high-touch surfaces.
- Use a disinfectant listed on the EPA list of approved products for *C. diff* (sporicidal).
- Clean and disinfect shared equipment between resident uses.
- Include common and staff areas during facility outbreaks.

Employee Health Policies

- Develop and adhere to policies for HCP who have symptoms of GI illness.
- Exclude ill staff from work for a minimum of 48 hours after resolution of symptoms or based on an employee's *C. diff* infection (CDI) treatment plan from their provider.
- Reinforce proper hand hygiene before and after resident contact.

COVID-19

- Consider COVID-19 testing based on symptoms.
- Place residents in proper transmission-based precautions.
- Communicate to LTHD and other partners.



Considerations for Decision Making

- Did the illness present suddenly with incapacitating vomiting?
- Are other residents or staff ill?
- Is the resident taking or was recently on antibiotics?
- Did the resident recently have a GI procedure?

Considerations for Decision Making

- Was the resident recently exposed to COVID-19?
- Consider resident medical history.
- Consult with medical director.
- What is the disease transmission in the community?



Summary



- Contact precautions (gown and gloves)
- Proper testing
- Hand hygiene
- Environmental cleaning and disinfection
- Employee health policies
- Communication: LTHD, staff, residents, environmental services, and visitors



Questions?

Enterics Program

dhsdphenterics@dhs.wisconsin.gov

608-267-7422

HAI Prevention Program

dhswhaipreventionprogram@dhs.wisconsin.gov

608-267-7711

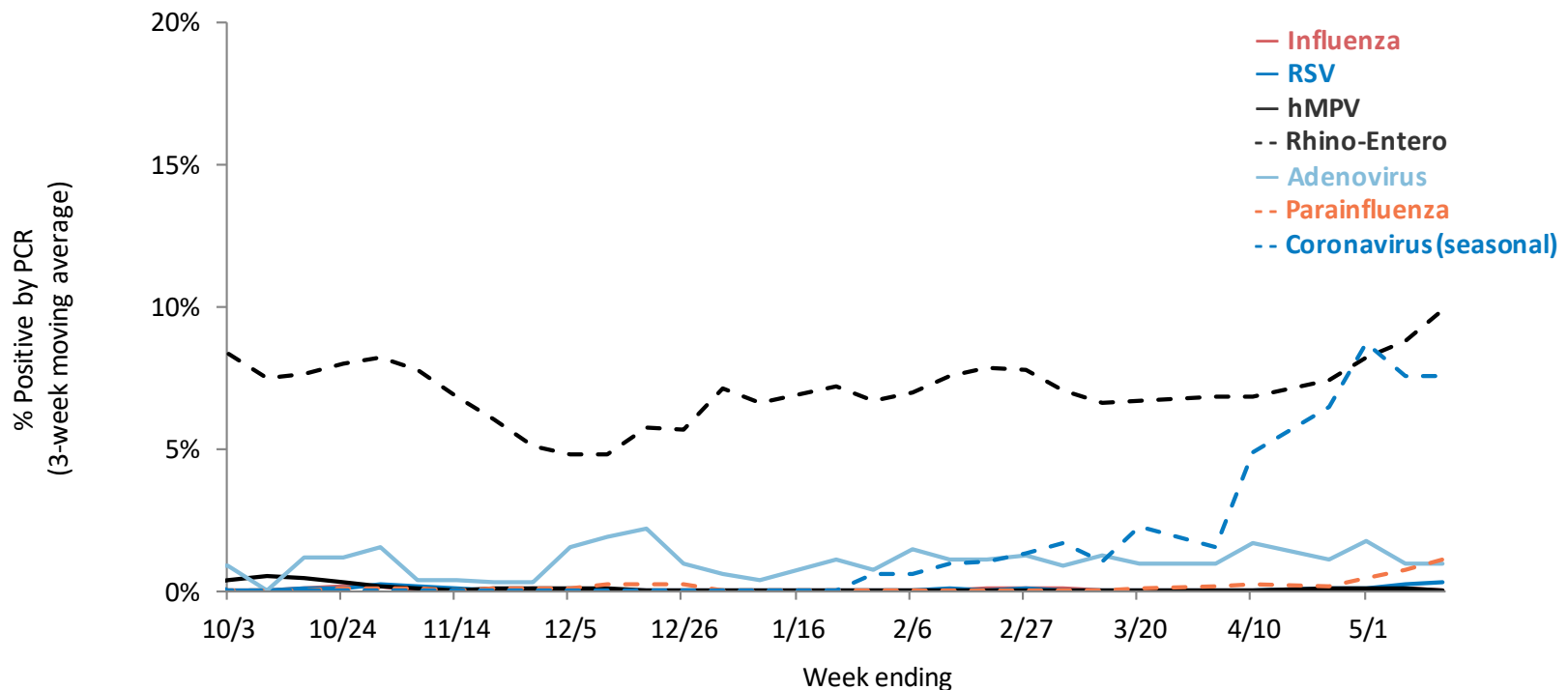


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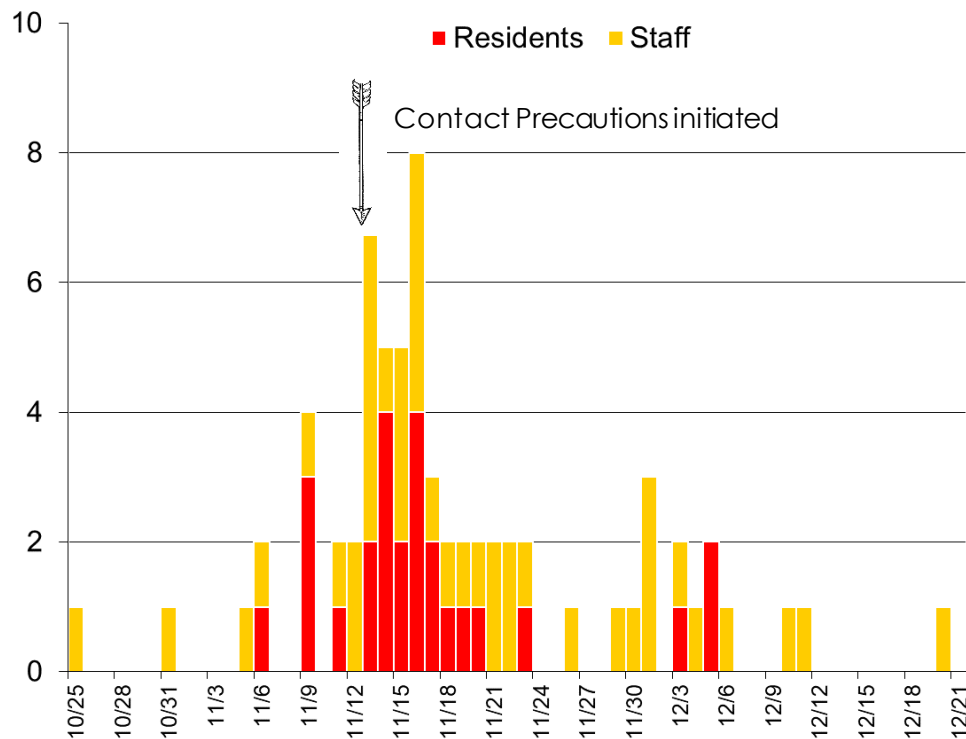
Respiratory Viruses in Wisconsin

Tom Haupt

Current status of respiratory viruses circulating in WI



Example: 2010 Outbreak of Coronavirus OC43 in a WI Long-term Care Facility



- 40 of 50 residents became ill
- 63 total cases (staff and residents)
- 5 fatalities

Take-away Messages

- Many viruses other than SARS-2 (COVID) can cause severe respiratory illness and outbreaks especially in a congregate setting
- Testing only for SARS-2 and Influenza will not assure an accurate identification of the etiology of the illnesses
- Testing for viruses other than SARS-2 is essential to assure proper infection control precautions are implemented
 - Multiplex testing is the best method
 - In outbreak situations testing can be tested at the WSLH free of charge
- Seasonal coronaviruses now circulating in Wisconsin can not be identified using the SARS-2 test methods (NL63, 229E, HKU1, OC43)
 - Seasonal coronaviruses are NOT variants of SARS-2 (COVID) virus
- SARS-2 vaccine is not effective against seasonal coronaviruses



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Guidance Updates for Fully Vaccinated Individuals in Health Care Settings

Ashlie Dowdell



**YOU
STOP THE
SPREAD**



Where is the balance?



Focus Areas

- Visitation
- Communal activities
 - Staff
 - Residents
- Work restrictions and quarantine
- Testing
- Personal protective equipment (PPE)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

Visitation

- Promote indoor and outdoor visitation.
 - Utilize guidance from the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Services (DHS).
 - Adjust when resident vaccination rates are less than 70%.
- Limit residents in quarantine and isolation to compassionate care visits.

Considerations

- Visitors do not need to prove vaccination status.
- Facilities can ask visitors about their vaccination status as part of entrance education and guidance on source control or PPE use.
- Facilities still need to screen visitors for symptoms and exclude accordingly.
- Facilities need to offer wide visit availability, including weekends and nights.

Communal Activities: Residents

- Internal activities and dining
 - Assess group makeup of HCP and residents.
- Outside excursions
 - Consider risks and infection control mitigation.
- Visits to the homes of family or friends
 - Follow community guidance.

Communal Activities: HCP

- Staff-only areas
 - Break rooms
 - Meetings
- Source control vs. PPE
- Eye protection

Considerations

Balance patient/resident and HCP privacy with application of guidance

What infection prevention and control practices are recommended when planning for and allowing communal activities?

Determining the vaccination status of patients/residents/HCP at the time of the activity might be challenging and might be subject to local regulations. When determining vaccination status, the privacy of the patient/resident/HCP should be maintained (e.g., not asked in front of other patients/residents/HCP). For example, when planning for group activities or communal dining, facilities might consider having patients/residents sign up in advance so their vaccination status can be confirmed and seating assigned. **If vaccination status cannot be determined, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing source control.**

Considerations

- Any unvaccinated individual (resident or staff) taking part in an activity means that all participants should use source control, and the unvaccinated individual should physically distance.
- Roommates with different vaccination statuses may use different practices in their room than when outside it.

Work Restriction and Quarantine

■ HCP

- Higher-risk exposures test twice at set intervals, but do not quarantine
- Travel recommendations

■ Residents

- Quarantine following prolonged close contact regardless of vaccination status
- New admission and readmission quarantine no longer required for fully vaccinated residents

Testing

- Symptomatic and outbreak testing
- Routine staff testing
 - Fully vaccinated vs. unvaccinated
- Fully vaccinated, asymptomatic exposure testing
 - HCP: higher-risk exposures test twice (immediately and 5–7 days post-exposure) without quarantine
 - Residents: prolonged close contact triggers the same two tests with quarantine
- Hospital pre-admission and pre-procedure screening

Exposure Risk Assessment

- Involve occupational health when possible
- Workplace
 - PPE worn? Type of care provided? Source control?
- Travel
- Community
 - Household exposures, especially children

Exposure	Personal Protective Equipment Used
HCP who had prolonged ¹ close contact ² with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection ³	<ul style="list-style-type: none">• HCP not wearing a respirator or facemask⁴• HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹

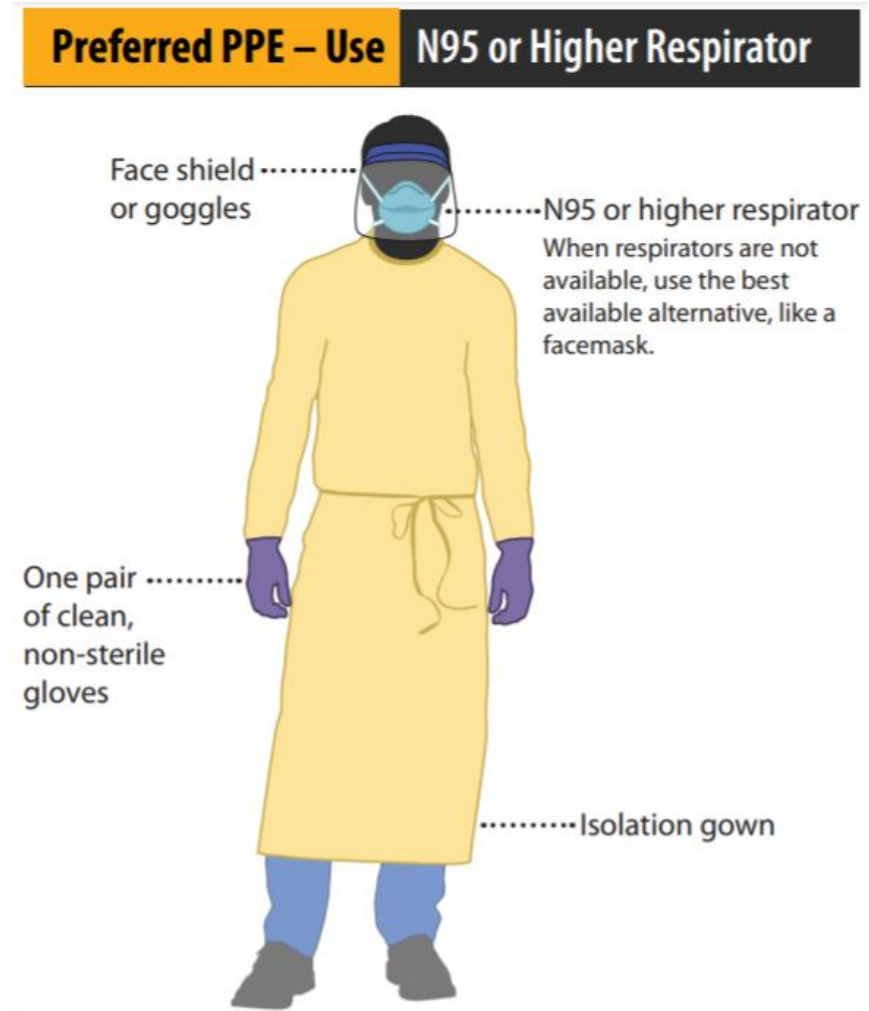
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Considerations

- Difference in exposure quarantine for HCP and residents
- Fully vaccinated symptomatic residents and HCP
- Positive COVID tests outside the 90-days post-infection = outbreak

PPE: No Changes

- Generally wear source control at all times with limited exceptions
- Universal PPE (mask and eye protection) for patient/resident care
- Full PPE for COVID quarantine and isolation rooms
- N95s for aerosol-generating procedures



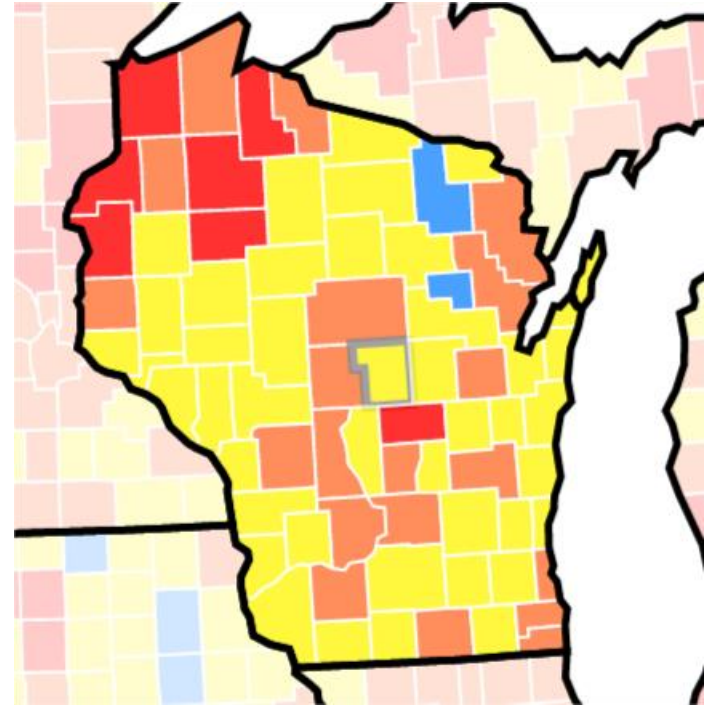
https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

Eye Protection

- All settings
- Areas of moderate to high community transmission
- Patient/resident care

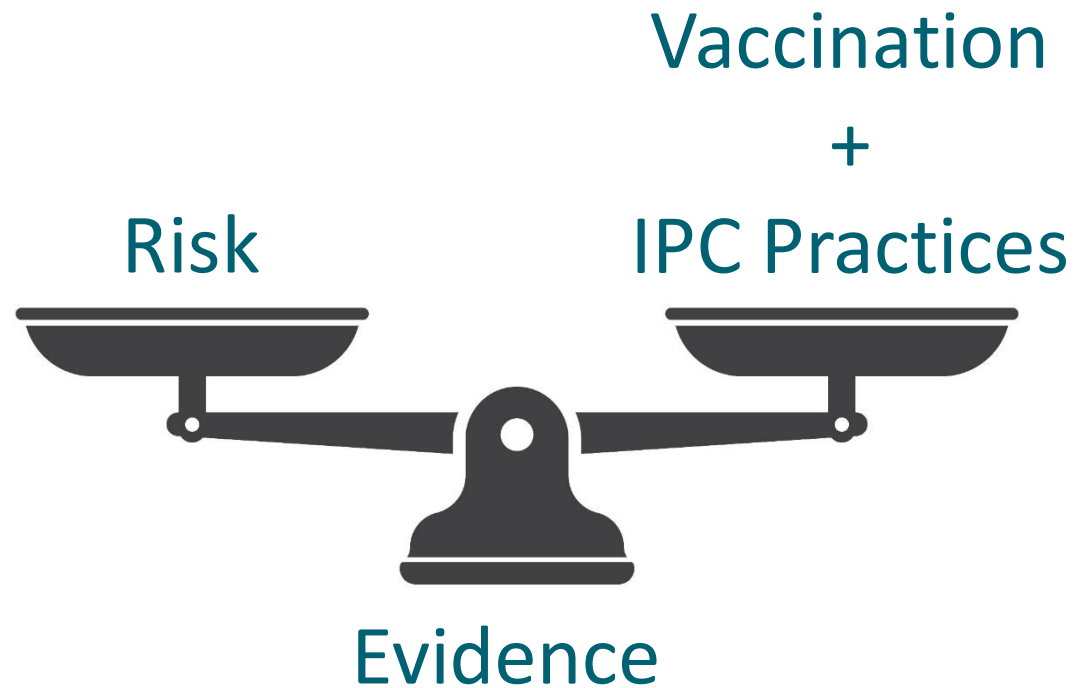


Time Period: Sun May 16 2021 - Sat May 22 2021



● High ● Substantial ● Moderate ● Low ● No Data

<https://covid.cdc.gov/covid-data-tracker/#county-view>



Questions?

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608-267-7711

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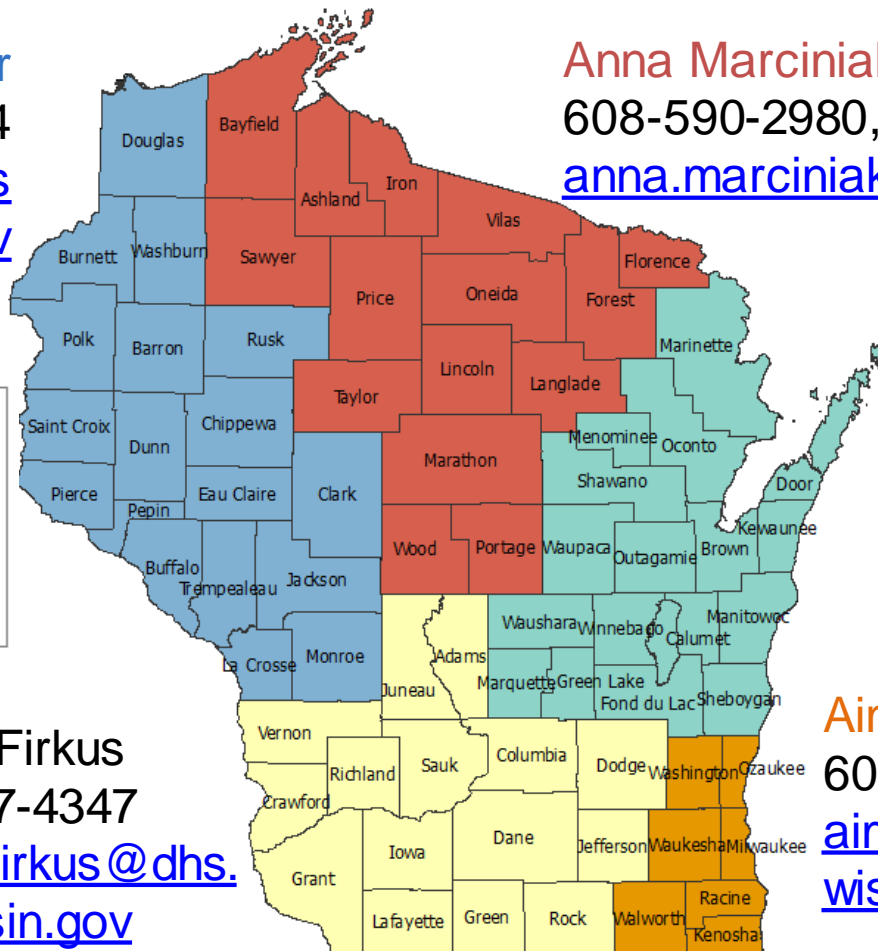
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<https://www.dhs.wisconsin.gov/hai/ip-education.htm>



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Topics A-Z: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

 [Get the latest on COVID-19](#)
 [Learn about getting the COVID-19 vaccine](#)

 [HAI Infection Prevention Education](#)

HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections. IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment.

IPs serve as a resource to other staff and programs within their facilities. In addition to the state in-person trainings and online references below, there are a number of links to trusted education resources, including the Centers for Disease Prevention and Control (CDC), the Centers for Medicare and Medicaid Services (CMS), and the Association for Professionals in Infection Control and Epidemiology (APIC).



Professional Resources

-  [Infection Preventionist Starter Kit, P-02992](#) (PDF)

To protect and promote the health and safety of the people of Wisconsin.



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Upcoming LTC Education Session

Thursday, June 24, 2021
Hand Hygiene: More Than Just
Soap and Water