

Norovirus Childcare Centers & Schools





Stomach Illnesses
Overview







Disease Burden

Due to norovirus, by age 5:

- 1 in 7 children will visit the doctor
- 1 in 40 will go to the emergency department
- 1 in 160 will be hospitalized
- 1 in 110,000 children will die from norovirus



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Norovirus Symptoms



Diarrhea



Nausea



Vomiting



Stomach Pain





Fever

Headache

Body aches







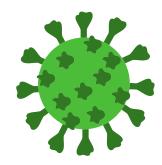
Clinical Features

- Average incubation period: 12-48 hours
- Average duration of illness: 12-60 hours
- About 30% of infections remain asymptomatic



About Norovirus

- Spreads very quickly and easily
- Appears quickly and resolves quickly
- Stays on surfaces and objects
- Infects people more than once







Norovirus Transmission





Daycares



Schools



Cruise Ships



Healthcare Facilities





Spreads by:

- Fecal-oral (stool to mouth) path
 - Direct contact with an infected person
 - Eating contaminated food
 - Drinking contaminated water
- Vomit particles
- Objects or surfaces (fomites)
 - Touching contaminated objects and then putting your unwashed fingers in your mouth



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Norovirus Diagnosis





Often diagnosed based on symptoms rather than testing.



Case Study

This morning, Mr. Buzz sent Andy home from Storybook Daycare after he had diarrhea two times and had a fever. Andy's mom took him to the doctor who diagnosed him with norovirus. During nap time, two students from Andy's class vomited and had stomach pain. They were also sent home.

What symptoms of norovirus were present at Storybook Daycare? (Select all that apply).

- Diarrhea
- □ Fever
- Vomiting
- ☐ Stomach pain
- □ Congestion



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- ☐ Stomach pain
- □ Congestion



At Storybook Daycare, there are 3 students within the same classroom with symptoms of norovirus. Should you treat this as a norovirus outbreak?

- ☐ Yes



At Storybook Daycare, there are 3 students within the same classroom with symptoms of norovirus. Should you treat this as a norovirus outbreak?







Andy went to the doctor and was diagnosed with norovirus based on symptoms. His doctor also took a stool sample for further testing.

While norovirus is usually diagnosed based on symptoms, a specific stool testing ordered by the doctor can help identify whether the illness is caused by norovirus.

☐ True





While norovirus is usually diagnosed based on symptoms, a specific stool testing ordered by the doctor can help identify whether the illness is caused by norovirus.

- **□**True
- □ False





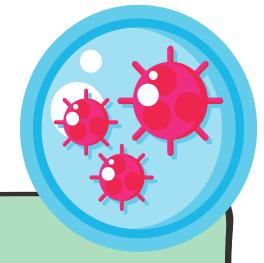
Outbreak Detection



Outbreak Criteria



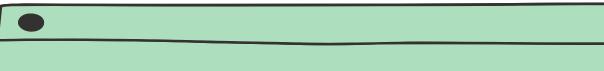




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Outbreak Management









NJDOH Norovirus Outbreak Guidance



Prevention of Norovirus Outbreaks in School and Childcare Settings

Norovirus is a virus that causes acute gastroenteritis in humans. It is sometimes called the "stomach flu" but is not related to influenza (flu) viruses, which primarily cause respiratory infection.

The most common symptoms of norovirus are diarrhea, vomiting, and abdominal pain. Fever, chills, headache, body aches and fatigue may also be present. Symptom onset is usually abrupt, which is very characteristic of norovirus.

Norovirus is very contagious, and is spread through contaminated food or water, by contact with an infected person, or by contamination of environmental surfaces. The virus has an incubation period (time period from when you are exposed to the virus to when you become ill) of 12-48 hours. Infected individuals are symptomatic for 1-2 days. Typically, a person is contagious as soon as they begin feeling sick and remains contagious until a few days after they recover. However, sometimes an ill person can continue to shed norovirus in their feces for two weeks or longer and can remain contagious even after symptoms have ended. Norovirus can spread quickly from person to person in places such as schools and childcare centers.

Outbreak detection and reporting

Childcare centers and schools are required to report all confirmed or suspected outbreaks of acute gastroenteritis, including norovirus to their local health department as soon as possible. An outbreak of norovirus is defined as an occurrence of two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused by norovirus.

Information should be gathered to confirm the outbreak – schools should provide as much of the following information as possible:

- Total number of students and staff in the school
- A line list (also known as an illness log) that includes all ill children and staff. Line list templates, School/Childcare Excel and Google Sheets Line Listing can be found on the School Health webpage.
 - Include all food handlers that have been ill, along with their specific duties. A
 food handler is any person directly preparing or handling food. Food handlers
 may range from staff providing snacks in a childcare setting to cafeteria staff in a
 school.

NJDOH-CDS Revised November 2024







Line List

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																								Line-list	last upda calculat	ited on (Auto- ed)	
CDRSS ID (LHD/DO H use only)	Case associate d with outbreak ? (LHD/DO H use only)	LAST NAME	FIRST NAME	DATE OF BIRTH (DOB)	SEX	CASE ROLE (Student/Staff/ Attendee/Visitor)	 ROOM	FEVER (Y/N)	TEMPERATURE (°F),	ASYMPTOMATC	NARRHEA	BLOODY STOOL	ABDOMINAL PAIN	VOMITING	НЕАВАСНЕ	SORE THROAT	FATIGUE	CHIL	(CONJUNCTIVITIS) RASH (Describe location	OTHER (specify)	ILLNESS ONSET DATE	Ur Ur	DATE SPECIMEN COLLECTED	IILOOL	DIAGNO SIS BY HCP	HOSPITALI ZED	COMMENTS
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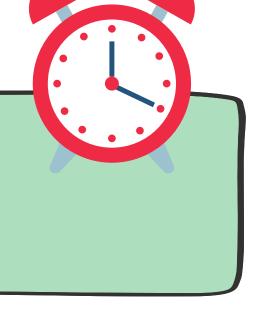
When should you reach out to your LHD?

 When you notice two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused

by norovirus



Importance of Timely Reporting





- Control further spread of disease
- Investigate, identify, and remove sources of infection
- Learn about emerging problems
- Identify carriers and ways to control and prevent spread
- Make education, guidance, and diseasespecific recommendations







GENERAL GUIDELINES FOR THE PREVENTION AND CONTROL OF OUTBREAKS IN EDUCATIONAL SETTINGS

Introduction

Per New Jersey Administrative Code (N.J.A.C.) 6A:16-2.2 and N.J.A.C. 3A:52-7.1, each school district and childcare center shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable diseases identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.

These regulations pertain to youth camps, childcare/early care and education programs (ECEs), schools and institutions of higher education. Additional outbreak guidance specific to the camp setting can be found on the New Jersey Department of Health (NJDOH) School Health webpage. Throughout the rest of this document, unless otherwise noted, these educational settings will be referred to generally as "schools". This document has been prepared to guide in both identification and response to outbreaks occurring in the school setting.

Reporting

Information related to school absenteeism plays a crucial role in detecting disease clusters or outbreaks. In accordance with Executive Order 302 and Executive Directive No. 21-011, K-12 schools are required to submit weekly data, including student census and absenteeism, to the New Jersey Department of Health (NJDOH) through the Surveillance for Infectious Conditions (SIC) Module in New Jersey's Communicable Disease Reporting and Surveillance System (CDRSS). Weekly reporting into the SIC Module does not take the place of reporting outbreaks to the local health department (LHD).

Reporting communicable disease outbreaks in schools serves various purposes. The primary objective is to immediately control the further spread of the disease. Additionally, insights gained from outbreak investigations assist schools and public health agencies in identifying and eliminating sources of infection, understanding emerging problems, identifying carriers to mitigate their role in disease transmission, and implementing new prevention strategies within schools.

In the school setting, determining if an outbreak is occurring can be challenging. An outbreak is defined as an occurrence of disease greater than expected at a specific time and place. The following examples of confirmed or suspected outbreaks should be reported by the school to their local health department (LHD). This list is not exhaustive; if the situation doesn't align with these criteria and an outbreak is suspected, consultation with the LHD is recommended.

A school may be experiencing an outbreak (i.e., occurrence of disease greater than expected) may be if:

 Several children who exhibit similar symptoms are in the same classroom, the same wing of a facility or they attended a common event.



You should reach out to your local health department if you notice two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused by norovirus.

True or False



You should reach out to your local health department if you notice two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused by norovirus.

True or False



Control Measures Exclusion





NJDOH School Exclusion List

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Norovirus	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	Until 24-48 hrs. after symptoms resolve and fever free for 24 hours without fever reducing medication.	Exclude from cooking, preparing and touching food 48-72 hrs. after symptoms resolve. Staff may perform duties not associated with food preparation 24 hrs. after symptoms resolve.	Exclusion time on a case- by-case basis after consultation with the local health department (i.e., during an outbreak).	

An outbreak may be occurring if: several children who exhibit similar symptoms are in the same classroom, same wing or attended a common event. There is an increase in school absences with report of similar symptoms. Two or more students diagnosed with the same reportable disease. A single case of a highly infectious disease exists or is suspected to exist.



Stay hydrated!



See your doctor!





Control Measures Notifications







Name of Program	Date
Telephone #	
Dear Parent or Legal Guardian:	
A child in our program has or is suspected of hav	ing:
Information about this illness/disease:	
The disease is spread by:	
The symptoms are:	
It can be prevented by:	
What the program is doing:	
What you can do at home:	
If your child has any symptoms of this disease, ca provider to find out what to do. Be sure to tell hi have a regular provider to care for your child, co instructions on how to find a doctor, or ask other providers. If you have any questions, please cont	m or her about this notice. If you do not ntact your local health department for parents for names of their children's
School Nurse/Caregiver's name	Phone number



It is recommended to consult with your local health department when writing notification letters to ensure the information is accurate.



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Control Measures Handwashing









Hand sanitizer is effective against norovirus.



Hand sanitizer is effective against norovirus.









EPA List G

List G: Antimicrobial Products Registered with EPA for Claims Against Norovirus (Feline calicivirus)

Registration Number	Active Ingredients/s	Product Name	Company	Contact time in Minutes (time surface ↔ should remain wet)	Formulation	Surface Types	Use sites (Hospital, Institutional, ⊕ Residential)
100629-2	Quaternary ammonium	Stize RTU+	Florida Biotech, LLC	10	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
100777-1	Hypochlorous acid	EWCO 200	EWOC LLC	5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional; Residential
100798-1	Hypochlorous acid	Nanocyn	Microsafe Group	0.5	Ready-to-use	Hard Nonporous (HN)	Hospital; Institutional
10324-105	Quaternary Ammonium	Maquat 128 PD	Mason Chemical Company	10	Dilutable	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-108	Quaternary Ammonium	Maquat 256-MN	Mason Chemical Company	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-112	Quaternary Ammonium	Maquat 128-MN	Mason Chemical Company	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential
10324-113	Quaternary Ammonium	Maquat 64-MN	Mason Chemical Company	10	Dilutable; Electrostatic spray	Hard Nonporous (HN)	Hospital; Institutional; Residential



Cleaning & Disinfection Resources

What's the Difference Between Cleaners, Sanitizers, and Disinfectants?



Best practices for healthy child care center

CLEANERS: All-purpose cleaners (certified green cleaners/soap/detergent and water) remove dirt, grine and most bacteria and viruses. Cleaning also helps remove mold and allergens that can trigger asthma symptoms.

SANITIZERS: Sanitizers reduce the levels of microorganisms on non-porous surfaces (metals, glass, hard plastic). Sanitizer labels should specify the surfaces they are intended to be used on. Sanitizers must be registered and are regulated by the U.S. Environmental Protection Agency (EPA).

DISINFECTANTS: Disinfectants kill multiple organisms including bacteria and many viruses on non-porous surfaces. Disinfectants are pesticides regulated and registered by the EPA.

Recommended Cleaning Protocols for Child Care Centers						
Areas/Objects	Clean with a green cleaner	Sanitize	Disinfect			
General: shelves, windows, high countertops, carpets, glass	yes					
Surfaces touched by many hands: include doorknobs, cabinet handles, stair railings	yes		yes			
Diaper changing areas, bathrooms, cots, cribs	yes		yes			
Water fountains	yes		yes			
Floors, walls, partitions	yes		yes			
Surface and objects contaminated with blood and body fluids	yes		yes			
Kitchen: eating utensils, bottles, dishes; food preparation and serving areas (high chairs, meal tables)	yes	yes				
Plastic toys and pacifiers	yes	yes				

- During an illness or outbreak, increase the frequency of hand washing and cleaning surfaces. Only disinfect targeted areas as specified in the table above.
- Cleaning should be done before sanitizing or disinfecting. Cleaning ensures that the sanitizer or disinfectant will be effective.
- Overuse of disinfectants may lead to the spread of superbugs germs that are not easily killed by disinfectants.

Reference: [USEPA] Green Cleaning, Sanitizing, and Disinfecting: A Curriculum for Early Care Education: https://bit.ly/2/IVQpp0

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Division of Epidemiology, Environmental and Occupational Health
Consumer, Environmental and Occupational Health Service
Environmental and Occupational Health Surveillance Program
In our publishing Applications and Program Applications of the Consumer Cons



Tips for choosing safer products for cleaning, sanitizing, and disinfecting:

- ✓ Choose less toxic cleaning products that have been tested and certified by a third-party group such as Green Seal, EcoLogo, EPA's Safer Choice, or EPA's Design for the Environment (older EPA logo)
- ✓ Check the product label for the EPA registration number for sanitizers and disinfectants
- Pick sanitizers that are made for food contact surfaces
- ✓ Use sanitizers and disinfectants labeled as "hospital grade"
- Choose products with a "zero" rating on the Hazardous Materials Identification System (HMIS) health rating scale on the manufacturers Safety Data Sheet
- ✓ Look for less dangerous signal words on the label like "Caution" or "Warning" rather than "Danger" or "Poison"
- ✓ Select products with short contact time (the time the product must be left wet and in contact with germs to kill them)
- ✓ Prepare and use solutions safely according to the directions on the label
- ✓ Use products that are safe for oral contact when used on food contact surfaces or on items that may be mouthed by children















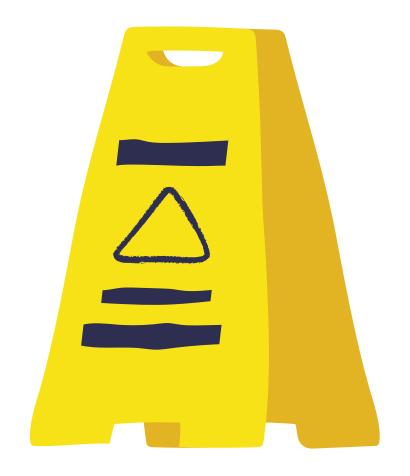
Always store cleaning, sanitizing, and disinfecting products out of reach of the children.



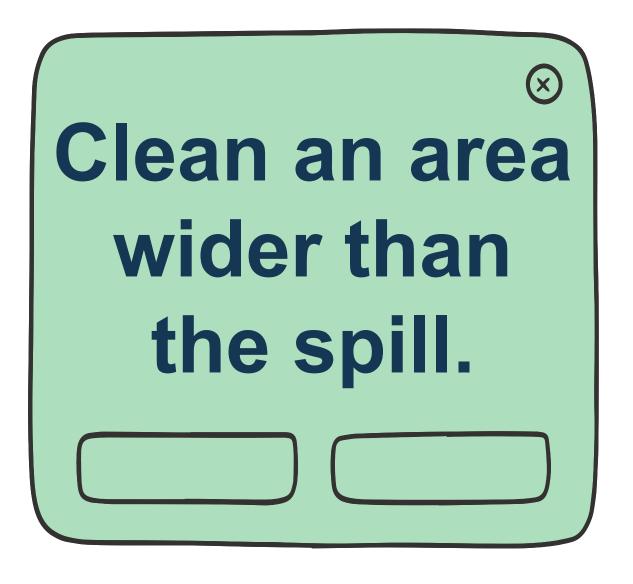




Block off the area and clean spill.



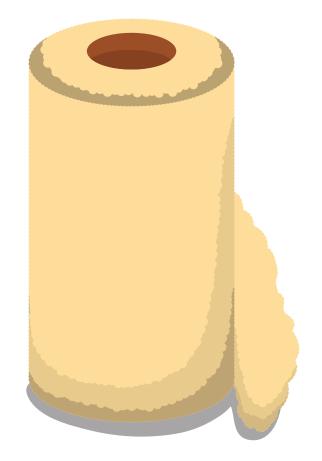




















Spray the ® area with an approved disinfectant.





Place used items in a sealed bag.











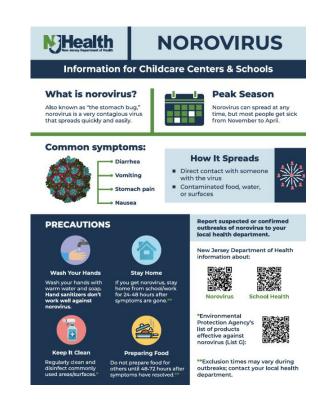


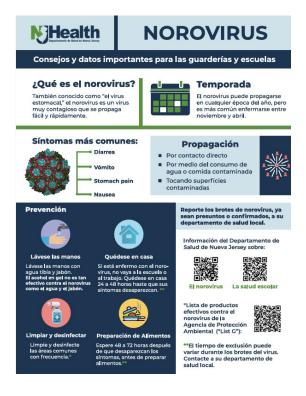




Resources









For more information: Scan the code below to access the NJDOH DSH Team webpage!





Resources

- •NJDOH Norovirus
- NJDOH School Health
- CDC Norovirus
- •CDC Norovirus Guidelines for Healthcare Settings
- CDC Handwashing
- •EPA List G
- •NJDOH Toolkit for Keeping Your Child Care Center Healthy
- •NJDOH DSH Team



THANK YOU



Contact: cds.rep.communications@doh.nj.gov



nj.gov/health

Q&A





nj.gov/health