

25-week-premature newborns (day of life 58 and 10) and one 38-week-premature newborn (day of life 1) from separate facilities. Another point prevalence survey in December found two infants colonized (admission culture negative); none matched the outbreak isolate. The rate of MRSA among *Staphylococcus aureus* had declined to 45% (18/40) by January 2004.

CONCLUSION: Even though it is labor-intensive and costly to implement (microbiology laboratory charges totaled \$19,903.02), this SHEA guideline was a crucial component for control of MRSA in our NICU.

Norwalk Viral Gastroenteritis Outbreak Affecting Patients and Staff on a Geriatric Psychiatry Unit

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BACKGROUND: Norwalk-like viral (NLV) gastroenteritis is a frequent cause of outbreaks in extended-care facilities (ECFs); however, outbreaks in geriatric psychiatry units (GPUs) present unique containment challenges and are disruptive to patient treatment plans that include group and social activities. GPU patients have difficulty in adhering to restrictions on movement and good personal hygiene practices due to their illnesses. The 40-bed GPU is located within a VA ECF. On February 11, 2003, the GPU reported two employees and seven patients had acute GE symptoms.

METHODS: A case of GE was defined as "a person with diarrhea or vomiting." Case finding included review of staff questionnaires and patient records. Stool cultures were done. Contact (barrier) precautions were instituted. Personal and hand hygiene education was provided for staff and patients. Proper cleaning procedures were reinforced with housekeepers, who promptly performed a thorough cleaning of the GPU. Due to GE in 17/40 patients and 14 employees, the facility closed to admissions on February 14, 2003. Admissions resumed on February 20, 2003, after 3 days without a new case.

RESULTS: One employee with diarrhea worked on February 8, 2003. By February 16, 2003, 19 patients and 15 additional employees had developed GE. Three patients received hospital treatment for dehydration. One expired. Three of four viral cultures were positive for NLV.

CONCLUSION: GE outbreaks on GPU are difficult to control due to the treatment needs of this group. Outbreaks are costly due to increased patient and staff illness, disruption of patient treatment plans, and curtailment of admissions. Encouraging staff to stay at home when ill, to practice good personal hygiene themselves, to assist patients with these practices, and to implement appropriate barrier precautions when GE symptoms are identified can decrease the risk of NLV GE outbreaks in this setting.

The Importance of Transferring Accountability for Infection Control Practices to the Direct Care Providers: Lessons Learned from a Neonatal Intensive Care Unit Outbreak of *Pseudomonas aeruginosa*

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