



*Public Health Division*

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## **ACUTE VIRAL GASTROENTERITIS (OR “STOMACH FLU”)**

### **Background Information and Guidelines for Controlling Transmission in Licensed Residential Community Care Facilities**

Often called the “stomach flu,” acute viral gastroenteritis is an infection that results in vomiting and/or diarrhea. It is usually caused by a group of viruses called noroviruses. Over the past two years there have been an increasing number of outbreaks of the stomach flu in licensed residential community care facilities. As a result, the California Department of Health Services has prepared background information (below) and guidelines (see next page) for controlling the spread of the stomach flu in long-term care facilities.

#### **Incubation Period, Diagnosis/Symptoms and Immunity**

- After initial (first) exposure, a person will usually get the stomach flu within 12-48 hours.
- The stomach flu is diagnosed based mostly on symptoms, including nausea, vomiting, diarrhea, muscle aches, abdominal cramps, and no fever or a low-grade fever. Vomiting and diarrhea can occur separately or together. Symptoms usually last 24-60 hours, but the virus may be present in a person's stool for up to two weeks longer. Complications, including death, are rare. They usually occur in elderly persons with underlying chronic diseases—and most often are due to dehydration. Lab results aren't very useful in diagnosing the stomach flu, and decisions about what to do to control an outbreak must be made before lab results are available.
- People who have had the stomach flu can get it again after only a few months.

#### **Transmission**

Cases of the stomach flu are more common in the winter, but outbreaks can occur at any time of the year. The viruses that cause the stomach flu are very contagious because they are present in very high amounts in the stool and vomit of ill persons. It only takes a few particles of the virus to cause illness in a susceptible person. The most common ways to catch the stomach flu are by touching contaminated surfaces or objects and having skin-to-skin or hand-to-hand contact with an infected person, although contaminated food and water may also be a source of illness. Another way to catch the stomach flu is by breathing in airborne viruses after an ill person vomits. If the illness is not quickly recognized and steps immediately taken to control it, the infection will spread rapidly from person to person.

#### **Treatment**

There is no specific treatment for the stomach flu, but it is wise to check with the client's or resident's physician for guidance. It is extremely important for ill persons to drink plenty of liquids so that they do not become dehydrated. Rarely, intravenous fluids may be required.

#### **Reporting an Outbreak**

The most common definition of an outbreak of stomach flu is two or more persons (clients/residents or staff) who develop vomiting and/or diarrhea within a two-day period. All outbreaks or suspected outbreaks should be promptly reported to the local health department, which can provide any needed guidance.

#### **Controlling Transmission**

Little can be done to prevent viruses that cause the stomach flu from being introduced into a facility by staff, clients/residents who participate in community activities, or visitors. However, please see the next page for a list of infection-control measures that may help limit the spread of the stomach flu in a facility.

## **ACUTE VIRAL GASTROENTERITIS (“STOMACH FLU”)**

### **Guidelines to Control Transmission in Residential Community Care Facilities**

The California Department of Health Services recommends that residential community care facilities licensed by the California Department of Social Services consider using the following “best practices” to help control the spread of acute viral gastroenteritis (or “stomach flu”) caused by a norovirus:

- Remind clients/residents and staff of these guidelines at least once a year in the fall.
- Educate staff, clients/residents, and others to always wash their hands with soap and water immediately after using the toilet.
- In general, encourage frequent handwashing with soap and water. (Waterless hand-hygiene products containing alcohol should not be used during an outbreak because they are not effective against viruses that cause the stomach flu.)
- Inform staff and clients/residents that they can become ill and vomit with little or no warning.
- Require the use of disposable gloves (latex or vinyl) when in contact with vomit or fecal matter. After removing the gloves, staff should immediately—without touching surfaces or objects—wash their hands with soap and water. Used gloves should be put in a trash bin (disposable gloves should never be washed and reused).
- Encourage staff to wear a surgical mask over the nose/mouth and a disposable gown (or to change their clothes) when cleaning surfaces or objects soiled with vomit or fecal matter.
- Put linens soiled with vomit or fecal matter in a plastic bag before sending them to the laundry. Encourage staff working in the laundry to wear gloves, a mask, and a disposable gown (or to change their clothes) when physical contact with soiled linens is necessary.
- Wash soiled clothing in hot water using any commercial laundry detergent. Dry clothes in a dryer.
- Clean and disinfect all surfaces soiled with vomit and fecal material as soon as possible. The Centers for Disease Control and Prevention currently recommends using a freshly prepared solution of household bleach at least 1000 ppm (five tablespoons, or one-quarter cup plus one tablespoon, of standard 5.25 percent household bleach in a gallon of water); or at least a two-fold to four-fold concentration of a phenol-based product, such as Lysol Phenolic Disinfectant Cleaner.
- Promptly recognize a developing outbreak by requesting clients/residents and staff to report a sudden onset of two or more episodes of vomiting and/or diarrhea occurring within a 12-hour period. Promptly report an outbreak or a suspected outbreak to the local health department.

**If an outbreak of stomach flu is recognized or suspected, the following steps are recommended:**

- Request clients/residents with symptoms to remain in their apartments or rooms until their symptoms have resolved. Provide clear liquid fluids and monitor clients/residents for dehydration.
- Request staff members to remain at home for at least 24 hours after symptoms subside.
- Limit visitors—especially if they have symptoms—to the extent possible.
- Limit group social activities.