

**MC HENRY
COUNTY
DEPARTMENT
OF HEALTH**

**COMMUNICABLE DISEASE
EMERGENCY NOTIFICATION
INFORMATION**

Urgent Public Health issues shall be reported immediately (within 3 hours) to the McHenry County Department of Health and include the following:

- * Anthrax (suspected or confirmed)
- * Botulism (food borne)
- * Plague
- * Q-fever
- * Smallpox
- * Tularemia
- * Any suspected Bioterrorist threat or event

REGULAR OFFICE HOURS

(Monday – Friday 8am – 4:30pm)
(815) 334-4500

Please call one of the following:

Mary Lou Ludicky, Communicable Disease Coordinator

Melissa Manke, Investigator

Susan Karras, Investigator

Barbara Birmingham, Investigator

Blanca Trinidad, TB Nurse

Karen Stephenson, TB Nurse

Christina Hayes, CD Health Educator

AFTER OFFICE HOURS

(Monday – Friday 4:30pm – 8am;
Saturday, Sunday
and Holidays)
(815) 344-7421

Ask to speak to the Communicable Disease "On-Call" Person.

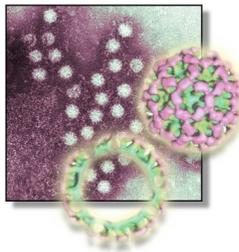
Mission

The Communique is a newsletter intended to prevent morbidity and mortality of infectious diseases by providing data and recommendations to clinicians, laboratories, infection control personnel and others who diagnose, treat or report infectious diseases in McHenry County.

We welcome comments and suggestions. Please call if you wish to be added to our mailing list. Contact Mary Lou Ludicky at 815-334-4500 or mludick@co.mchenry.il.us



**Bug of the Month:
Norovirus**



Norovirus is caused by a group of single stranded RNA non-enveloped viruses. Norovirus is a highly conta-

gious disease that often causes outbreaks due to its ease of transmission. This poses a great threat for nursing homes, schools, vacation setting, restaurants and catering events. Norovirus causes non-bacterial gastroenteritis, which is the inflammation of the intestines and stomach. **The season of Norovirus is fast approaching, characterized by the increased incidences of Norovirus outbreaks within nursing homes, schools and other parts of the community.**

Symptoms

The incubation period for most Noroviruses is usually between 24 to 48 hours after exposure, but **some cases can occur 12 hours after exposure.** The most common symptoms of Norovirus include vomiting, diarrhea and stomach pain. People with a Norovirus infection usually feel extremely ill and will vomit or have diarrhea multiple times in one day. This can lead to dehydration especially in the very young, elderly and those with other illnesses.

Transmission

Norovirus is found in the stool and vomit of infected people. It can be spread from person to person through contaminated water or food and by touching contaminated

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surfaces then placing a hand in the mouth. Aerosolized droplets of vomitus containing the virus can be spread on objects or surfaces or by the droplets entering the oral mucosa and being swallowed.

Communicability

What makes Norovirus so contagious is that as little as 10 viral particles can cause an infection. The virus can survive freezing, temperatures as high as 60 degrees Celsius and in 10 ppm of chlorine which is standard concentrations in sanitizers and public water systems. **Research has shown that the virus may be shed in the stool for as long as two weeks after recovery.** Therefore the virus may be shed from an asymptomatic person, which is of much concern when that person is a food handler.

The CDC estimates that over half of illnesses in food-related outbreaks are caused by food handlers infected with Norovirus.

Food handlers who are sick with Norovirus can easily spread the virus while handling food and water that other people may consume. A food handler should not return to work until three days after recovery and should be extremely diligent with hand washing for two weeks after recovery, since they are still shedding the virus in their stool.

Norovirus can spread rapidly in closed environments such as long term care and assisted liv-

ing facilities, daycares, and schools. **Most cases of Norovirus in the past three years have come from long term care homes.** To help prevent the spread of Norovirus in these type of environments the Illinois Department of Public Health has compiled a set of guidelines to control Gastroenteritis. These guidelines can be found on page 4.

Diagnosis

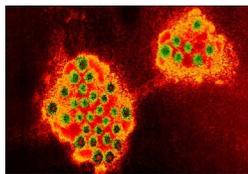
Detection of Norovirus in stool and vomitus has been improved by use of reverse transcriptase polymerase chain reaction (RT-PCR) which is performed by IDPH laboratories. The best results are obtained when the specimens are tested within 48 to 72 hours after the onset of symptoms. The virus has been recovered in stool specimens as late as two weeks after recovery.

Treatment

There are not antiviral medications that are effective against Norovirus; therefore the only treatment is supportive care. Dehydration is the most common problem caused by the vomiting and diarrhea. This can be treated with rehydration and electrolyte replacement.

Prevention

Hand washing continues to be the most simple and best deterrent to spreading viruses, especially Norovirus. Handwashing is especially important to prevent Norovirus after changing diapers, after using the bathroom or in cleaning up vomitus. All raw fruits, vegetables, and oysters that are to be steamed, should be thoroughly washed before consumption as well. Dispose of any



Visit: www.co.mchenry.il.us/departments/health

food contaminated by an ill person. Norovirus can live eight hours to seven days on surfaces. It is a hardy virus and many household cleaners do not kill it. A chlorine based bleach solution should be used to wipe down surfaces, especially those that could be contaminated with Norovirus because bleach will kill the virus. **Most cleaning supplies list the bacteria and viruses they can kill. If Norovirus is not listed then that cleaner cannot kill it.** Use hot soap and water to clean clothing or linens contaminated by the virus. Again ill or contaminated food handlers can put many people at risk therefore exclude food handlers from preparing food for three days after recovery.

Note: Norovirus is not a reportable illness, but has been a cause of several large forborne outbreaks in obtained at: www.cdc.gov/ncidod/dvrd/McHenryCounty. Additional info can be [revb/gastro/norovirus.htm](http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm)

Sources:
 *<http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm>
 *MCDH communicable disease

FIGHT GERMS BY WASHING YOUR HANDS!

1 Wet your hands

2 Soap

3 Lather and scrub - 20 sec

4 Rinse - 10 sec

5 Turn off tap

6 Dry your hands

DONT FORGET TO WASH:

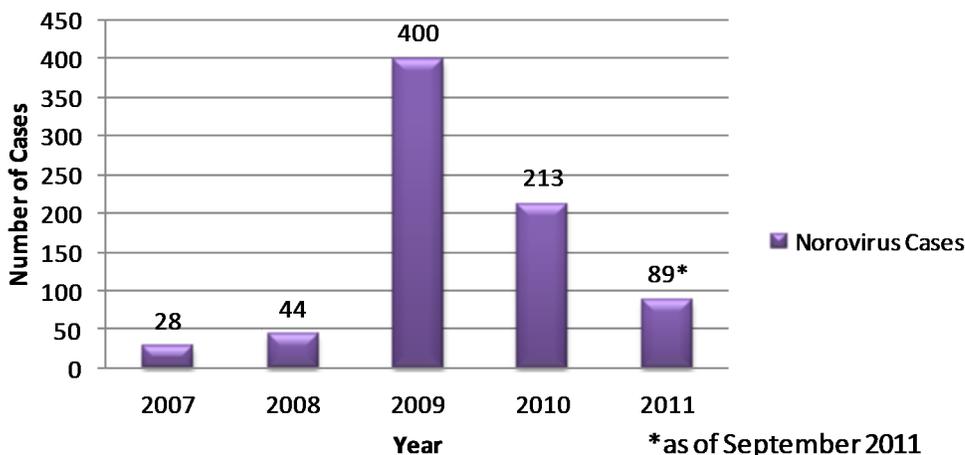
- between your fingers
- under your nails
- the tops of your hands

School Surveillance

MCDH continues to collect school surveillance data from County schools, which analyzes school absenteeism trends and absenteeism trends due to influenza-like illness or ILI, which is defined as fever and cough and/or sore throat in the absence of a lab-confirmed diagnosis. Currently, only around 40 of the County's approximately 120 public and private schools participate, representing 11 districts and private schools. The surveillance data is monitored on a daily basis and is coupled with MCDH's influenza surveillance program to give a better idea of influenza activity in the County. When MCDH is alerted to higher than normal level of absenteeism or ILI rates, the school nurse is given a follow-up call to determine if further action is necessary. During the 2009 H1N1 Pandemic, this proved especially important, as MCDH was able to assist schools in implement infection control and screening measure to avoid potential school closures and increased disease burden. If you have any questions regarding MCDH's school surveillance program, please contact Kristen Harrison at kdharrison@co.mchenry.il.us or call (815)334-4510.

Statistics*

Number of Norovirus Cases Involved in an Outbreak in Mchenry County



*McHenry County Department of Health, 2011

NOROVIRUS IS THE LEADING CAUSE OF GASTROINTESTINAL ILLNESSES

Hand Washing

Want to know the dirt about dirty hands?

The McHenry County Department of Health can come to you and teach the importance of hand washing and give a demonstration on proper hand washing techniques.

To Request Call:
MCDH Communicable Disease
(815) 334-4500

McHENRY COUNTY COMMUNICABLE DISEASES

DECEMBER 1, 2010 - Sept,

DISEASE	# OF CASES	
	FY11	FY10
AIDS/HIV	0	0
Typhoid Fever	0	0
Chickenpox	37	67
vibrio illness	0	0
Cryptosporidiosis	1	3
E.coli(shigtoxin producing)	7	2
MRSA community cluster	0	0
Giardia	10	9
Hepatitis A	0	2
Hepatitis B	11	19
Hepatitis C	61	69
Legionella	3	4
Tick Borne Disease	19	6
Malaria	2	0
Listeriosis	0	1
Bacterial Meningitis	1	1
Mumps	0	0
Pertussis	3	9
Potential Human Rabies Exposure	11	40
Salmonella	28	36
Shigella	3	5
Strep/GroupA (invasive & wound)	3	6
Strep pneumonia <age 4	2	3
TB Active	4	2
Chlamydia	291	241
Gonorrhea	13	16
Syphilis	8	0
West Nile Virus	1	1
Yersiniosis	0	0

Guidelines to Assist in Controlling Gastrointestinal (Norovirus) Outbreaks

MCDH wants to remind everyone of guidelines that have been developed to help minimize the spread of viral gastroenteritis (norovirus). Norovirus is highly contagious and environmentally stable, so stringent adherence is necessary. Again, preventative measures should be continued for at least 7 days after the outbreak appears to be over since the affected persons continue to shed the virus after recovery.

Residents:

- Isolate ill residents from others by confining them to their rooms for at least 48 hours after their last symptoms of nausea, vomiting and/or diarrhea. Ideally, keep ill residents in their rooms and offer room service for meals.
- If possible, group ill individuals together within the same hall, wing or unit.
- Exclude ill residents from group activities involving well residents (meals, hair salon, parties, BINGO, cards). Group activities should be kept to a minimum or postponed until the outbreak is over.

Staff:

- Exclude both ill staff and third party contractors from working for at least 48 hours after their last symptoms of nausea, vomiting and/or diarrhea.
- Minimize flow of staff between ill and well residents. Dedicated staff should be assigned to work with either well or sick residents, but should not care for both groups. Restrict floating staff between different facilities to decrease the potential of virus transmission from one facility to another.
- Staff should wash hands thoroughly when entering and leaving every resident room.
- Staff should wear protective gloves when caring for residents who are vomiting, experiencing diarrhea or when touching potentially contaminated surfaces. Gloves should be discarded and hands washed immediately after completing patient care.
- Staff should be prepared with an adequate change of clothes should they become soiled with vomitus or fecal matter.
- Staff should wear protective masks when caring for residents who are vomiting.
- Exclude housekeeping, patient care and maintenance staff from all food service-related tasks. Exclude food handlers from all non food service-related tasks.

Food Service:

- Eliminate shared food items in the facility (i.e. cookies, cake, boxes of bulk candy and popcorn).
- Observe proper cleaning and sanitizing of dispensing utensils (including bins) related to resident water and ice service.

Housekeeping:

For outbreaks maintain a minimum twice daily cleaning and sanitizing routine of high touch surfaces located in all public and private rooms (doorknobs, light switches, drinking fountains, faucet handles, railings, etc.)

- Promptly clean and sanitize common high touch surfaces using a 1:50 dilution of chlorine bleach or a U.S. Environmental Protection Agency (EPA) approved disinfectant for use in controlling norovirus outbreaks in accordance with the manufacturer's instructions. A list of EPA approved disinfectants is available at [\(scroll down and double click on List G\)](#).
- Contaminated carpets should be cleaned with detergent and hot water, then disinfected with a hypochlorite solution (if bleach-resistant) or steam cleaned.
- Housekeeping staff should wear gloves and masks when cleaning contaminated or potentially contaminated surfaces or laundry. Contaminated linen and bed curtains should be carefully placed into laundry bags (to prevent generating aerosols) and washed separately in hot water for a complete wash cycle – ideally as a half load for best dilution.

Visitors:

- Consider postponement of visitation until the outbreak is over. If visitation is allowed, visitors should go directly to the person they are visiting and not spend time with anyone else.
- Visitors should not enter the facility if they are sick.
- Visitors should wash their hands thoroughly upon entering and leaving the room or facility.

Facility:

- Post signs at all access points to alert visitors about the outbreak and to encourage thorough hand washing so that individuals do not put themselves at risk. Advise residents, visitors and staff regarding the importance of hand washing to minimize the spread of infectious disease.
- Ensure availability of adequate soap and warm running water for hand washing in all establishment (public, staff, resident) restrooms.
- Provide conveniently located waterless hand sanitizer dispensers for visitor, resident and staff use at the reception desk, and common and resident living areas for use between hand washing.

Conduct daily wellness checks to track number and identity of any ill residents and staff and provide related census information to the Department.

McHenry County Department of Health
2200 N Seminary Avenue - Annex B
Woodstock Illinois 60098

BECOME PART OF OUR BROADCAST FAX NETWORK

Receive the latest health alerts on topics such as:

West Nile Virus Bioterrorism
Flu Updates Area Outbreaks
Other emerging infectious diseases

MCDH Website:
www.co.mchenry.il.us/departments/health



From: Centers for Disease Control Illinois Department of Health McHenry County Department of Health

Name _____
Organization _____
Specialty _____
Address _____
Phone _____
Fax _____
Email _____

Mail to:
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CD Program – Annex B
2200 N Seminary Ave
Woodstock IL 60098
Fax to: 815-334-1884
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