

A more robust outreach and response to norovirus in Philadelphia



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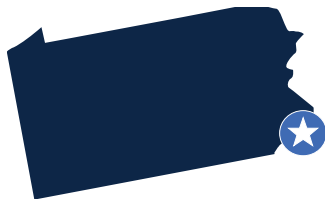
The Philadelphia Department of Public Health built on their relationships and experience from the COVID-19 pandemic to prepare and coordinate for increased seasonal norovirus activity. This resulted in improved disease tracking and response activities, including an organized and standardized outbreak response plan and increased testing among long-term care facilities.



The “What”

Due to COVID-19 mitigation activities, many areas, like Philadelphia did not experience typical norovirus seasonal increases from November to May during 2020–2021 and 2021–2022. When COVID-19 mitigation activities began to be relaxed, the Philadelphia Department of Public Health (PDPH) began to detect increases in respiratory viruses during Fall 2022. It was anticipated that there could also be a return of seasonal norovirus activity. Norovirus outbreaks are most commonly reported in healthcare settings in the United States, including Long-Term Care Facilities (LTCF). Outbreaks in LTCFs can be large and cause more severe disease, given the health status of the residents and communal setting. Resources in place through funding from the Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement allowed for PDPH to have a more robust outreach and response to seasonal norovirus during the 2022–2023 season.

PDPH utilized LTCF forums and internal outbreak response processes that were established for COVID-19 to respond to seasonal norovirus. At the start of the season, PDPH’s Acute Communicable Disease Program (ACD) and Healthcare Associated Infections/Antimicrobial Resistance Program (HAI/AR) partnered to review guidance and supplemental documents for the control of norovirus in LTCFs. The updated guidance was posted online through the PDPH Health Information Portal. The Enteric Disease Surveillance Coordinator presented a norovirus guidance training for PDPH staff from the ACD and HAI/AR programs including



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COVID-19 Outbreak Coordinators. They also reviewed norovirus guidance on the PDPH LTCF Collaborative Call and PDPH LTCF Medical Directors' Forum to directly reach LTCF staff. The Enteric Disease Surveillance Coordinator and a HAI/AR Infection Preventionist also trained Sanitarians from the PDPH Office of Food Protection (OFP) on norovirus control guidance, since OFP will also conduct an inspection of a LTCF's food services in response to a norovirus outbreak. Additionally, PDPH shared site-level activity updates with the Long-Term Care Resiliency, Infrastructure Supports, and Empowerment (RISE) team who are area health system staff funded through the Pennsylvania Department of Health to provide onsite support and training to LTCFs and personal care homes.

The proportion of LTCF norovirus testing improved compared to pre-pandemic years from less than 50% to 64%.

The “So What”

When a reported norovirus or gastrointestinal illness (GI) cluster was identified, COVID-19 Outbreak Coordinators facilitated connections between their assigned LTCFs for COVID-19 response and the Enteric Disease Surveillance Coordinator. Norovirus testing was offered to facilities who did not send out specimens to a reference laboratory. The PDPH Public Health Laboratory (PHL) maintains capacity to perform GI multiplex polymerase chain reaction (PCR) testing. ACD staff couriered specimens for norovirus testing from the LTCF to PHL.

With the relationships established during COVID-19 response, PDPH staff responding to norovirus outbreaks in LTCFs were able to connect to facilities with more ease compared to pre-pandemic seasons. Providing the facilities with formal training via webinar increased responsiveness to norovirus clusters as they occurred. The proportion of LTCF testing improved compared to pre-pandemic years from less than 50% to 64%.

The “Now What”

PDPH will continue a collaborative and more robust approach to outbreak response in LTCFs involving ACD, HAI, PHL, and other partners as needed. The maintenance of relationships with LTCF staff through monthly forums has benefited response beyond COVID-19 and will be a priority to maintain as

COVID-19 response is incorporated into routine disease tracking and control activities. These efforts increase trust in PDPH as an ongoing LTCF partner and broaden awareness of public health services available for LTCFs, which can facilitate ongoing education and rapid response to emerging threats.

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