Stopping Norovirus in its Tracks – What Every Clinician Should Know

Clinician Outreach and
Communication Activity (COCA)
Conference Call
January 17, 2013



Objectives

At the conclusion of this session, the participant will be able to accomplish the following:

- Describe the basic epidemiology of norovirus including burden of disease, and diagnostics and surveillance in the United States.
- Define the role of norovirus in foodborne disease in the United States.
- Identify community groups and healthcare settings most susceptible to severe outcomes from norovirus gastroenteritis.
- List infection control measures and resources available for the control of norovirus.

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TODAY'S PRESENTER



Ben Lopman, PhD, MSc

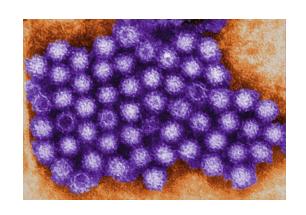
Epidemiologist
Division of Viral Diseases
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention





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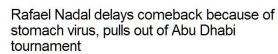












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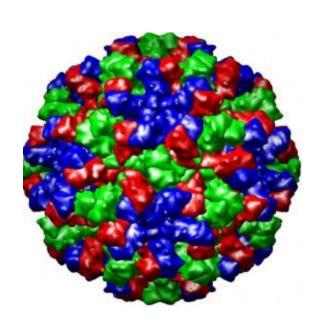
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Outline

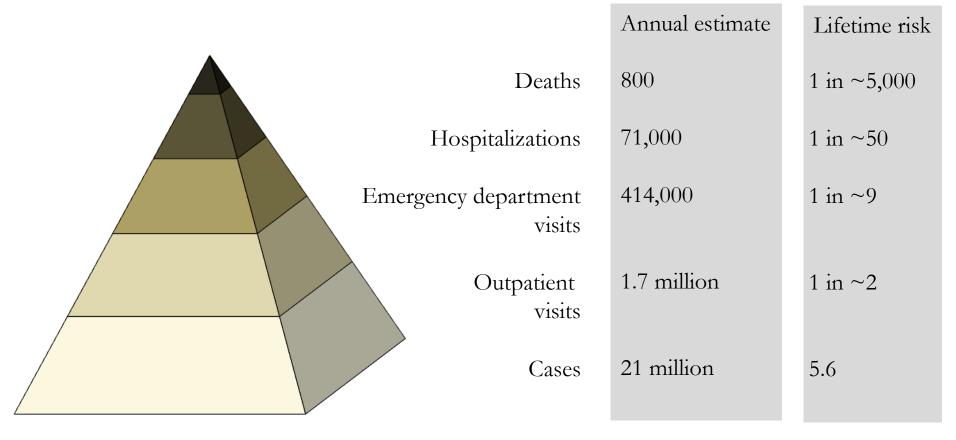
- 1. Basic epidemiology of norovirus
- 2. Groups susceptible to severe outcomes
- 3. Role of norovirus in foodborne disease
- 4. Available infection control measures and resources

Noroviruses





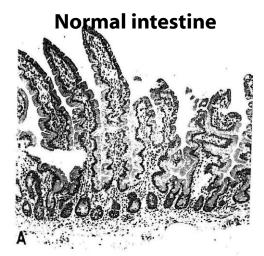
Norovirus disease burden in the United States



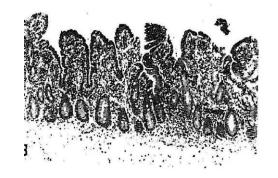
Hall 2012 CID Lopman 2011 CID Gatanaduy 2013 JID Scallan 2010 EID

Clinical Disease

- Incubation period: 12-48 hours
- Acute-onset vomiting and/or diarrhea
 - Watery, non-bloody stools
 - Abdominal cramps, nausea, low-grade fever
- Most recover after 12-72 hours
 - 10-12% seek medical attention; some require hospitalization and fluid therapy
 - More severe illness and death possible in elderly and those with other illnesses
- 30% of infections are asymptomatic



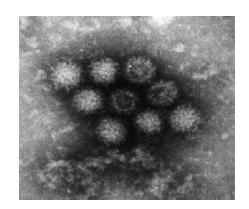
Virus-infected intestine



Widdowson 2005 EID Phillips 2010 Am J Epid de Wit 2001 Am J Epid

Viral Shedding

- Primarily in stool, but also vomitus
- Occurs for at least 2-3 weeks
- Peaks 4 days after exposure
 - 10¹⁰ viral copies/gram feces
 - May persist after resolution of symptoms

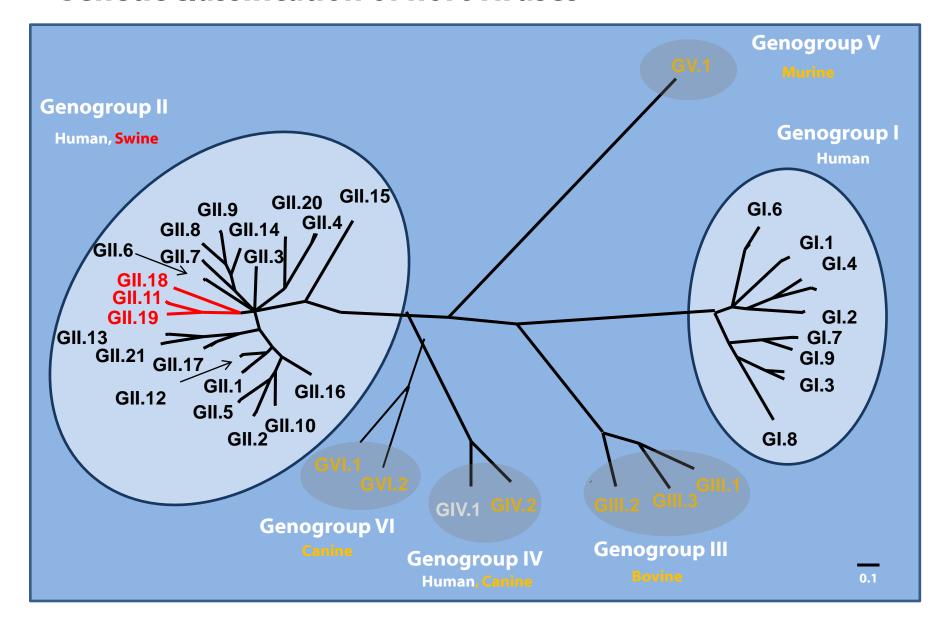


- Infectious dose: 18 to 1000 viral particles
- Infectivity of shed virus and role of asymptomatic shedding in transmission is unknown

Immunity and Genetic Susceptibility

- Human volunteer studies demonstrated short-term homologous immunity (<6-12 mos)
- Little persistent cross-protective immunity
- Genetic susceptibility/resistance
 - Histo-blood group antigens
 - Secretor status (FUT2 gene)

Genetic classification of noroviruses



GII.4 Norovirus Pandemics

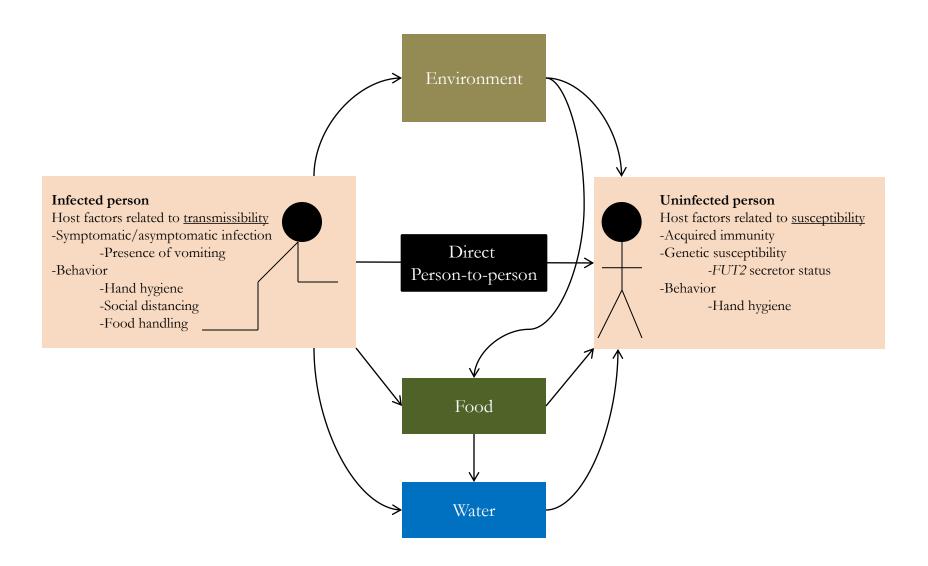
| Winter Seaso | on GII.4 Strain | | Increase of outbreaks in US | | | |
|--------------------------|------------------|------------------------|-----------------------------|-----------------------|------|-----------|
| 1995-96 | Grimsby | Grimsby (US95/96) | | Yes | | |
| 2002-03 | Farmington Hills | | Yes | | | |
| 2004-05 | Hunter | | No | | | |
| 2006-07 | Minerva (2006b) | | Yes | | | |
| 2009-10 | New | New Orleans | | No | | |
| 2012-13 | Sy | Sydney | | | ?? | |
| | Pre-Pandemic | Pandemic 1995 -1996 | Lull 1998-2000 | Pandemic 2002-2003 | | |
| First GII.4 (Genbank) | | | | | | |
| 1974 1 | 985 1987 | 1995 1997 | | 2002 2004 | 2006 | 2009 2012 |

Noel et al., 1999 Widdowson et al., 2004 MMWR 2007 Yen et al., 2011 van Beek 2013

Laboratory Diagnostics

- No cell culture or animal model available
- Real-time RT-PCR
 - Quantitative assay provides estimate of viral load
 - Available in public health laboratories and research facilities
- Conventional RT-PCR
 - Sequence analysis used for genotyping
 - Capsid gene (regions C and D)
- Enzyme immunoassays (EIA)
 - Complicated by antigenic diversity
 - Currently inadequate sensitivity for clinical use in diagnosing sporadic cases

Norovirus Transmission Cycle



Community norovirus incidence in England

ANNUAL INCIDENCE

< 5 years 27% (19 – 37)

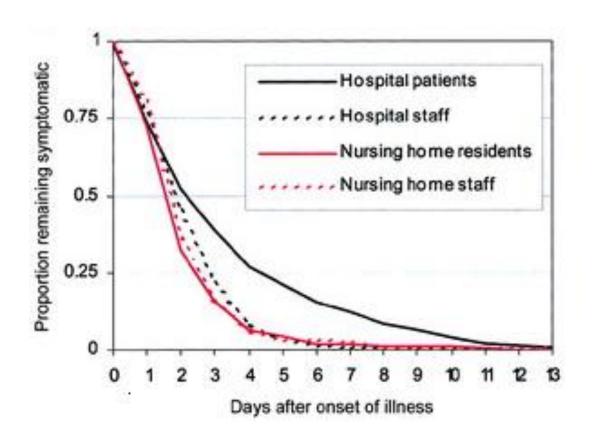
5-14 years 9.6% (6.1 - 14.1)

15-44 years 5.2% (3.5 - 7.2)

45+ years 2.4% (1.5 - 3.6)

All ages 4.4% (3.6 - 5.4)

Duration of norovirus illness among staff, patients and residents of hospitals and resident homes.



Severe outcomes are associated with GII.4 norovirus outbreaks: A systematic literature review: HOSPITALIZATION

| | | Crude rate per 1,000 | Multivariable IRR |
|---------------------|------------------------|-------------------------|-------------------|
| Setting | Community settings | 7 | 1 |
| | Health care facilities | 15 | 1.4 (1.0 - 1.8) |
| Transmission | Food/water | 9 | 1 |
| | Person-to-person | 14 | 1.0 (0.8 - 1.3) |
| Strain ¹ | Non-GII.4 outbreaks | 2 | 1 |
| | GII.4 outbreaks | 6 | 9.4 (6.1 - 14.4) |

*Based 843 outbreaks with:

71,724 cases501 hospitalizations45 deaths

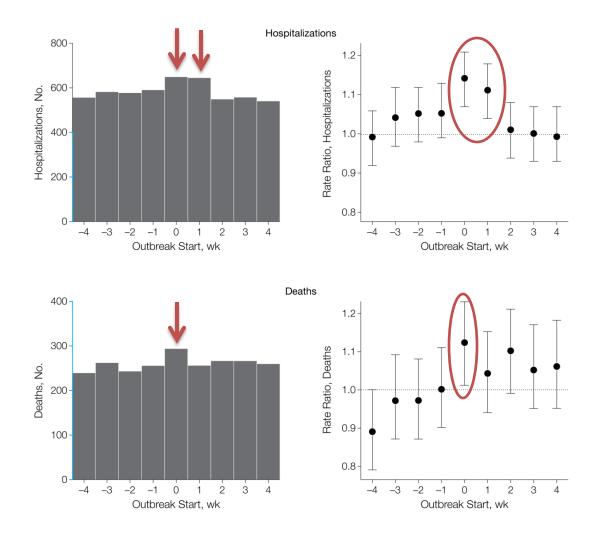
Severe outcomes are associated with GII.4 norovirus outbreaks: A systematic literature review: DEATHS

| | | Crude rate per 1,000,000 | Multivariable IRR |
|---------------------|------------------------|-----------------------------|-------------------|
| Setting | Community settings | 2 | 1 |
| | Health care facilities | 396 | 60 (6 - 609) |
| Transmission | Food/water | 3 | 1 |
| | Person-to-person | 271 | 2.8 (0.3 - 28.0) |
| Strain ¹ | Non-GII.4 outbreaks | 36 | 1 |
| | GII.4 outbreaks | 139 | 3.1 (1.3 - 7.6) |

*Based 843 outbreaks with:

71,724 cases 501 hospitalizations 45 deaths

Is norovirus a cause of death?



Estimates of economic burden

- Total cost of endemic norovirus ~\$5.5 billion/year
 - ~\$500 million/ year in hospital costs
- Most studies have quantified the cost of outbreaks
 - An outbreak in a single 946-bed U.S. hospital cost an estimated \$650,000
 - Cost to the English National Health Service of nosocomial AGE outbreaks \$184 million (2002/03)

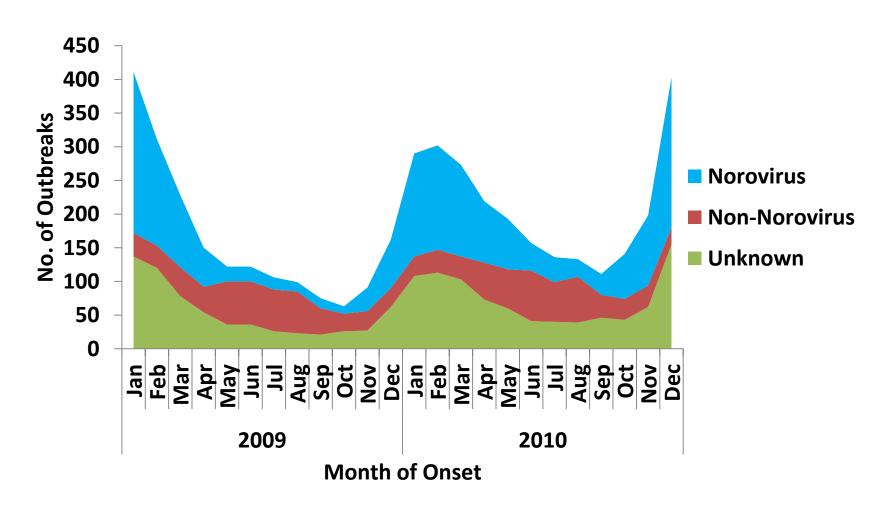
Barstch 2012 Vaccine Lopman et al CID, 2011 Johnston 2007 JHI Lopman EIDJ 2004

National Outbreak Reporting System (NORS)

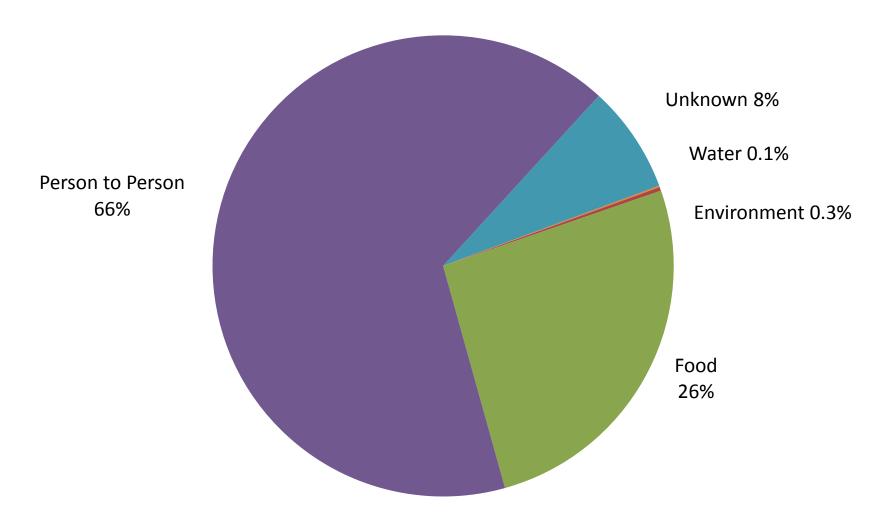
- Comprehensive national surveillance system for all US enteric disease outbreaks
- Launched February 2009
- Assess the national burden and temporal trends of outbreaks
- Identify priority settings and populations for interventions
- Characterize outbreaks, e.g.:
 - Pathogen
 - Setting
 - Mode of transmission



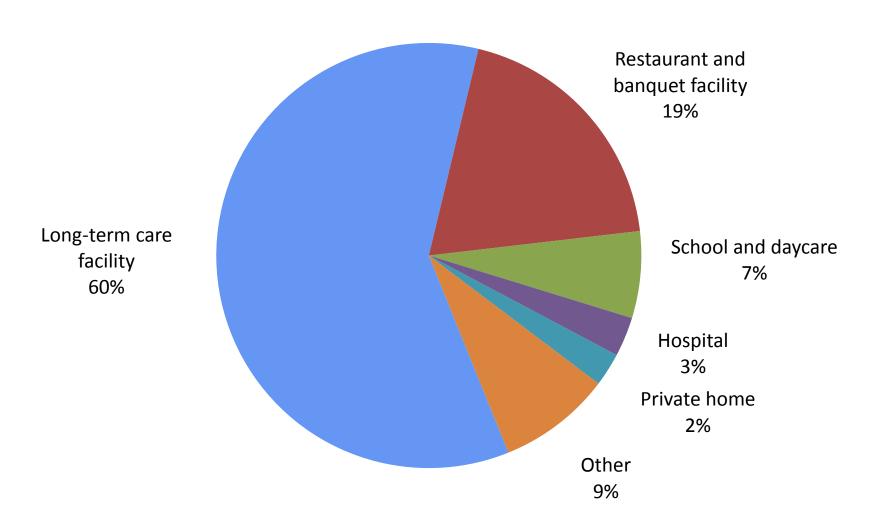
Acute Gastroenteritis Outbreaks Reported to NORS, 2009-2010



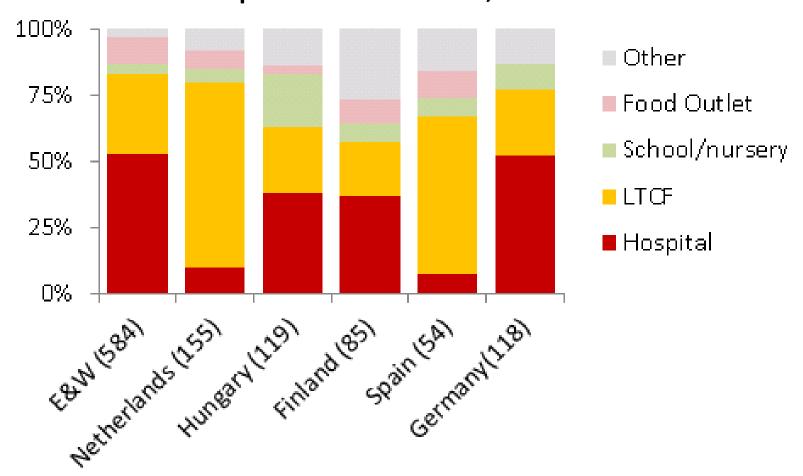
Transmission Mode of Norovirus Outbreaks Reported to NORS, 2009-2010 (N=1910)



Setting of Norovirus Outbreaks Reported to NORS, 2009-2010 (N=1500)



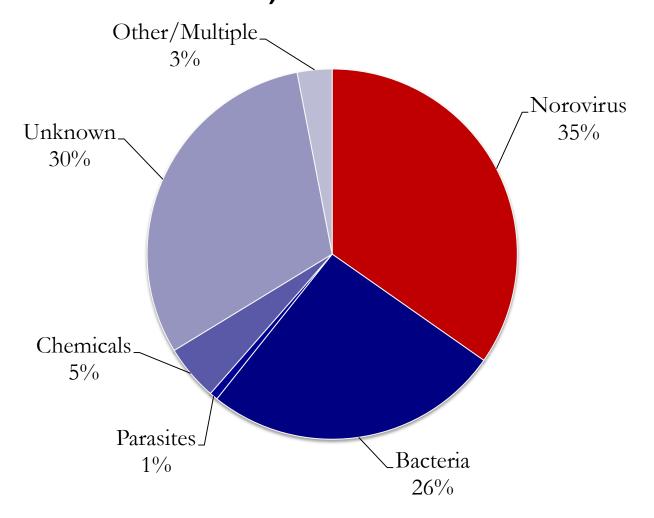
Setting of 1115 Norovirus Outbreaks in Six European Counties, 2002



Burden of Foodborne Norovirus in the United States

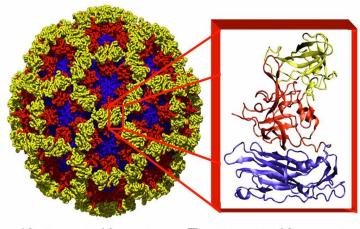
- Causes 58% of all domestically-acquired foodborne illness from known agents
 - #1 cause of illness
 - #2 cause of hospitalization
 - #4 cause of death
- Costs \$2 billion per year in medical care services and lost productivity

Etiology of Foodborne Outbreaks Reported to CDC, 2006-2007



CaliciNet

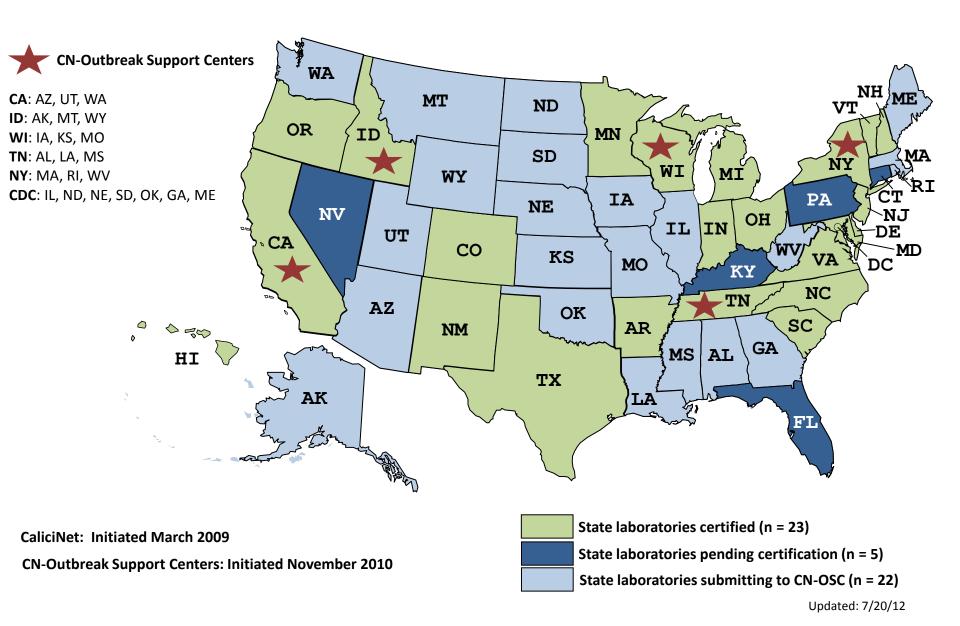
- Molecular norovirus genotyping network (similar to PulseNet)
- Data shared between public health labs and CDC
- Link outbreaks and identify common sources
- Identify emergent variants
- Implemented March 2009



National Norwirus Dutbreak Network



CaliciNet: Participating States and OSC



Prevention and Control General

- Rapid reporting, response, and investigation
 - Identify mode of transmission and source of contamination
 - Collect appropriate specimens
- Promote appropriate hand hygiene
 - Wash with soap and water ≥ 20 seconds
 - Alcohol-based hand sanitizers?
- Prompt and thorough disinfection
 - Bleach solution for contaminated surfaces
 - Other EPA-approved disinfectants?
- Manage and exclude ill persons
 - ≥ 24-72 hrs after symptom resolution
 - Accommodating sick pay/leave policies for staff

Prevention and Control In healthcare settings

- Patient cohorting
 - Place patients with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms
- Personal Protective Equipment (PPE)
 - Gowns and gloves upon entry
- Patient Transfer and Ward Closure
 - Consider the closure of wards to new admissions or transfers
- Environmental Cleaning
 - Consider changing privacy curtains routinely and upon patient discharge or transfer.
- Rehydration therapy
 - Particular attention to children, elderly or otherwise vulnerable

SEARCH

A-Z Index A B C D E F G H I J K L M N O P Q R S I U V W X Y Z

Norovirus



Norovirus is a very contagious virus that can infect anyone. You can get it from an infected person, contaminated food or water, or by touching contaminated surfaces. The virus causes your stomach or intestines or both to get inflamed. This leads you to have stomach pain, nausea, and diarrhea and to throw up. These symptoms can be serious for some people, especially young children and older adults... more

Norovirus Topics

About Norovirus

Overview about the virus, how it spreads, symptoms, treatment...

For Food Handlers Trends and Outbreaks

Information about how norovirus spreads through contaminated food and water...

diagnosis, disease burden, treatment...

and when...

some simple tips...

Laboratory Testing Types of laboratory testing done to diagnose norovirus infection, guidelines, reporting systems...

Preventing Norovirus Infection

from norovirus infection by following

Information about how common

norovirus illness is, who gets infected,

You can help protect yourself and others

For Public Health Professionals

For Health Care Providers

Clinical features, transmission,

Information about burden of norovirus illness and outbreaks, surveillance & reporting, investigations...

Resources & References

materials related to norovirus...

Scientific articles and educational

Parasites

Bacteria

Other/Multiple

Chemicals

Known Causes of Foodborne

The most common symptoms are:

- throwing up
- stomach pain

Other symptoms include:



- fever
- headache

Contact Us:

Centers for Disease Control and Prevention 1600 Clifton Rd Atlanta, GA 30333

M Email page link

Print page

800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 Contact CDC-INFO

Protect Yourself from Norovirus!



hands often Rinse fruits &



vegetables



Cook shellfish thoroughly



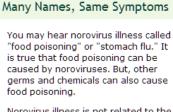
Clean surfaces & wash laundry



When you're sick, don't prepare food or care for others

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Norovirus illness is not related to the flu, which is a respiratory illness caused by influenza virus.

Symptoms Illness Outbreaks, U.S., 2006-2010 diarrhea nausea

Norovirus

49%



NOROVIRUS What healthcare providers should know

What is norovirus?

A virus that can cause severe and sudden gastroenteritis (i.e., inflammation of the lining of the stomach and intestines). Both healthy and compromised persons can be affected.

What are the symptoms?

Nausea, vomiting, diarrhea, and some stomach cramping

Is it contagious?

Norovirus is very easily transmitted through contaminated hands, equipment/surfaces, or food/water

What can I do to prevent norovirus?

Always perform appropriate hand hygiene, particularly after contact with fecal material or after contact with anyone suspected /confirmed with norovirus. Wear gloves when caring for symptomatic patients.

If you have symptoms consistent with norovirus infection, stay home for a *minimum* of 48 hrs after symptom resolution

If an outbreak is suspected contact Infection Prevention and Control

For more information, visit www.cdc.gov



Norovirus Prevention Toolkit

http://www.cdc.gov/HAI/organisms/norovirus.html#a4

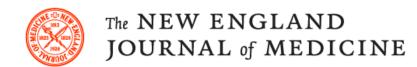


Guidelines

- Updated Norovirus Outbreak Management and Disease Prevention Guidelines
 - MMWR Recommendations and Reports
 - http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm
- Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings
 - Healthcare Infection Control Practices Advisory Committee (HICPAC)
 - http://www.cdc.gov/hicpac/norovirus/002 norovirus-toc.html

A norovirus vaccine?

- Intranasal vaccine based on Norwalk GI.1 VLPs
- Safe and immunogenic
- 47% effective against norovirus gastroenteritis
- 26% effective against norovirus infection
- Bivalent GI.1/GII.4
 vaccine currently being
 tested in human
 volunteers





ORIGINAL ARTICLE

Norovirus Vaccine against Experimental Human Norwalk Virus Illness

Acknowledgments

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- State and Local Partners

Thank You

http://www.cdc.gov/norovirus/index.html

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Centers for Disease Control and Prevention Atlanta, Georgia

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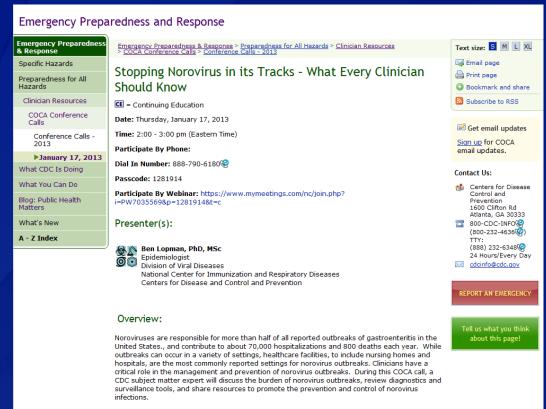
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