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MARION COUNTY HEALTH & HUMAN SERVICES: COMMUNICABLE DISEASE

RESPIRATORY & GASTROINTESTINAL OUTBREAK TOOLKIT FOR HIGH CONSEQUENCE CONGREGATE SETTINGS

LAST UPDATED NOVEMBER 2026

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THIS TOOLKIT IS FOR HIGH CONSEQUENCE CONGREGATE SETTINGS WHICH INCLUDE LONG-TERM CARE FACILITIES (LTCF) SUCH AS SKILLED NURSING, ASSISTED LIVING, MEMORY CARE, AND ADULT CARE FACILITIES.

THIS DOCUMENT SHOULD BE SUPPLEMENTAL TO INTERNAL INFECTION CONTROL POLICIES, OREGON DEPARTMENT OF HUMAN SERVICES (ODHS), OREGON HEALTH AUTHORITY (OHA), AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDANCE.

THE PURPOSE OF THIS TOOLKIT IS TO GUIDE OUTBREAK RESPONSE FOR BOTH RESPIRATORY VIRUS OUTBREAKS (COVID-19, RSV, INFLUENZA, ETC.) AND GASTROINTESTINAL OUTBREAKS (NOROVIRUS, SALMONELLA, SHIGELLA, ETC.).

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RESPIRATORY OUTBREAKS

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OUTBREAK DEFINITION, REPORTING, AND OUTBREAK RECORD CREATION

An outbreak is considered **2 or more cases among residents and/or staff affected with the same symptom profile and/or test-confirmed respiratory pathogen within a 7-day period.** If this criterion is met, and the residents and/or staff have the same symptom profile and/or lab results such as flu, RSV, COVID-19, etc. report it to Marion County Health and Human Services (MCHHS) as soon as possible.

If outbreak criterion is met, an outbreak investigator will provide recommendations and answer questions about outbreak management.

Effective January 1, 2025, OHA updated the LPHA reporting criteria for respiratory outbreaks in high-consequence settings. The outbreak reporting change primarily affects reports of respiratory illnesses like COVID-19, Influenza (Flu), and Respiratory Syncytial Virus (RSV).

For non-reportable respiratory illnesses (COVID-19, RSV, Flu) an outbreak record will be created when the following thresholds are met:

- **3 or more cases among residents and/or staff AND**
- **10% or more residents and/or staff are experiencing symptoms**

When the above thresholds have been met, an outbreak investigator will open an outbreak in the state outbreak surveillance database.

Regardless of whether an outbreak is opened, infection prevention and control methods should be implemented if there is an increase in respiratory illness in the facility.

QUESTIONS OR NEED TO REPORT?

Call Marion County Health & Human Services Communicable Disease Team at 503-588-5621.

RESPIRATORY OUTBREAK CHECKLIST

WHEN A RESPIRATORY OUTBREAK IS IDENTIFIED, USE THIS CHECKLIST AS A GUIDE TO PREVENT FURTHER TRANSMISSION.

NOTIFY

- ❑ Notify Marion County Communicable Disease at 503-588-5621 (24/7) and provide information about:
  - Number of ill residents and staff
  - Hospitalizations and/or deaths
  - Symptoms and onset dates
  - Total number of residents that live in the facility
  - Total number of staff that work at the facility
  - Type of testing completed (if any)

TEST

- ❑ Test all symptomatic residents and staff exposed as soon as possible. Ensure respiratory viral testing (COVID-19, Influenza, RSV) with rapid results (i.e., onsite or send-out testing with results available within 24 hours). Testing results can inform recommended treatment and infection prevention and control actions.
- ❑ For residents admitted to area hospitals, request a respiratory viral panel PCR test.

TREATMENT AND CHEMOPROPHYLAXIS

- ❑ For Influenza, provide antiviral treatment immediately to all residents with confirmed or suspect influenza and chemoprophylaxis to all residents living in a facility with an ongoing lab-confirmed influenza outbreak.
- ❑ For COVID-19, refer to residents' primary care providers or the facility medical director to determine whether treatment is appropriate for each individual based on comorbidities, other medications taken, and severity of illness.

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RESPIRATORY OUTBREAK CHECKLIST

IMPLEMENT INFECTION CONTROL MEASURES (Standard and Droplet Precautions)

- ☐ See *Guidance for Long-term Care Facilities*, *IPC Strategies: Influenza in Healthcare Settings*, and *Viral Respiratory Pathogens Toolkit for Nursing Homes*.
- ☐ Use PPE. *Refer to At-A-Glance Infection Control Guidance for Respiratory Pathogens* and *CDC: Sequence for putting on and removing PPE*.
- ☐ Isolate ill residents. If possible, cohort residents with same diagnosis in a single area. COVID-19: 10 days since symptom onset or positive test; FLU: 7 days since symptom onset. RSV: After recovery of symptoms. See OHA: Compendium of Respiratory Diseases.
- ☐ Exclude ill staff. COVID-19, FLU, RSV: 4 days since onset of symptoms or positive test result. Symptom onset or positive test date is considered day 0. Prior to returning to work staff should be fever free for at least 24 hours without the use of antipyretics and symptoms should be improving. Staff should also wear source control upon return to work until at least the end of day 7 after onset.
- ☐ Promote respiratory hygiene, hand hygiene, and cough etiquette. *Refer to Oregon Health Authority - Interim Summary of Long-Term Care Facility Infection Control for Covid-19 and other Respiratory Pathogens*.
- ☐ Avoid group activities (including communal meals) in areas or units affected.
- ☐ Ensure testing for new resident admissions and transfers. Follow disease-specific guidance for facility testing.
- ☐ Post outbreak notification and entry screening signage for visitors. *See Notice of Respiratory Outbreak & PROJECT **FIRST**LINE*.
- ☐ Cohort staff assignments if possible.
- ☐ Encourage staff and residents to stay up-to-date on immunizations. Refer to CDC: Why get vaccinated?
- ☐ If communal dining and group activities continue - screen residents for symptoms daily. Staff should be screened for symptoms prior to the start of their shifts. See the Interim Summary of Long-term Care Facilities IPC.

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RESPIRATORY OUTBREAK CHECKLIST

MAINTAIN COMMUNICATION WITH MARION COUNTY

❑ Maintain contact throughout the duration of the outbreak. Respond to Marion County's phone calls and emails in a timely manner. Marion County staff will ask for up to date counts of total positives broken down by staff and residents. They will also need to know the most recent onset dates and whether there have been any hospitalizations, and/or deaths.

**Please note that for influenza, RSV, and COVID-19 outbreaks, respiratory case logs are no longer required but are available upon request. For outbreaks of reportable respiratory illness such as pertussis, measles, etc. case logs will be required.*

CLOSING THE OUTBREAK

❑ Outbreaks may close after the completion of two incubation periods (14 days for Influenza, RSV, COVID-19). After confirmation from Marion County Public Health, outbreak procedures may cease.

Marion County may need additional details while completing outbreak documentation, ensure communication is maintained to ensure no delay with outbreak closure. Once Marion County completes its documentation, all information is submitted securely to the Oregon Health Authority for review.

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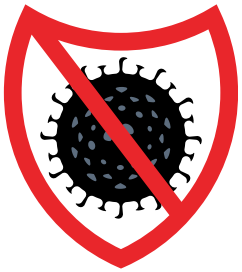
NOTICE

WE ARE CURRENTLY EXPERIENCING CASES OF RESPIRATORY ILLNESS IN OUR FACILITY.

WE ARE WORKING WITH MARION COUNTY HEALTH AND HUMAN SERVICES TO CONTAIN AND CONTROL THIS CONTAGIOUS ILLNESS.



PLEASE DO NOT VISIT UNLESS YOU ARE FEELING WELL, OR YOU HAVE BEEN FEVER FREE FOR AT LEAST 24 HOURS.

IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING, CONSIDER DELAYING YOUR VISIT:

- Fever or chills
- Headache
- Fatigue
- Cough
- Sore throat
- New loss of taste or smell
- Runny nose or congestion
- Body aches
- Vomiting
- Diarrhea
- Shortness of breath

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GASTROINTESTINAL (GI) OUTBREAKS

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OUTBREAK DEFINITION, REPORTING, AND OUTBREAK RECORD CREATION

An outbreak is **two or more sick residents and/or staff** with the same symptom profile, including vomiting and diarrhea, and/or positive lab results within a short period of time. The timeframe is dependent on the pathogen.

Report two or more ill residents and/or staff with the same symptom profile and/or positive lab results such as norovirus, salmonella, etc. to Marion County Health and Human Services (MCHHS) as soon as possible. Call 503-588-5621 to report.

An outbreak investigator will provide recommendations, answer questions, and determine if an outbreak should be opened in the state outbreak surveillance database. If it is determined that an outbreak record should be created, a Marion County outbreak investigator will call the Oregon Health Authority to open an outbreak.

If testing has not been completed, and symptoms/duration of illness is consistent with norovirus, the outbreak will be categorized as a norovirus outbreak and managed as such. Considerations for this determination may include:

- Greater proportion of cases with vomiting than with fever as vomiting is more prominent in norovirus outbreaks.
- There is no presence of bloody diarrhea as this is less commonly seen with Norovirus.

QUESTIONS OR NEED TO REPORT?

Call Marion County Health & Human Services Communicable Disease Team at 503-588-5621.

GASTROINTESTINAL (GI) OUTBREAK CHECKLIST

WHEN A GASTROINTESTINAL OUTBREAK IS IDENTIFIED, USE THIS CHECKLIST AS A GUIDE TO PREVENT FURTHER TRANSMISSION.

NOTIFY

- ❑ Notify Marion County Communicable Disease within 24 hours at 503-588-5621 (24/7) and provide information about:
  - Number of ill residents and staff
  - Hospitalizations and/or deaths
  - Symptoms and onset dates
  - Total number of residents that live in the facility
  - Total number of staff that work at the facility
  - Type of testing completed (if any)

IMPLEMENT INFECTION CONTROL MEASURES

- ❑ *See Norovirus Outbreak Detection and Management and/or Norovirus Outbreaks.*
- ❑ Promote good hand hygiene. *Post handwashing signs such as CDC - Wash your hands well.*
- ❑ Isolate ill residents. If possible, cohort residents with same diagnosis in a single area until they are symptom-free for 48 hours.
- ❑ Sick staff members should not return to work until they have been free of vomiting and diarrhea for 48 hours.
- ❑ Immediately wash all soiled linen and bedding. Wash items in detergent with hot water at maximum cycle length and machine dry them at the highest heat. See OSHA guidance.
- ❑ Post outbreak notification and entry screening signage for visitors.
  See Notice of Gastrointestinal Outbreak.
- ❑ Cohort staff assignments if possible. This ensures reduced risk of transmission.
- ❑ Clean. Remove vomit or diarrhea right away! All surfaces must be disinfected using EPA-registered disinfectants appropriate for norovirus.
  See EPA's Registered Antimicrobial Products Effective Against Norovirus.
- ❑ Use PPE such as gloves, masks, and gowns when working with ill residents and when cleaning bodily fluids.
- ❑ Avoid group activities and communal meals to reduce transmission.

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GASTROINTESTINAL (GI) OUTBREAK CHECKLIST

TEST

- ❑ Stool specimens are not routinely required by Marion County in a GI outbreak scenario. If possible and willing by residents/LTCF administration, collaboration with OSPHL/OHA is possible to provide collection kits and organize pickup of specimens and test at the Oregon State Public Health Lab (OSPHL).

MAINTAIN COMMUNICATION WITH MARION COUNTY

- ❑ Maintain contact throughout the duration of the outbreak. Respond to Marion County's phone calls and emails in a timely manner. Marion County staff will ask for up-to-date counts of total positives broken down by staff and residents. They will also need to know the most recent onset dates, hospitalizations, and/or deaths.
- ❑ Ensure completion and thorough documentation on the case log. If case log is not properly completed, this will delay closure of outbreak.

CLOSING THE OUTBREAK

- ❑ Outbreaks may close after the completion of two incubation periods. For Norovirus, this is 4 days. For other reportable GI pathogens this will vary based on the pathogen. After confirmation from Marion County Public Health, outbreak procedures may cease.

  Marion County may need additional details while completing outbreak documentation, ensure communication is maintained to ensure no delay with outbreak closure. Once Marion County completes its documentation, all information is submitted to the Oregon Health Authority for review.

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HOW TO MINIMIZE SPREAD OF NOROVIRUS

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Norovirus is very infectious. You may spread it to others when you have symptoms and during the first few days after symptoms are improving. Some people may even spread it for longer.

MODES OF TRANSMISSION

- Contact with infectious persons, their vomit and/or diarrhea
- Touching contaminated surfaces
- Consuming water or food that has been contaminated with norovirus

HOW TO REDUCE SPREAD

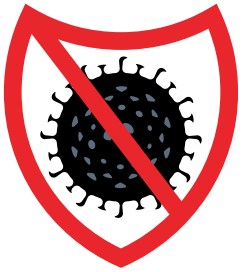
- *See Key Infection Control Recommendations for the Control of Norovirus Outbreaks in Healthcare Settings and OSHA Fact Sheet.*
- Frequently and thoroughly wash your hands with soap and water. Especially:
  - After using the toilet, changing diapers, or helping someone else use the restroom
  - After cleaning up vomit or diarrhea
  - Before eating, preparing, or handling food
  - Before giving yourself or someone else medicine
  - *Refer to CDC - About Handwashing*
- Hand sanitizers are not effective for norovirus.
- Increase disinfection of high-touch surfaces and common areas. Be sure to follow wet contact time for appropriate disinfection.
- Wear appropriate protective equipment when caring for ill individuals.
- If at all possible, keep ill residents in private rooms. Keep ill and well residents separated.
- Immediately wash all soiled bed linens and clothing.
- Stop group activities and communal dining during an active outbreak.

USE ONLY EPA-REGISTERED ANTIMICROBIAL PRODUCTS.
SEE THE LIST EFFECTIVE AGAINST NOROVIRUS HERE.

NOTICE

WE ARE CURRENTLY EXPERIENCING CASES OF GASTROINTESTINAL ILLNESS IN OUR FACILITY.

WE ARE WORKING WITH MARION COUNTY HEALTH AND HUMAN SERVICES TO CONTAIN AND CONTROL THIS CONTAGIOUS ILLNESS.



PLEASE DO NOT VISIT UNLESS YOU ARE FEELING WELL, OR YOU HAVE BEEN VOMIT AND DIARRHEA FREE FOR AT LEAST 48 HOURS.

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HOW TO FILL OUT THE CASE LOG FOR GI OUTBREAKS

CASE LOGS ASSIST OUTBREAK INVESTIGATORS BY PROVIDING DETAILS ON SYMPTOMS, TIMELINE, SEVERITY OF DISEASE, SCOPE OF THE OUTBREAK AND DISEASE ETIOLOGY. IT'S CONSIDERED BEST PRACTICE TO FILL OUT THE CASE LOG IN CASES OF GASTROINTESTINAL OUTBREAKS TO ENSURE THE CASE INVESTIGATORS HAVE A GOOD UNDERSTANDING OF THE OUTBREAK SITUATION SO THEY MAY PROVIDE RECOMMENDATIONS, COORDINATE WITH OHA AND PROVIDE RESOURCES AS NECESSARY.

Case logs should be filled out thoroughly by completing the following steps:

- Use separate rows for each ill person
- Fill out information as thoroughly as possible
- Provide complete names and ages for both residents and staff
  - If you do not have exact age, use approximate age
- Identify if the person is a staff member or resident using by the following codes:
  - S: Staff
  - N: Non-Staff
- Complete the job field if the ill person is a staff member. Use the following job codes:
  - A: Administrative/clerical
  - F: Food service
  - H: Housekeeping
  - M: Maintenance
  - O: Other
  - P: Patient care
  - W: Washroom/laundry
- Ensure date symptoms began is provided in onset date and time fields
- Note duration in hours the individual had symptoms
- Provide date of any lab results (if known) in comments section
- If known, include where testing occurred in comments section
- Provide any other relevant information in the comments section or note if information is missing and why

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HOW TO COLLECT A STOOL SPECIMEN

UNLESS OTHERWISE SPECIFIED BY MCHHS, ALL SPECIMENS SHOULD BE SUBMITTED THROUGH FACILITY PROVIDER OR THE INDIVIDUAL'S PRIMARY CARE PROVIDER. IF TESTING IS COMPLETED THROUGH OSPHL, SEE PATIENT INSTRUCTIONS FOR STOOL COLLECTION,

1

- **Wash hands before AND after specimen collection.**
- **Use a stool collection container OR a clean, dry container with a secure lid (preferably with a screw top).**

2

- **For formed stool - Put a golf-ball sized stool into the collection container.**
- **For loose stool - Collect about one-quarter to one-half cup into the collection container.**
- **Make sure to secure the top to the collection container!**

3

- **Label container - Name of person submitting stool, date of birth, date of collection, time of collection, date & time of symptom onset.**
- **Keep container on ice or store in the refrigerator until delivery. Transport specimen on ice.**

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TOOLS & RESOURCES FOR INFECTION PREVENTION & CONTROL

FOR ADDITIONAL INFORMATION,
CLICK ON TEXT TO GO TO LINKED WEB PAGE

CRE (CARBAPENEM-RESISTENT ENTEROBACTERALES)

CDC Carbapenem-resistant Enterobacterales (CRE) Infection Control

Oregon Health Authority - CRO Toolkit

Oregon Health Authority - CRE Investigative Guidelines

COVID-19

CDC Covid-19 Guidance for Up-to-date Vaccinations

CDC- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

CDC - How to Protect Yourself and Others

CDC - Symptoms of Covid-19

CDC - Viral Respiratory Infections for Healthcare Personnel

EPA's List of Covid-19 Disinfectants - List N Tool

Oregon Health Authority - Covid-19 Investigative Guidelines

OHA/ODHS - LTCF Infection Control for Respiratory Pathogens

Oregon Health Authority - Vaccination Assistance and Locator

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GASTROINTESTINAL ILLNESS

Acute GI Illness and Norovirus

EPA's Registered Antimicrobial Products Effective Against Norovirus: List G

Gastrointestinal Control Measures Report

Norovirus Outbreak Detection and Management

Oregon Health Authority Norovirus Outbreaks Investigative Guidelines

INFLUENZA-LIKE ILLNESS (NON-COVID)

CDC - Treating Influenza

CDC - Influenza Information for Health Professionals

CDC - Preventing Seasonal Flu

CDC - Who Needs a Flu Vaccine

CDC - Viral Respiratory Infections for Healthcare Personnel

Oregon Health Authority Influenza Surveillance Data

Infection Prevention and Control Strategies: Influenza in Healthcare Settings

Oregon Health Authority - Vaccination Assistance and Locator

GENERAL INFECTION CONTROL & SIGNAGE

CDC- Cover Cough Poster

CDC - Infection Control Actions Sign

CDC - Infection Control for Respiratory Viruses Poster

EPA - Safe and Effective Disinfectant Use

Oregon Health Authority - Infection Prevention and Control

Oregon Health Authority - Request for Infection Control Consultation

Oregon's Respiratory Virus Data

Viral Respiratory Pathogens Toolkit for Nursing Homes

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CITATIONS FOR LTCF OUTBREAK GUIDANCE TOOLKIT

1. Centers for Disease Control and Prevention. (n.d.-b). How to protect yourself and others. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
2. Centers for Disease Control and Prevention. (2023, August 25). Who should and who should not get a flu vaccine. Centers for Disease Control and Prevention. https://www.cdc.gov/flu/prevent/whoshouldvax.htm
3. Centers for Disease Control and Prevention. (2024, March 20). Preventive actions. Centers for Disease Control and Prevention. https://www.cdc.gov/flu/prevent/prevention.htm
4. Centers for Disease Control and Prevention. (n.d.-c). Infection control: Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
5. Centers for Disease Control and Prevention. (n.d.-a). How norovirus spreads. Centers for Disease Control and Prevention. https://www.cdc.gov/norovirus/causes/index.html#:~:text=Norovirus%20spreads%20through%20sick%20people%20and%20contaminated%20surfaces,with%20norovirus%20has%20diarrhea%20that%20splatters%20onto%20surfaces.
6. Norovirus outbreaks - investigative guidelines. Oregon Health Authority. (2010). https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/REPORTINGGUIDELINES/Documents/norovirus.pdf
7. Novel coronavirus disease 2019 (covid-19). Oregon Health Authority. (2020).https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/REPORTINGGUIDELINES/Documents/Novel-Coronavirus-2019.pdf

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