

## Norwalk-like Virus Outbreak in a Central Texas Nursing Home

**L**ast month 28 of 51 (55%) residents of one unit of a central Texas nursing home developed symptoms of gastrointestinal illness. The onset dates of illness were during January 10 through 14, 2003. In addition, 5 staff members who provided care for these residents became ill, with illness onsets during January 10 through 18. Nursing home staff members isolated residents in their rooms when they became ill in an effort to stop further transmission of the illness. The Texas Department of Health Medical Virology Branch identified Norwalk-like virus particles in all of the 4 patient stool specimens submitted for testing.

The most common symptoms of illness among the affected residents and staff members were nausea (in 74% of ill persons), vomiting (in 71% of ill persons), and diarrhea (in 52% of ill persons). The average duration of illness was 1.5 days. None of the ill persons developed severe symptoms or required hospitalization. The ages of the ill residents ranged from 64 to 113 years (average 88 years), and the ages of the ill staff members, from 38 to 63 years (average 49 years).

Norwalk-like viruses (NLVs) are believed to be responsible for a large proportion of gastrointestinal illness worldwide. Although they were discovered about 30 years ago, only a small number of laboratories have the necessary equipment and training to detect these disease agents. NLVs infect only humans.

Infection with an NLV typically causes vomiting and diarrhea, which may be accompanied by mild fever and sometimes other symptoms (abdominal pain, myalgia, headache, malaise). The duration of illness is usually 1 to 2 days. Infection is only rarely associated with serious or long-term health effects. Outbreaks in institutions and in other group settings are common.

NLVs are highly contagious agents of gastrointestinal illness; they can be spread both before and after a person is symptomatic. These viruses can be transmitted through contaminated food or water, or directly from person-to-person. The incubation period is usually 24 to 48 hours. Ill food handlers have been implicated in many NLV outbreaks, as have contaminated drinking and recreational water. A number of NLV outbreaks have involved persons who consumed raw shellfish contaminated by NLVs present in human sewage dumped in coastal waters. NLVs may also be transmitted through the air across short distances and by handling of inanimate objects that have become contaminated.

Immunity to NLV is short-lived (<24 months) following infection and is only effective against the same or very closely related strain of the virus.

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## Control and Prevention

NLVs are highly contagious person-to-person. Strict enteric precautions must be followed to minimize the spread of infection, especially in group settings and households.

**Group Settings.** Staff members and/or caregivers in institutional and other group settings should maintain vigilance in hygiene at all times and particularly whenever they learn of someone in the setting who has a gastrointestinal illness that might be contagious. Isolation precautions should be implemented whenever appropriate. Young children with diarrhea should be excluded from daycare settings.

**Food Preparation.** Food handlers should always thoroughly wash their hands after using the restroom. Food handlers should always avoid contaminating cooked food or foods eaten raw with any uncooked foods such as meat, poultry, or seafood. Seafood should be cooked thoroughly to avoid the possibility of NLV as well as other infections.

**General.** Any person who has a diarrheal illness should avoid close contact with other persons who are not ill. Persons who have a diarrheal illness should never prepare food for others.

## Identification and Reporting

If you suspect an outbreak of NLV gastroenteritis, please notify your local health department. They will assist with shipping and testing of stool specimens. (A complete list of local health departments is available at the Texas Association of Local Health Officials Web site: [www.talho.org/](http://www.talho.org/).) Included are clickable e-mail addresses for the primary contact person for each local health department listed.

Outbreaks of NLV gastroenteritis are reportable to TDH; individual cases are not reportable. Laboratory confirmation is required for reporting.



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## US Marshals Seize Dietary Supplements

On February 13, 2003, US Marshals seized dietary supplements from Global Source Management and Consulting, Inc., in Sunrise, Florida. Included were almost 20 different products, sold to consumers under the names Vitamin Hut and RX for Health. The products, estimated to be worth nearly \$19,000, were seized at the request of the Food and Drug Administration (FDA) after the firm failed to comply with FDA warnings that many of its products were labeled with claims of various health benefits, including cancer prevention and arthritis treatment. Food and drug laws do not allow dietary supplements to be marketed with claims that they can cure, mitigate, treat, or prevent disease. FDA called for the seizure following an investigation of this company that revealed numerous violations.

The original FDA online news release is available at their Web site, [www.fda.gov/](http://www.fda.gov/). Media inquiries can be made by calling 301/327-6242 and consumers may call 888/463-0332 (888/INFO FDA).

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## Updated TDH Fact Sheets on Diseases Potentially Used for Bioterrorism

Information regarding many diseases and other adverse health conditions is available at the Texas Department of Health Web site. You can either search for the topic of interest from the TDH Home Page or go to [www.tdh.state.tx.us/yellow/default.htm](http://www.tdh.state.tx.us/yellow/default.htm), where you can easily find the topic of interest from an alphabetical list.

The Infectious Disease Epidemiology and Surveillance Division has recently updated all of its fact sheets on infectious diseases that could be used for purposes of bioterrorism (eg, smallpox, anthrax, plague). These fact sheets are available at [www.tdh.state.tx.us/ideas/factsht/factsht.htm](http://www.tdh.state.tx.us/ideas/factsht/factsht.htm).

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## Erratum

It has come to our attention that there was an error in the March 12, 2001, DPN feature article, *Creutzfeldt Jakob Disease Update*. In the first paragraph of the second column on Page 1, the sentence reading "Variant CJD...has a *shorter* clinical course...." should read "has a *longer* clinical course...." We regret any problems this error may have caused and have corrected the online edition of this DPN: [www.tdh.state.tx.us/phpep/dpn/issues/dpn61n06.pdf](http://www.tdh.state.tx.us/phpep/dpn/issues/dpn61n06.pdf)



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