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Actions Speak Louder than Words in an Outbreak Management of Norovirus at a Long Term Care Facility

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Issue: Free standing Long Term Care Facility experiencing an outbreak of Norovirus with an attack rate of 12.5%. Facility has mix cases of neuro-rehab, pallaitive, sub-acute, and respite care. The outbreak was confined in the neuro-rehab unit.One staff member on that unit was experiencing an acute gastroenteritis on February 15,2007. 2 of the staff family members has onset of acute gastroenteritis on February 14,2007. This staff member came to work on 2/15/07 and called in sick on 2/16/07 and off on 2/17-18. He came back to work on 2/19/07 without symptoms of gastroenteritis.On evening of 2/20/07 three residents on the unit were experiencing nausea,vomiting and diarrhea and in the morning of 2/21/07, there were 5 additional cases with the same symptoms. All stool and vomitus specimens were send to internal laboratory to check for: salmonella, Clostridium difficile, VRE, and shigella.Additional specimens were send to Public Health for norovirus testing. In the afternoon of same day results came back from both laboratories, three specimens tested positive for Norovirus RNA group 2 detected by PCR were reported by the Public Health. The Infection Control Team made a decision that the unit will be close for new admission and implemented the facility outbreak protocol and followed the CDC Norovirus guidelines.

Project: Prevent and control transmission of Norovirus Outbreak to other units of the facility.

Results: There were no report of acute gastroenteritis from other units of the facility. No additional staff members affected. Outbreak contained within one week. The unit was open for new admission after 72 hours from the last reported case.

Lessons Learned: 1. Outbreak policy has been effective in controlling transmission of disease. 2. Immediate submission of specimens to Public Health laboratory was crucial to confirmed type of outbreak. 3. Meticulous hand washing with soap and water is the most effective way of controlling transmission of norovirus.

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"An Ambulatory Surgery Facility's Experience with Toxic Anterior Segment Syndrome (TASS) following Cataract Surgery."

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Issue: TASS is an acute, non-infectious, inflammatory process involving the anterior chamber of the eye following cataract surgery. The causative agents are unknown, although a variety of substances have been implicated. These substances can be extra-ocular, inadvertently entering the anterior chamber during or after surgery; irritants introduced into the eye as part of the surgical procedure; or substances on surgical instruments due to inadequate cleaning. Furthermore, perioperative eye preparation, intraoperative conduct, and the processes of cleaning and disinfection of eye instruments vary markedly between practitioners and institutions, making it difficult to establish a benchmark process for cataract surgery.

Project: An ambulatory surgical facility, affiliated with a 300-bed suburban community teaching hospital, experienced TASS in day-surgery patients following cataract surgery from October to December 2007. The facility had provided same day cataract surgery services for several years without incident. In October 2007, nine patients were diagnosed with TASS. Surgery was suspended while an investigation ensued. After several interventions, surgery resumed one month later, only to have an additional case of TASS develop. Surgery was again suspended while further investigation and consultation followed.