

** Norovirus Pathogen Profile IPAC Guidelines **

About	- Norovirus is a highly contagious, non-enveloped RNA virus - Leading cause of acute gastroenteritis outbreaks worldwide Extremely low infectious dose (< 20 viral particles) Rapid onset and short incubation contribute to explosive outbreaks
Reservoir	Humans are the only natural host - Contaminated food and water - Contaminated environmental surfaces
Incubation Period	12-48 hours after exposure
Period of Contagion	- Begins at symptom onset Highest during acute illness (typically 1-3 days) - Viral shedding may continue for at least 48-72 hours after symptom resolution Prolonged shedding possible in immunocompromised individuals
Transmission	Fecal-oral route Direct person-to-person contact - Contact with contaminated surfaces or fomites - Consumption of contaminated food, water, or ice Aerosolization of the virus during vomiting events
Isolation	Contact Precautions + Standard Precautions - Place symptomatic patients in a private room w/ private bathroom Enhanced Precautions during vomiting or diarrhea Prompt identification and isolation of suspected cases
Duration of Isolation	- Maintain precautions until at least 48 hours after symptom resolution - Consider extended isolation in immunocompromised patients or during outbreaks, per facility policy
PPE	Hand Hygiene with Soap and Water Gown Gloves Surgical mask during vomiting events Eye protection if risk of splash
Environmental Infection Control	Use bleach-based or EPA-approved disinfectants effective against norovirus (List G)* - Focus on high-touch surfaces and areas contaminated by vomit or feces - Immediate cleaning and disinfection following vomiting or diarrhea events - Avoid dry sweeping or vacuuming; use wet cleaning methods
Risk Factors	- Close living or care environments (i.e., healthcare, long-term care, daycare, cruise ships) - Shared bathrooms or food preparation areas - Poor hand hygiene - Exposure to contaminated food, water, or ice - Immunocompromised individuals
Clinical Recognition	Sudden onset of nausea, vomiting, diarrhea, and abdominal cramps - Low-grade fever, headache, and myalgias may occur - Illness typically lasts 1-3 days Dehydration is the most common complication
Risk to Public	High outbreak potential in communal settings

	• Rapid spread can disrupt healthcare operations and staffing • Significant public health and economic impact during outbreaks
General Management Considerations	• Management is primarily supportive care • Oral or IV rehydration as needed • No antiviral therapy available <i>This information is provided for educational purposes only and is not intended to replace clinical judgment or individualized patient care. Management decisions should be made by a licensed healthcare provider based on the patient's clinical condition</i>
Information for Clinicians	• CDC Yellow Book - Norovirus • CDC Systems for Reporting Norovirus • CDC Norovirus
Information for Laboratory Personnel	• Laboratory Testing for Norovirus
For More Information	• In the Life of a Germ Norovirus – One Sip, Big Mess • Implementation and Audit from the Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings
IPAC Contact	•

***Why “Feline” on EPA List G?** Human norovirus cannot be reliably grown in the laboratory, so EPA disinfectant testing uses **feline calicivirus**, a structurally similar, highly resistant virus, as a surrogate. Products effective against feline calicivirus are considered effective against human norovirus.

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