NOROVIRUS and ACUTE GASTROENTERITIS OUTBREAK CARE GUIDE

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CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Table of Contents

PURPOSE AND STRUCTURE

The California Correctional Health Care Services (CCHCS) Norovirus and Acute Gastroenteritis (AGE) Outbreak Care Guide is a tool to aid leadership, health care providers, public health and infection control nurses, and other staff in the identification, notification, control, treatment, and prevention of AGE outbreaks, including norovirus.

BACKGROUND

Norovirus and other AGE syndromes have the potential to cause morbidity and spread quickly throughout California Department of Corrections and Rehabilitation (CDCR) facilities. Identifying outbreaks in addition to individual cases is necessary to implement control measures to stop transmission and prevent additional illnesses.

Noroviruses are a group of viruses that can cause acute vomiting and diarrhea. Other gastrointestinal viruses (rotavirus, enterovirus) as well as bacterial pathogens like Salmonella, Shigella, and Campylobacter may cause outbreaks of AGE within CDCR facilities. For these other AGE pathogens, outbreak management and infection control will require enhanced surveillance and monitoring, and enhanced infection control measures, similar to what is needed for norovirus outbreaks.

Most norovirus cases are transmitted person-to-person; however, norovirus can be spread by contaminated food and surfaces. Bacterial causes of AGE may be more likely caused by a contaminated food source but can be spread person-to-person if appropriate hygiene precautions are not implemented. Bacterial AGE will require further investigation of food sources and close communication with state and local public health partners. Clinical case management may differ for some of the bacterial AGE pathogens.

If two or more cases of diarrhea are identified within 48 hours in the same housing area, this is considered a suspected gastroenteritis outbreak. If ten or more cases of gastroenteritis are identified within multiple housing units within 24-48 hours, an institution wide outbreak should be suspected with concern for a food source/culinary source. The institution should immediately begin an investigation into the etiology of the outbreak: determining the pathogen responsible, mode of transmission, and begin immediate steps for containment.

Outbreak management procedures include immediately activating appropriate isolation, quarantine, and infection control procedures; notifying dietary/kitchen managers to retain food specimens (also known as “Dead Man’s Trays”); ordering diagnostic testing to determine etiology; and reporting to the local health department (LHD) and notifying California Correctional Health Care Services (CCHCS) Public Health.

SECTION 1: OUTBREAK DEFINITIONS, REPORTING, AND LABORATORY TESTING AND CONFIRMATION

OUTBREAK DEFINITIONS AND REPORTING

Section I: Table I: Definitions and Reporting Requirements

	Definition	Reporting to Local Health Department per Title 17*	Reporting to CCHCS HQ Public Health ¨
Suspected Outbreakù	Two or more patients within one housing unit with symptoms consistent with norovirus and other AGE (diarrhea and vomiting) presenting within 48 hours	Immediately notifiable by phone	Yes
Suspected Foodborne Outbreak	Ten or more patients with symptoms consistent with norovirus and other AGE (diarrhea and vomiting) presenting within 24-48 hours throughout the institution	Immediately notifiable by phone	Yes
Confirmed Outbreak	Two or more symptomatic patients who have tested positive for the same pathogen on laboratory testing	Immediately notifiable by phone	Yes
Confirmed Foodborne Outbreak	A food source may be confirmed using laboratory testing of retained food items§	Immediately notifiable by phone	Yes
Single cases of bacterial AGE	Examples: salmonella, shigella, *E. coli* O157	Yes	Yes
Single case of confirmed norovirus		Not reportable	Yes

* All outbreaks of norovirus disease or other AGE are immediately notifiable by phone to the local health department per Title 17 of the California Code of Regulations. See: ReportableDiseases.pdf (ca.gov)

¨ In the event of an outbreak, the Public Health Nurse (PHN) should immediately notify the Headquarters Public Health Nurse Consultant Program Review (NCPR) representative for the institution and submit a Public Health Outbreak Response System (PORS) report. PHNs should also report single cases of AGE.

ù Kaplan and Lively criteria may be used to help define suspected norovirus outbreaks. Please see Appendix A Norovirus Outbreak Classification for more detail.

§ Foodborne outbreaks may also be caused by an infectious food worker who is handling food items and contaminating the food—in this case food testing may or may not confirm the source.

If additional questions or concerns, the Chief Medical Executive may also send an inquiry to the public health warmline for additional consultation (phone 916-691-9901 and email CDCRCPHCSPublicHealth@cdcr.ca.gov)

LABORATORY TESTING FOR OUTBREAK CONFIRMATION

When an outbreak of AGE is suspected, laboratory testing of stool for multiple pathogens is needed to establish the cause of the outbreak. Within each affected housing unit, the institution should try and collect stool specimens for testing from five acutely symptomatic patients.

Laboratory specimens should be collected as quickly as possible while patients are still symptomatic—ideally within the first 72 hours of symptom onset. Patient specimens should be sent for the following: norovirus, salmonella, shigella, campylobacter, and Shiga toxins with reflex to E. coli O157 and other E. coli.

- See Appendix B Ordering and Handling Routine and Other Stool Specimens for more detail on which tests to order.
- Once an etiology is established, i.e., a positive detection of the same pathogen from more than one symptomatic patient, additional testing is generally not needed. However, additional testing is needed when: a new housing unit becomes affected, or if patients' presentations change, or there is a break in cases of more than 3 days and then more patients become symptomatic.

FOOD TESTING

The Department Operations Manual 54080.11.2 Retention of Food Samples states that "a sample of each food item served" (also known as "Dead Man's Trays") should be retained in each kitchen.

In the event of a suspected foodborne outbreak the PHN should:

- Contact the kitchen manager immediately to hold ALL retained food trays (which should cover the last 72 hours). Please see the Environmental Health Toolkit for Foodborne Outbreaks for more specific recommendations.
- Verify by the end of the day that the retention was done (i.e., do not rely on leaving email or voicemail messages).

Please note that kitchen managers have protocols for chain of custody and how they will label and package and preserve the food if it is later needed for testing. Additional discussion on responsibilities of the food manager may be found in the CDCR Dietary Services Food Services Handbook (see references).

Investigations of foodborne illness require collaboration with the LHD and HQ Public Health. Until there is a confirmed pathogen, or a request from the LHD or HQ Public Health for food testing, samples of food should not be submitted for laboratory testing.

- Identifying possible exposures often requires a case control study whereby individuals will be interviewed to determine which foods were consumed.
- Food may be tested for pathogens including norovirus, salmonella, shigella, and *E. coli*.

SECTION II: NATURAL HISTORY AND CLINICAL CONSIDERATIONS

SYMPTOMS AND CLINICAL COURSE

Norovirus:
Norovirus illness symptoms typically have a rapid onset and usually include vomiting, diarrhea, and stomach cramping. Patients may present with a low-grade fever, chills, headache, muscle aches and general sense of tiredness. Vomiting may be prominent in patients with norovirus.

Most patients with norovirus will have self-limited illness that resolves within 48 to 72 hours. However, patients who are elderly, frail, or have other co-morbid conditions may be at increased risk for complications including dehydration and should be closely followed.

Other Acute Gastroenteritis illnesses:
Other acute gastrointestinal illnesses or AGE may present similarly; however, some patients may present with more systemic illness (fever), bloody diarrhea, or the illness onset may be less acute. Some bacterial diseases, such as salmonellosis, *E. coli*, shigellosis, may cause more severe disease and hospitalizations are more common.

TRANSMISSION

Norovirus:
Norovirus is present in the vomitus and feces of infected persons and most transmission is person to person. Norovirus is highly transmissible.

Transmission of norovirus may occur in the following instances:

- Direct contact with another person who is infected
- Poor hand hygiene after coming in contact with infectious materials
- Eating food or drinking liquids that are contaminated with norovirus
- Airborne droplets from vomitus
- Touching surfaces or objects contaminated with norovirus, and then touching the mouth or other food items

Norovirus is very hardy and may remain on surfaces for weeks if not properly cleaned and disinfected.

Other AGE:
Transmission of other AGE pathogens may also be person-to-person via fecal-oral contamination, or contaminated foods. Patients with salmonellosis, shigellosis, *E. coli*, and campylobacter may shed bacteria in their stool that can contaminate hands, surfaces, etc.

INCUBATION PERIOD

Norovirus: The incubation period is generally 12 to 48 hours from exposure.

Other AGE: The incubation period for other AGE varies from 8 to greater than 72 hours depending on etiology.

INFECTIOUS PERIOD

Norovirus:

Patients are considered infectious from the time of symptom onset until 48-72 hours after symptoms are resolved. Some people may remain infectious for a few weeks following illness including those who are immunocompromised. Food handlers should not return to work until 72 hours after symptom resolution.

Other AGE:

The infectious period for other AGE may vary, but all persons with symptoms of AGE who work in sensitive occupational areas, which include the kitchen, food distribution, and health care areas, should not return to work for 72 hours after symptom resolution. In some instances, patients may require repeat cultures to document clearance of the pathogen in consultation with the local health department.

More information on different diarrheal pathogens can be found by accessing UpToDate.

DIAGNOSIS

Clinical History

Norovirus and other AGE should be suspected in patients who present with acute onset of nausea/vomiting or diarrhea (three or more loose stools/day). Other symptoms may include low grade fever, chills, headache, and myalgias.

Laboratory Testing

Norovirus and other AGE may be confirmed by testing of stool for the pathogens. The Norovirus PowerPlan, which can be accessed in CERNER, includes the specific lab orders to capture all the pathogens of concern to be tested.

See Appendix B Ordering and Handling Routine and Other Stool Specimens.

TREATMENT

The majority of norovirus patients and patients with other AGE will improve with supportive therapy. Ensuring adequate hydration is key, and persons who are elderly, immunocompromised, or who have other comorbid conditions may be at increased risk of dehydration.

For some bacterial causes of AGE, depending upon patient characteristics, antibiotics may be needed. However, it is important to note that in some instances, antibiotics may be harmful (e.g., treating Shiga-toxin producing E. coli [STEC] with antibiotics may increase the risk of hemolytic uremic syndrome). Providers are encouraged to consult UpToDate and other clinical resources to review treatment recommendations for these pathogens.

PREVENTION

In addition to prompt recognition of illness, safe food handling, proper hand hygiene, and environmental cleaning and disinfection are imperative to preventing illness. Additionally, incarcerated persons should be educated on safe food storage in their cells as they lack access to refrigeration. They should be encouraged to follow labels and other instructions on food packaging.

Early recognition of ill patients with prompt isolation, enhanced cleaning and disinfection, and promotion of proper hand hygiene measures are imperative to stop transmission and prevent additional cases.

ISOLATION

Patients who present with vomiting, diarrhea, or other symptoms of norovirus or AGE illness should be isolated in a single cell with their own toilet and placed on contact precautions. If a single cell is not available (e.g., if only dorm housing available) and there are multiple persons with similar symptoms, cohort isolation may be considered in discussion with CCHCS HQ Public Health. Similarly, if there is a patient with symptoms but no isolation space available, please consult with CCHCS HQ Public Health.

Staff who are in contact with ill patients should ensure that they utilize personal protective equipment (PPE) and infection control practices as outlined in Section V. Infection Prevention and Control Practices.

Once placed in isolation:

- Place patient on a medical hold within the medical classification chronos (MCC).
- Monitor once daily for disease progression by a nurse.
- Provide disposable food tray until released from isolation.
- Limit patient transport except for urgent/emergent medical appointments.
- Patients with active disease and those not yet released from isolation should not go to school, work, or non-urgent medical appointments.
- Patients who are convalescing but are not yet released from isolation may have yard time separate from individuals who are not ill.

MONITORING DURING ISOLATION

- Patients with norovirus or AGE should be monitored at least once daily for disease progression by a nurse, with prompt referral to a provider for concerning signs and symptoms, including bacterial superinfection.
- Symptom monitoring should include asking the patient about the following:
  - Fever
  - Chills
  - Nausea
  - Vomiting
  - Diarrhea (3 or more loose stools within 24 hours)

In addition, patients >65, or with significant medical comorbidities would require additional monitoring including vital signs.

SECTION III: CASE MANAGEMENT IN CCHCS/CDCR FACILITIES

RELEASE FROM ISOLATION

- Patients should remain in isolation until 48 hours after resolution of all symptoms.
- Patients who work in sensitive occupations should not return to work until 72 hours after resolution of all symptoms (e.g., diarrhea, vomiting, fever).

- In some instances of bacterial AGE, patients will need repeat cultures to document clearance prior to return to work and the local health department will also need to clear the patient to return to work.
- Of note, other pathogens (e.g., hepatitis A) may require longer time frames prior to return to work.
- Release from medical hold by updating the MCC.

See Appendix C. Isolation and Quarantine for Norovirus Matrix for more details.

SECTION IV: OUTBREAK INVESTIGATION AND CONTROL

OUTBREAK RESPONSE TEAM

All outbreak investigations will require a coordinated, multi-disciplinary team from the institution to respond to the outbreak. This team may include the following depending upon institution availability and practice:

- Chief Medical Executive (CME)
- Chief Nursing Executive (CNE)
- Public Health Nurse (PHN)
- Infection Control Nurse (ICN)
- Employee Health Nurse (EHN)
- Correctional Food Manager (CFM)
- Environmental Services Manager (EVS)
- Laboratory Supervisor
- Custody partners including Warden, or designee, Associate Warden of Health Care, Classification & Parole Representative (C&PR) and other key custody staff

The PHN should immediately start using the "Acute Gastroenteritis or Norovirus Line List" to capture all suspect cases. An example of the line list can be found in Appendix D Acute Gastroenteritis or Norovirus Line List). The line list is the tool to use to manage the list of suspected and confirmed patients. This line list should be updated daily and posted to the SharePoint. The HQ public health team can assist with establishing the line list on the SharePoint drive so all can access and add data.

The information from the line list is used by the HQ public health team to create the epidemic curve (epi curve). An epi curve is a graphical representation that shows the onset of illness among cases associated with an outbreak over time. It helps visualize the progression and impact of an outbreak. Also, a table can be created by the epidemiologist showing the yard and housing unit where there are cases. This is another helpful tool to use to visualize where cases are located.

The PHN should use the step by step "Acute Gastroenteritis or Norovirus Public Health Nurse Contact Investigation Checklist" found in Appendix E.

OUTBREAK MANAGEMENT MEETINGS

The CCHCS headquarters public health team will convene an initial outbreak control meeting with members of the institution's outbreak management team and representatives from the headquarters Employee Health Program. See Appendix F Outbreak Response Meeting Sample Agenda.

Over the course of the outbreak, it may be necessary to convene similar meetings to discuss the course of the outbreak and determine if additional control measures are required. These meetings may be convened by the institution with the headquarters' public health team acting as consultants depending upon the course of the investigation.

QUARANTINE AND CLINICAL MONITORING OF CONTACTS

Incarcerated people who are contacts of the suspected and confirmed case patients are at risk of becoming ill themselves due to person-to person transmission. Contacts should undergo daily surveillance to assess for signs and symptoms.

Record daily assessments using the "Surveillance Rounds" Powerform. Surveillance orders are part of the "Norovirus PowerPlan." See Appendix C. "Isolation and Quarantine for Norovirus" for more details.

Staff should wear appropriate PPE as follows:

- Rounding on close contacts: Gloves and a protective gown. Additional PPE such as goggles and masks should be included if risk of exposure to eyes and mucous membranes is anticipated, e.g., if there is active vomiting or if there is concern for gassing.
- Staff within 3-6 feet of a contact (such as for Surveillance rounding, face-to-face interviews, or escorts: at minimum gloves and protective gown Additional PPE should be implemented if exposure is anticipated.
- Staff working in quarantine housing units should wear at a minimum, gloves. Additional PPE should be implemented if closer contact is anticipated.

If any contact develops signs or symptoms, they should be isolated as per Section II and placed on the line list. Contacts should not be transferred out of the institution during the incubation period.

Contacts include the following:

- Cellmate and other shared housing
- Persons on the same work crew, e.g., kitchen workers
- Classmates

The following symptom screen should be performed daily for contacts:

- Fever (≥ 100.4°F [≥ 38°C]) (no touch thermometer)
- Chills
- Nausea
- Vomiting
- Diarrhea (three unformed stools/day)
- Muscle aches

REQUIREMENTS FOR HOUSING AREAS AND CONTACTS

Depending upon numbers of cases and housing type, the need for quarantine may be a CME decision. In addition, contacts may be permitted to program in some settings. Specifics of which patients to place into quarantine and what activities are permissible are discussed in Appendix C "Isolation and Quarantine for Norovirus." For non-norovirus quarantine and activities, specific requirements may vary depending upon etiology.

If an institution has more than 100 confirmed or suspected cases, the institution may consider closing the facility to new admissions until the outbreak is over and pausing volunteer programs and visiting. This should be discussed in conjunction with CCHCS Public Health.

CONTACT TRANSFERS IN/OUT OF OUTBREAK INSTITUTIONS

In general, the institution should take care to avoid sending contacts to other institutions that have been identified in a building or a unit where there were cases during an active outbreak. However, if there are urgent/emergency transfers from the outbreak housing area that must occur please contact CCHCS HQ Public Health for more information about what information should be communicated to the receiving institution.

COMMUNITY EDUCATION FOR INCARCERATED PERSONS

In the event of an outbreak the institution should develop a coordinated communication and education strategy to get education information to all incarcerated persons. The information should be written clearly at an appropriate educational level for all to understand. The purpose is to prevent further transmission by ensuring all symptomatic patients have access to appropriate hand hygiene and bleach cleaning materials. Please see references and Patient Education and Appendix G Draft Memo to Incarcerated Population Re Notification of Suspected Outbreak for examples.

STAFF AND VOLUNTEER EDUCATION AND CASES

Institution-wide memos should be sent to all staff informing them of a suspected acute gastroenteritis outbreak within the institution, see Appendix H Draft Memo to Staff Re Notification of Suspected Outbreak and Disinfection Recommendations. Information should include how staff can protect themselves, outlining infection prevention and control measures. Staff with symptoms should be educated that they should be symptom-free for 48 hours before returning to work and should maintain strict hand hygiene upon return to work. It is recommended to encourage hand washing prior to entering the facility and upon exit.

SECTION V: INFECTION PREVENTION AND CONTROL MEASURES

HAND HYGIENE

Hand hygiene is the key strategy to employ for the prevention of transmission during an acute gastroenteritis outbreak. Hand washing with soap and water is more effective against Norovirus than hand sanitizers. All incarcerated people should be educated on the following:

- Strict hand washing before meals and after using the toilet for all housing units and especially for the occupants of affected housing units.
- Hand washing stations should be made available in the dining halls and incarcerated people should wash their hands upon entry.

PRECAUTIONS

All patients with suspected or confirmed norovirus or other acute gastrointestinal illness should be placed on both contact and droplet precautions isolation.

PERSONAL PROTECTIVE EQUIPMENT

Health care providers caring for patients, porters, and other staff in contact with ill patients or responsible for cleaning must wear appropriate PPE.

When caring for patients in contact precautions, required PPE should include at minimum gloves, and a protective gown. When performing cleaning activities, a procedure mask should be added in case aerosols are produced while cleaning. Goggles or face shield should be considered whenever there is a risk of splashing. Dispose of PPE per protocol.

PPE donning and doffing stations should be provided, and materials for hand hygiene (sink/soap) should be available outside the room. All staff should perform hand hygiene prior to donning and after doffing PPE. If regular clothing becomes soiled, change clothes immediately and wash hands.

CLEANING AND DISINFECTION

Routine cleaning and disinfection of the institution should be increased, particularly in outbreak areas, using an appropriate EPA registered disinfectant for the organism suspected or identified. When norovirus is suspected or confirmed a dilute bleach solution is the preferred disinfectant. See HCDOM 3.8.8 appendix 3 for reference to bleach use for sanitation during contact precautions. Other EPA registered disinfectants that have a claim for norovirus should only be used in consultation with CCHCS Headquarters Public Health. Note that quaternary ammonium compounds like Cell Block 64 are not effective against norovirus and should not be used for disinfection during an outbreak.

Establish cleaning crews who can be mobilized quickly. Increase the frequency of routine environmental cleaning, including bathrooms and the areas surrounding the patients' living space. Particular attention should be given to cleaning objects that are frequently touched, such as faucets, door handles, bed rails, handrails, and dining tables.

Clean and disinfect vomit and fecal spillages promptly by gently covering them with a dilute bleach solution, leaving it for 10 minutes, and then carefully cleaning it up without splashing. Change the mop head and bleach solution frequently.

BLEACH

A dilute bleach solution should be used for disinfecting purposes. See Health Care Department Operations Manual 3.8.8 Communicating Precautions from Health Care Staff to Custody Staff. A dilute bleach solution may be prepared by mixing 1/3 cup chlorine liquid bleach to 1 gallon water. The diluted bleach solution should be prepared no more than 24 hours in advance and discarded if not used. Close collaboration with custody is important to ensure cleaning staff/porters are trained in the safe distribution and handling of bleach products. See Appendix I Bleach Dilution and Handling for more information.

CLEANING ISOLATION ROOMS

The isolation room should be terminally cleaned by staff wearing PPE utilizing diluted bleach after the patient has had resolution of symptoms. If the room becomes visibly soiled, the room may require additional cleaning prior to terminal cleaning.

If there are cohort isolation rooms being utilized, these should be cleaned several times a day.

LAUNDRY

All soiled laundry during an AGE outbreak from suspected/confirmed ill persons should be considered infectious. Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in a way that avoids contact with stool or vomitus that may be present on the laundry. Soiled laundry should be promptly contained in a water-soluble bag that is then placed in a plastic bag designated for contaminated laundry (e.g., the yellow bag). Anyone handling soiled laundry from people with known or suspected norovirus infection should wear PPE including gloves and gown. Hand hygiene should be performed after handling soiled laundry. PPE is not necessary after the wash cycle is completed.

SECTION VI: REFERENCES

CCHCS Resources

- Norovirus and Acute Gastroenteritis Resources Lifeline page
- Dietary Services - CDCR Food Service Handbook 2024.pdf
- Bleach memo: Public Health Branch - 09-29-2025 - Memo - Use of Bleach as a Disinfectant

California Department of Public Health (CDPH) Resources

- CDPH webpage: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Norovirus.aspx#
- CDPH Environmental Health Toolkit for Foodborne Outbreaks

Centers for Disease Control and Prevention (CDC) Resources

- Responding to Norovirus Outbreaks: https://www.cdc.gov/norovirus/php/reporting/outbreak-responding.html

Patient Education

- FOOD POISONING: PROTECT YOURSELF AND YOUR FAMILY (cdc.gov)
- Norovirus Fact Sheet
  https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/NorovirusFactSheet.pdf
- CDC: Norovirus Facts and Stats
- Clean Hands: About Handwashing

Appendix A. Norovirus Outbreak Classification

Outbreak Type	Criteria		
	Laboratory	**Kaplan***	**Lively***
Suspected Norovirus	No positive norovirus or other pathogens	Norovirus outbreak likely if: • Mean (or median) illness duration of 12 to 60 hours; and • Mean (or median) incubation period of 24 to 48 hours; and • >50% of patients have vomiting; and • No bacterial agent found	Norovirus outbreak likely if: • Greater proportion of cases with vomiting than with fever • Bloody diarrhea in <10% of cases; and • Vomiting in >25% of cases
Confirmed Norovirus	Norovirus present in stool in two or more patients	N/A	N/A
Other AGE etiology	Laboratory testing identifies alternate pathogens in two or more patients	N/A	N/A

*Kaplan and Lively are clinical and epidemiological criteria to help define an outbreak.

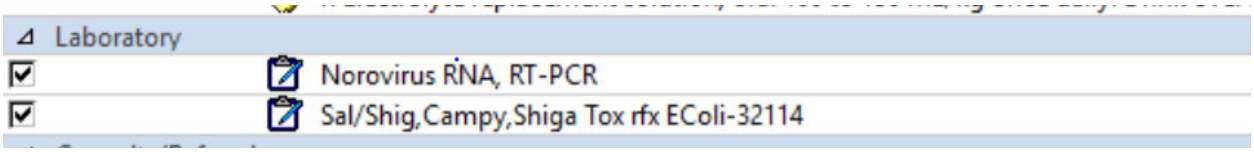
Appendix B. Ordering and Handling Routine and Other Stool Specimens

A. Ordering routine stool specimens for acute gastroenteritis/suspected norovirus

- The order for stool examination can be found in EHRS using the Norovirus PowerPlan, which includes the following:
  - Salmonella
  - Shigella
  - Campylobacter
  - Shiga Toxins with reflex to E. coli O157
  - Norovirus RNA, RT PCR

Coordinate with the institutional lab staff during business hours for the collection of stool samples. Please note that laboratory availability may be limited. If laboratory is not available on the weekend, ensure there is a plan for stool collection even without lab personnel.

Screenshot of the laboratory orders in the Norovirus PowerPlan that should be used for patients suspected of norovirus or AGE.



If concerned that other pathogens may need to be identified, an additional gastroenteritis (GI) panel can be used (TC 38470) which includes additional targets like rotavirus (uncommon in adults), *Vibrio* Group (unusual for CCHCS patients), and *Yersinia enterocolitica.*

- Please note that in the event that a bacterial pathogen is identified, the clinical laboratory is required to submit remnant specimen to the California Department of Public Health as per Title 17.
- Additionally, for patients who have recently been hospitalized or in a health care setting, or have been on a course of antibiotics, providers may consider C. difficile as a cause of the diarrhea. Patients with C. difficile have a predominant diarrheal illness and are at risk for poor outcomes including dehydration, toxic megacolon, renal dysfunction and should be followed closely. Further discussion of C. difficile diarrhea is outside the scope of this document. See UpToDate or CDC for more information.

B. Stool Specimen Collection & Handling

Collect fresh stool specimens as early as possible.

- Stool specimens should be obtained during the acute phase of symptoms within the first 24 hours of symptom onset if possible.
- Specimens are more likely to be negative after symptoms have resolved.
- Please note — if specimens are collected over the weekend or on a Friday, please discuss with the laboratory personnel to ensure correct specimen storage.

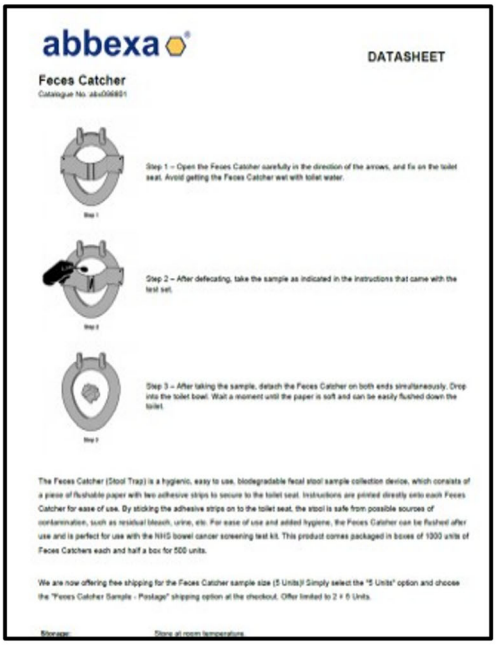
Patients should be provided with a Feces (stool) Catcher to assist in specimen collection.

- The Feces Catcher is a hygienic, easy to use, biodegradable fecal stool sample collection device, which consists of a piece of flushable paper with two adhesive strips to secure to the toilet seat.
  - Instructions are printed directly onto each Feces Catcher for ease of use.
  - Instruct the symptomatic person to stick the adhesive strips on to the toilet seat. This keeps the stool safe from possible sources of contamination, such as residual bleach, urine, etc.
  - The Feces Catcher can be flushed after use.

Feces Catcher Information

The "Feces Catcher" can be found on the Standard Medical Supply List.

The order information is as follows:
FAECES-STOOL COLLECTION DEVICE
Material number: 133678



abbexa®

DATASHEET

Feces Catcher

Catalogue No. abx006801

Step 1 – Open the Feces Catcher carefully in the direction of the arrows, and fix on the toilet seat. Avoid getting the Feces Catcher wet with toilet water.

Step 2 – After defecating, take the sample as indicated in the instructions that came with the test set.

Step 3 – After taking the sample, detach the Feces Catcher on both ends simultaneously. Drop into the toilet bowl. Wait a moment until the paper is soft and can be easily flushed down the toilet.

The Feces Catcher (Stool Tray) is a hygienic, easy to use, biodegradable fecal stool sample collection device, which consists of a piece of flushable paper with two adhesive strips to secure to the toilet seat. Instructions are printed directly onto each Feces Catcher for ease of use. By sticking the adhesive strips on to the toilet seat, the stool is safe from possible sources of contamination, such as residual bleach, urine, etc. For ease of use and added hygiene, the Feces Catcher can be flushed after use and is perfect for use with the NHS bowel cancer screening test kit. This product comes packaged in boxes of 1000 units of Feces Catchers each and half a box for 500 units.

We are now offering free shipping for the Feces Catcher sample size (5 Units)! Simply select the "5 Units" option and choose the "Feces Catcher Sample - Postage" shipping option at the checkout. Offer limited to 2 x 5 Units.

Storage: Store at room temperature.

Two samples of stool should be collected from the feces catcher and placed in the following containers.

- One sample goes in a sterile specimen container (see example image below). This specimen will be used to test for Norovirus.

- One sample goes in a stool culture container (see example image below). This specimen will be used to test for Salmonella, Campylobacter, Shigella, Shiga toxin with reflex to E.coli (STEC).

Storage of Stool specimens.

- Stool should not be kept at room temperature for longer than 4-6 hours prior to transferring the stool to each desired transport container.
- Stool Specimens for Norovirus testing can be refrigerated for up to 7 days or frozen for up to 30 days until they can be transported to the lab.
- Stool specimens for culture, (Salmonella, Campylobacter, Shigella, STEC) can be refrigerated for up to 4 days. Frozen specimen is not acceptable.

Appendix C. Isolation and Quarantine for Norovirus

TABLE 1. RECOMMENDATIONS ON ISOLATION, QUARANTINE, SURVEILLANCE ROUNDS, AND MEDICAL HOLDS, BY NUMBER OF SUSPECTED OR CONFIRMED NOROVIRUS CASES IN 5-DAY PERIOD

Mitigation Measures for Cases and Contacts	Number of Norovirus cases within a 5-day period:		
	1 case	2 – 4 cases	5 or more cases
Isolation – Norovirus cases	Place Cerner Order for Contact Precautions and continue: • **until 48 hours** after the resolution of all symptoms		
Quarantine - Close Contacts*	Until **48 hours** after separated from case		
Quarantine - Housing Unit cell/small closed-doors pods (<10 persons)	CME decision	CME decision	Yes (until **5 days** without new norovirus cases)
Quarantine - Housing Unit dorm or large open air pods (11 or more persons)	CME decision	Yes (until **5 days** without new norovirus cases)	
Surveillance Rounds - norovirus cases	At least once daily for **48 hours** after symptom resolution (place surveillance round order in EHRS)		
Surveillance Rounds - Close Contacts	At least once daily for **48 hours** after the last exposure (place surveillance round order in EHRS)		
Surveillance Rounds - Housing Unit	CME decision	Complete active surveillance rounds one time (on 1st day after onset of most recent AGE** case) and CME decision thereafter.	Complete active surveillance rounds at least once daily for **5 days** after onset of most recent AGE** case
Medical Hold for all cases	Hold for at least **48 hours** after diagnosis to allow for daily surveillance to monitor for deterioration. Hold can be released when patient is no longer considered acutely ill and infectious.		
Medical Hold for all Close Contacts	Until **48 hours** after last exposure		
Movement Restriction for Housing Unit	No	No	CME Decision – (If Yes – continue until **5 days** without AGE** cases in the housing unit)

* Close Contact: A person without AGE who has had close contact **OR** direct contact with bodily fluids of a confirmed or suspected case of norovirus during the infectious period **AND** who has had no positive tests for norovirus in that timeframe. This includes cellmates and/or small pods (<10 people) who share a toilet.

** AGE = Acute Gastroenteritis Symptoms include: Vomiting, Diarrhea, Stomach Cramping. May also have low-grade fever, chills, headache, muscle aches and tiredness.

Notes on Table 1

- ISOLATION - Confine individuals with symptoms consistent with norovirus either to a single room or cohort them with other incarcerated persons with confirmed positive norovirus only. (In a dorm setting and no single room isolation available, may be confined to a bunk that is isolated at least 6 feet from non-infected individuals)

Appendix C, Cont'd

- QUARANTINE- Limit movement and confine asymptomatic exposed individuals, who are contacts of suspected or confirmed norovirus cases, due to their likelihood of infection from the norovirus case. Those in quarantine should be encouraged to participate in yard time separate from non-quarantined individuals. (In a dorm setting and no single room quarantine space available may confine to bunk that is separated at least 6 feet from non-infected individuals)
- ACTIVE SURVEILLANCE ROUNDING - Observation and assessment (with temperature check) of incarcerated persons maintained for the purpose of identifying trends (e.g., new cases, illness recovery and/or clinical progression/deterioration).
- MEDICAL HOLDS – For individual cases and close contacts, update MCC.
- HOUSING UNIT RESTRICTION: For Housing Unit, order by CME memo to all custody and health care staff; administrative staff. Memo should restrict transfers within the prison (except for isolation, quarantine, or security needs).
- TEST REFUSALS - Incarcerated persons who refuse testing after showing AGE symptoms should be placed immediately in medical isolation. They should NOT be placed in cohorts (doors with open bars, double-celled or in dorm housing) with other people who are symptomatic, pending a test result, or confirmed positive following testing. They should complete isolation and meet the release from isolation criteria for norovirus.

TABLE 2. SUMMARY OF ACTIVITIES THAT CAN BE DONE IN NOROVIRUS ISOLATION OR QUARANTINE FOR PROGRAM STATUS REPORT (PSR) PURPOSES

Activity	Case Isolation	Close Contact Quarantine	Housing Unit Quarantine
Urgent/Emergent Medical/Dental Appts	YES		
Routine Medical/Dental Appts	NO	YES (at end of line)	
Visiting (General or Family)	NO	YES (if asymptomatic during surveillance rounds)	
Dining Hall	NO	YES (separated from non-quarantined units, at end of line)	
Medication Line	NO	YES (separated from non-quarantine units, at end of line)	
Dayroom	NO		YES
Yard	YES (with other confirmed cases only)	YES (separated from non-quarantined units)	
Vocation (health care, or food services)	NO		
Vocation (General)	NO		YES (if asymptomatic during surveillance rounds)
Education/Groups	NO		YES

Appendix D. Acute Gastroenteritis or Norovirus Line List

See Lifeline for a link to an Excel template line list that contains fields including, but not limited to, Demographics, Case Location, Disposition, Signs and Symptoms, Outcomes, Lab Results, and Possible Sources of Infection.

Appendix E. Acute Gastroenteritis or Norovirus Public Health Nurse Contact Investigation Checklist

Check: X when completed		The PHN checklist is a tool to be used when a Norovirus or Acute Gastroenteritis (AGE) outbreak is suspected. Correctional facility PHNs must focus their contact investigation on incarcerated persons, not employees.
SUSPECTED NOROVIRUS OR ACUTE GASTROENTERITIS CASE IDENTIFIED		
1.		If the patient is considered to be infectious, immediately place the patient in a single cell for contact and droplet precaution. Ensure the patient is isolated in a single room until lab results return or free of GI symptoms for at least 48 hours. If only dorm housing is available, please contact CCHCS HQ Public Health for consideration of cohort isolation.
2.		Notify the Chief Nurse Executive (CNE) and the Chief Medical Executive (CME) of the AGE case and request a physician order for immediate contact precaution.
3.		A physician initiates communication of needed contact precautions from health care staff to custody. Ensure that an MCC reflects a temporary medical hold for those who are symptomatic.
4.		Notify kitchen manager to retain food specimens (also known as "Dead Man's Trays") immediately and hold for testing. Retained food specimens, if suspected as the cause, should be tested for pathogens based on recommendations from the California Department of Public Health and local health department (LHD) officials.
5.		The outbreak investigation will require a coordinated, multi-disciplinary team to respond to the outbreak. This team should include the following: CME, CNE, PHN, ICN, EHN, EVS, CFM and custody partners including AW or designee, AW HC, C&R and other key custody staff.
6.		The line list for the PHN to use for a contact investigation can be found at: • Acute Gastroenteritis or Norovirus Contact Investigation Line List (Appendix D). This list should be updated daily and posted to the PH SharePoint.
7.		Interview the Norovirus or AGE suspected patient as soon as possible and investigate the patient's health record for pertinent information.
8.		Laboratory specimens should be sent as soon as possible while patients are still symptomatic. Please see Appendix B "Ordering and Handling Routine and Other Stool Specimens" which includes the following: • Salmonella • Shigella • Campylobacter • Norovirus RNA, RT PCR • Shiga toxins with reflex to E. coli O157
9.		If a patient is hospitalized in a community setting, communicate with the treating physician and Utilization Management (UM) nurse: • Contact the UM nurse to request ongoing communication in order to remain informed of in-patient progress and diagnostic study results.
10.		Notify HQ NCPR representative for the institution and submit a Public Health Outbreak Response System (PORS) report to CCHCS PHB. The PORS report is due within 24 hours of learning of a single case of bacterial AGE and 2 or more Norovirus confirmed/suspected cases. Notify LHD under California Code of Regulations, Title 17, Section 2500 ("Outbreaks of Any Disease").

Appendix E., Cont'd

DETERMINE THE INFECTIOUS PERIOD & IDENTIFY CLOSE CONTACTS		
11.		Perform a patient chart review, collect and record all pertinent information on initial onset of acute gastroenteritis symptoms and/or signs. Identify the date that the patient was isolated to be used in determining the end of the infectious period.
12.		List those incarcerated persons closely exposed by cohort (e.g., cellies, others in the housing unit, co-workers, etc.)
13.		Release Medical Holds on close contact after 48 hours of no symptoms.
CASE MANAGEMENT AND ISOLATION		
14.		Patients with Norovirus or AGE should be monitored at least once daily for disease progression by a nurse, with prompt referral to a provider for concerning signs and symptoms, including bacterial superinfection.
15.		**Isolation** • Norovirus or AGE illness should be isolated in a single cell with their own toilet and placed on contact precautions. If only dorm housing is available, please contact CCHCS HQ Public Health for consideration of cohort isolation. • Place patient on a medical hold within the MCC. • Should be monitored once daily for disease progression by a nurse. • Provide disposable food tray until released from isolation. • Limit patient transport except for urgent/emergent medical appointments. • Patients with active disease and those not yet released from isolation should not go to school, work, or non-urgent medical appointments. Patients who are convalescing but are not yet released from isolation may have yard time separate from individuals who are not ill.
16.		**Release from Isolation** • Patients should remain in isolation until 48 hours after resolution of all symptoms. • Patients who are food handlers and other sensitive occupations (workers in health care setting) should not return to work until 72 hours after symptoms resolution (e.g., diarrhea, vomiting, fever). • In some instances of bacterial AGE patients will need repeat cultures to document clearance prior to return to work and the local health department will also need to clear the patient to return to work. • Release from medical hold by updating the MCC.
QUARANTINE AND CLINICAL MONITORING OF CONTACTS		
17.		All contacts should undergo daily surveillance to assess for signs and symptoms. Record signs and symptoms in CERNER (Norovirus PowerPlan) and if any contacts develop signs and symptoms, they should be isolated, tested and placed on the line list.
18.		Contacts in buildings or units where cases are identified should be placed on Medical Hold and should not be transferred out of the institution or to a different housing unit.
19.		See Appendix C for details: Isolation and Quarantine for Norovirus and Other Gastroenteritis Syndromes.
20.		Contacts on Quarantine should: • Undergo daily surveillance and encouraged to report any signs and symptoms of AGE or Norovirus. • Be allowed yard time separate from unexposed individuals. • May go to work and school unless they work in sensitive occupations such as kitchen or food staff, directly with patients (ADA workers) or PIA workers. • Be screened for symptoms prior to reporting to work or school. • May go to medical, dental clinic visits. • Be allowed for family visiting as long as contacts remain asymptomatic.

ENVIRONMENTAL INFECTION CONTROL		
21.		**Education** Educate the population on the high importance of isolating when they are sick to stop transmission and pay close attention to proper hand washing, environmental cleaning and disinfection.
22.		**Cleaning** A bleach solution for cleaning should be prepared no more than 24 hours in advance and discarded if not used. Bleach solution may be prepared by mixing 1 cup chlorine liquid bleach to 3 gallons of water prepared daily.
23.		**Personal Protective Equipment** Health care providers caring for patients, porters and other staff in contact with ill patients or responsible for cleaning must wear appropriate personal protective equipment (PPE).
24.		**Cleaning Isolation Rooms** The isolation room should be terminally cleaned by staff wearing PPE, utilizing bleach after the patient has had resolution of symptoms. If the room becomes visibly soiled, the room may require additional cleaning prior to terminal cleaning.
25.		**Hand Hygiene** Hand sanitizers are not as effective against norovirus as hand washing with soap and water. All incarcerated people should be educated on the following: • Strict hand washing before meals and after using the toilet for all housing units and especially the occupants of the affected housing units. • Hand washing stations should be made available in the dining halls and incarcerated people should wash their hands upon entry.
26.		**Laundry** • Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in a way that avoids contact with stool or vomitus that may be present on the laundry. • Soiled laundry should be promptly contained in a water-soluble bag that is then placed in a plastic bag designated for contaminated laundry (e.g., the yellow bag). • Anyone handling dirty laundry from people with known or suspected norovirus infection should wear PPE including gloves and gown. Hand hygiene should be performed after handling soiled laundry

Appendix F. Outbreak Response Meeting Sample Agenda

1. Status of outbreak:
    - Number of patients ill
        - Number currently symptomatic
        - Number in isolation
        - Any hospitalizations or deaths
        - Number of patients tested for pathogens including norovirus
        - Results of testing (positive, negative, pending and which pathogens included)
    - Number of housing units affected
    - Housing unit status (quarantined or not)
    - Status and procedure for transfers in or out
2. Infection Control measures:
    - Hand washing stations and availability for both staff and incarcerated persons
    - What materials are being used for cleaning—bleach or other?
    - If bleach is not being used-- is there an availability issue obtaining the product or with custody concerned about safety?
    - What messaging has been provided to environmental services staff?
    - How frequently are common areas being cleaned?
    - Terminal cleaning practices
3. Employee Health concerns:
    - Any staff member who are ill or symptomatic
4. Communication to staff and residents about the status of norovirus:
    - Memos and signage
    - Communication with Inmate Advisory Council (IAC) for feedback and concerns.
5. Next steps:
    - Continued monitoring, need for additional support or assistance

Appendix G. Draft Memo to Incarcerated Population Re Notification of Suspected Outbreak

Please note this is a sample memorandum and institutions may revise as needed.

MEMORANDUM

Date:	
To:	Incarcerated Persons
From:	X, Chief Executive Officer X, Chief Medical Executive
Subject:	**SAMPLE NOTIFICATION OF [CONFIRMED/SUSPECTED] NOROVIRUS CASES AT X**

To All X Residents,

We are seeing residents in X with nausea, vomiting, and diarrhea which may be caused by a virus like norovirus. Norovirus is easy to spread from dirty surfaces, unwashed hands, and any food or drink that has norovirus in it.

Norovirus symptoms may include:

- Fever
- Muscle or Body Aches
- Headaches
- Fatigue
- Vomiting
- Diarrhea

Things you can do to slow the spread of Norovirus:

- ✓ Frequently wash your hands with soap and water for at least 20 seconds. Hand sanitizer does not kill norovirus.
- ✓ Avoid sharing personal items.
- ✓ Frequently clean your personal items and housing area.

If you have any of the above-mentioned symptoms, please notify medical staff immediately!

Appendix H. Draft Memo to Staff Re Notification of Suspected Outbreak and Disinfection Recommendations

Please note this is a sample memorandum and may be edited as needed to suit institutional needs.

CALIFORNIA DEPARTMENT *of* CORRECTIONS AND REHABILITATION

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date:	X
To:	All X Staff
From:	Warden — Chief Executive Officer
Subject:	**NOTIFICATION OF [CONFIRMED/SUSPECTED] NOROVIRUS CASES AT X**

The purpose of this memorandum is to inform all California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) staff that one or more individuals at the institution have presented with symptoms consistent with norovirus. [Testing has confirmed norovirus]. In addition, this memo outlines the importance of cleaning and disinfection with bleach.

The Employee Health Program and [Institution] Leadership are actively collaborating with Public Health to evaluate potential exposure risks and implement necessary measures to ensure safety and prevent further transmission.

Norovirus spreads mainly by:

- Person-to-person contact – personal physical contact.
- Contaminated objects – touching objects touched by an infected person.
- Contaminated food or water – eating food or drinking water that is contaminated.
- Respiratory Contamination - breathing in droplets from vomit or speaking in close contact.
- Touching surfaces or objects contaminated with the pathogen and then touching the mouth or other food item.

Norovirus symptoms may include:

- Fever
- Muscle or Body Aches
- Headaches
- Fatigue
- Vomiting
- Diarrhea

MEMORANDUM

Things you can do to slow the spread of Norovirus:

- Frequently wash your hands with soap and water for at least 20 seconds. Avoid hand sanitizers as it is not effective for norovirus.
- Disinfect hard surfaces with a bleach-based cleaner.
- Avoid sharing personal items.
- Use personal protection if working with ill persons, contacts, and contaminated laundry.

Cleaning and Disinfection:

Norovirus may live on surfaces for several days and therefore it is very important to clean and disinfect surfaces thoroughly. Bleach should be utilized for disinfection as other sterilizers are not adequate for norovirus. Bleach should be prepared fresh every 24 hours and mixed in a ratio of 1/3 cup bleach to one gallon of water. Please contact your facility captains to obtain bleach.

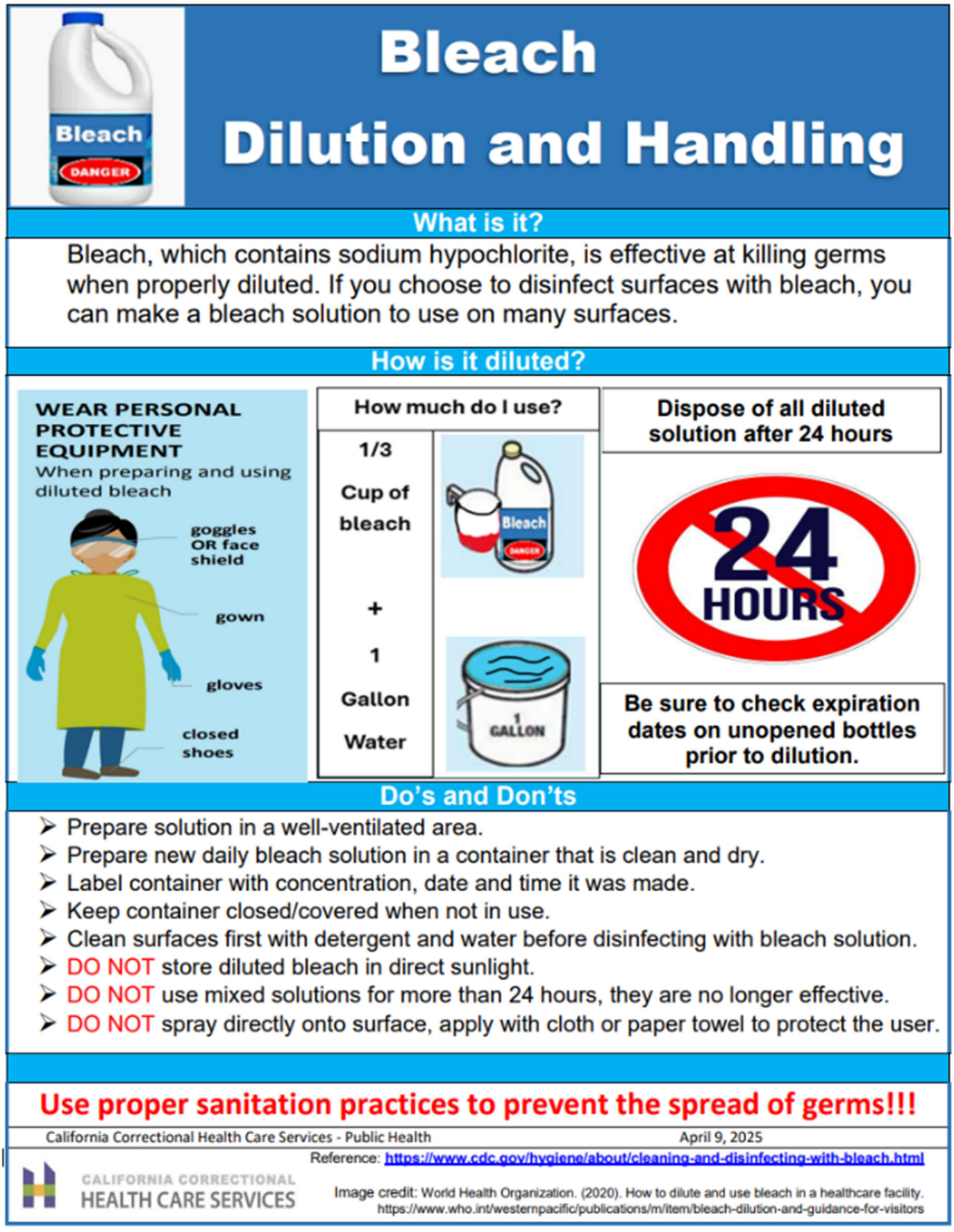
If You Are Sick

If you begin experiencing any of the above-mentioned symptoms, contact your supervisor, health care provider and the local EHP. Please follow the department's call-off process. This memorandum also serves to remind CDCR and CCHCS employees that every individual is responsible for completing a daily self-screening of symptoms.

Education on Norovirus can be found at Norovirus | Norovirus | CDC

If you have additional questions or concerns, please contact your local EHP team at (909) 597- 1821 ext. 8111 or 909-696-8111 or Headquarters EHP at EHP@cdcr.ca.gov.

Appendix I. Bleach Dilution and Handling and Patient Education



PATIENT EDUCATION/SELF-MANAGEMENT

NOROVIRUS:WHAT IS IT?

- Norovirus is a virus. It spreads quickly
- It causes vomiting and diarrhea. It is sometimes referred to as the "stomach flu."
- It can make older people and those with certain medical conditions very sick

SIGNS AND SYMPTOMS

HOW IT SPREADS

- Vomit or stool (poop) from someone with norovirus
- Contaminated food or beverages
- Touching objects or surfaces with the virus on them and then putting your fingers in your mouth

PREVENTION

- Wash your hands often with soap and water
- Clean and disinfect dirty surfaces

TREATMENT & RECOVERY

- Most people with this illness get better in 1 to 3 days. Antibiotics will not work.
- What can you do?
  - Get plenty of rest
  - Drink plenty of fluids
    - Watch for signs of dehydration, such as dry mouth
    - If you think you're dehydrated, get help
  - Avoid program activities when sick and for 48 to 72 hours after you feel better.

Protect yourself from Norovirus, wash your hands often!

Reference: Centers for Disease Control (2024) About Norovirus https://www.cdc.gov/norovirus/about/index.html

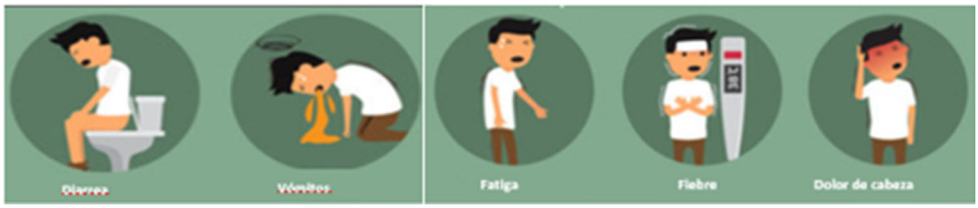
California Correctional Health Care Services Public Health Revised June 24, 2024

EDUCACIÓN PARA EL PACIENTE/CONTROL PERSONAL DEL CASO

NOROVIRUS: ¿QUÉ ES?

- El norovirus es un virus. Se propaga rápidamente
- Provoca vómitos y diarrea. A veces se le conoce como "gripe estomacal".
- Puede enfermar gravemente a las personas de avanzada edad y a las que padecen determinadas afecciones médicas

SIGNOS Y SÍNTOMAS



CÓMO SE PROPAGA

- Vómito o heces (caca) de alguien infectado con norovirus
- Alimentos o bebidas contaminados
- Tocar objetos o superficies que contengan el virus y luego acercarse los dedos a la boca

PREVENCIÓN

- Lávese las manos con frecuencia con agua y jabón
- Limpie y desinfecte superficies sucias

TRATAMIENTO y RECUPERACIÓN

- La mayoría de las personas que sufren esta enfermedad mejoran en 1 a 3 días. Los antibióticos no serán efectivos.
- ¿Qué puedes hacer?
  - Descansa mucho
  - Beba abundantes líquidos
    - Presta atención a los signos de deshidratación, como la sequedad de boca
    - Si cree que está deshidratado, busque ayuda
  - Cuando esté enfermo y durante las siguientes 48 a 72 horas después de sentirse mejor, evite las actividades del programa.

Protéjase del Norovirus, ¡lávese las manos con frecuencia!

Referencia: Centros para el Control de Enfermedades (2024) Acerca de Norovirus https://www.cdc.gov/norovirus/about/index.html

Servicios de atención médica correccional de California Salud pública revisada el 24 de Junio de 2024