

NOROVIRUS

Case definition

Individual cases of norovirus are not typically followed by Public Health. ONLY outbreaks are to be reported to Public Health. See “[Outbreak control](#)” section for further information.

CONFIRMED OUTBREAK:

Three or more cases of clinical illness compatible with norovirus that can be epidemiologically linked to one another (i.e., associated by exposure with onsets within a 1-3 day period), at least one of which is laboratory confirmed.

INSTITUTIONAL OUTBREAK:

Three or more cases of clinical illness compatible with norovirus that are epidemiologically linked in an institutional setting.

Causative agent

Noroviruses are a group of viruses that can cause gastroenteritis. The groups of viruses have also been called Norwalk-like viruses (NLVs) and caliciviruses as they belong to the virus family *Caliciviridae*.

Source

The main source is stool and vomit from infected persons. Humans are the only known reservoir.

Incubation

12 to 48 hours.

Transmission

Transmission occurs via fecal-oral route. Person-to-person transmission occurs either directly or indirectly through contact with contaminated food, water and surfaces. Aerosolization transmission from vomitus has been reported. Highly transmissible with a low infectious dose required for infection.

Communicability

Transmissibility usually occurs during the acute stage of the disease, but can be up to 48 hours or longer after the cessation of diarrhea. Some people may shed the virus in their stool for up to two weeks after their symptoms subside.

Symptoms

Acute onset of nausea, vomiting, non-bloody diarrhea, abdominal pain, myalgia, headache, malaise, low-grade fever or a combination of these symptoms, generally lasting 24 to 48 hours.

Diagnostic testing

Stool for PCR.

Treatment

Supportive treatment.

PUBLIC HEALTH MANAGEMENT & CONTROL

Case management

Individual cases of norovirus are not typically followed by Public Health. ONLY outbreaks are to be reported to Public Health.

For cases associated with an outbreak, implement the necessary exclusions as per the “[Exclusion](#)” section for those cases identifying as belonging to one or more risk group(s).

For cases associated with the outbreak that are not listed in either of the risk groups, recommend that the case remain at home until 48 hours after symptoms have subsided AND case has had 2 normal stools AND 48 hours after stopping the use of anti-diarrheal medication.

Exclusion

Exclude cases in the risk groups below:

Risk Group	Criteria for Exclusion
Food handlers	Until 48 hours after symptoms have subsided AND case has had 2 normal stools AND 48 hours after stopping the use of anti-diarrheal medication.
Health care, child care or other staff who have contact with susceptible persons	Until 48 hours after symptoms have subsided AND case has had 2 normal stools AND 48 hours after stopping the use of anti-diarrheal medication.
Children attending child care	Until 48 hours after symptoms have subsided AND case has had 2 normal stools AND 48 hours after stopping the use of anti-diarrheal medication.

Education of case

Offer the following information:

- Ensure cases belonging to a high-risk group are aware of exclusion criteria.
- Remind cases about the importance of hand hygiene in stopping the spread of norovirus and to wash hands before preparing food and after using the bathroom and changing diapers.
- Inform the case about the potential to infect contacts and provide information on how to minimize transmission to others; including household and close contacts, including sexual contacts.
- Recommend that cases infected with norovirus or any other gastrointestinal illness should not prepare or serve food to other people (for food handlers see the “[Exclusion](#)” section).

See the [General Information Sheet](#) for further information on preventing the transmission of norovirus.

Contact tracing

N/A

Outbreak control

Consult the [Outbreak Response Plan](#) for further guidance if an outbreak is suspected.

For outbreaks in child care settings also refer to the [Guidelines for Communicable Disease Prevention and Control for Child Care Settings](#).

For Outbreaks in Long-Term Care Facilities also refer to Infection Prevention and Control Nova Scotia's (IPCNS) [Infection Prevention and Control: Guidelines for Long-Term Care Facilities](#).

General Information Sheet

References

British Columbia Provincial Infection Control Network. Gastrointestinal Infection Outbreak Guidelines for Healthcare Facilities, June 2010

Centers for Disease Control and Prevention; Guidelines for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings. Retrieved from ahe.org/ahe/content/cdc_noroguide_2011.pdf

Control of Communicable Diseases Manual, 20th edition. 2015. David Heymann, MD, editor.

Provincial Microbiology User's Manual. cdha.nshealth.ca/pathology-laboratory-medicine

Public Health Agency of Canada. [2009]. Case Definitions for Communicable Diseases under National Surveillance. CCDR 2009; 35S2, 1-123. Retrieved from phac-aspc.gc.ca/publicat/ccdr-r60.mtc/09pdf/35s2-eng.pdf

Red Book. 2012 Report of the Committee on Infectious Diseases, 29th edition. American Academy of Pediatrics.