



Service Priorities and Programmes
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Improvement Program for tackling the Minimize Outbreak of Norovirus in Acute Medical Ward

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Introduction

In 2012, ward 9B of United Christian Hospital had experienced a small nosocomial outbreak of norovirus gastroenteritis. The first case was acquired while two patients in the same cubicle who were found norovirus infected. In the same period, the second case was acquired in another cubicle where also have two norovirus infected patients. Based on the advice from IC Team, ward 9B had reviewed the current practice and implemented special measures.

Objectives

1 To review the insufficiency of current practice 2 To minimize the incidence of norovirus nosocomial infections

Methodology

According to the Centers for Disease Control guidelines, the six links of a model called chain of infection was used to understand the infection process. 1. Infectious agent Due to basic FTOCC screening is insufficient; all admitted patients were screened for the suspiciousness of gastroenteritis by questionnaires. 2. Reservoir Norovirus survive 1-2 days on inanimate surface. Thus, bed side cleaning was enhanced to twice per day for the susceptible host. 3. Portal of exit Due to high viral-load in stool and vomitus, workflow napkin round was reviewed. The order of gastroenteritis and norovirus cases should be put at the back of the queue. For facilitating to health care workers, the bedhead signages of contact precaution were amended by indicating the reasons. Nurse had monitored the workflow and compliance. 4. Mode of transmission Effective hand hygiene can break the infection chain. Hand hygiene by washing with soap instead of alcoholic-based hand-rub was encouraged because alcohol may not be sufficient enough to eliminate non-enveloped virus. 5. Portal of entry Workflow of Ryle's tube feeding had been reviewed. Shared use of utensils were identified as a source of transmission. Single used items were adopted during tube feeding. Poster on new workflow related to tube feeding was illustrated. 6. Susceptible host Simply cohere different contact precaution cases (e.g. MRSA, gastroenteritis etc.) together is insufficient for highly contagious

disease. The suspected gastroenteritis cases and the confirmed norovirus infected cases were cohorted separately without mixing with others. The severer cases with projectile vomiting were arranged to single-room isolation.

Result

There was no more nosocomial case under our new measures. Though subsidence of outbreak may due to peak time of the disease was over, it is worth sharing our experiences to other wards.