

**Outbreak of Norovirus Associated with Larksfield Place —  
Sedgwick County, February 2016**

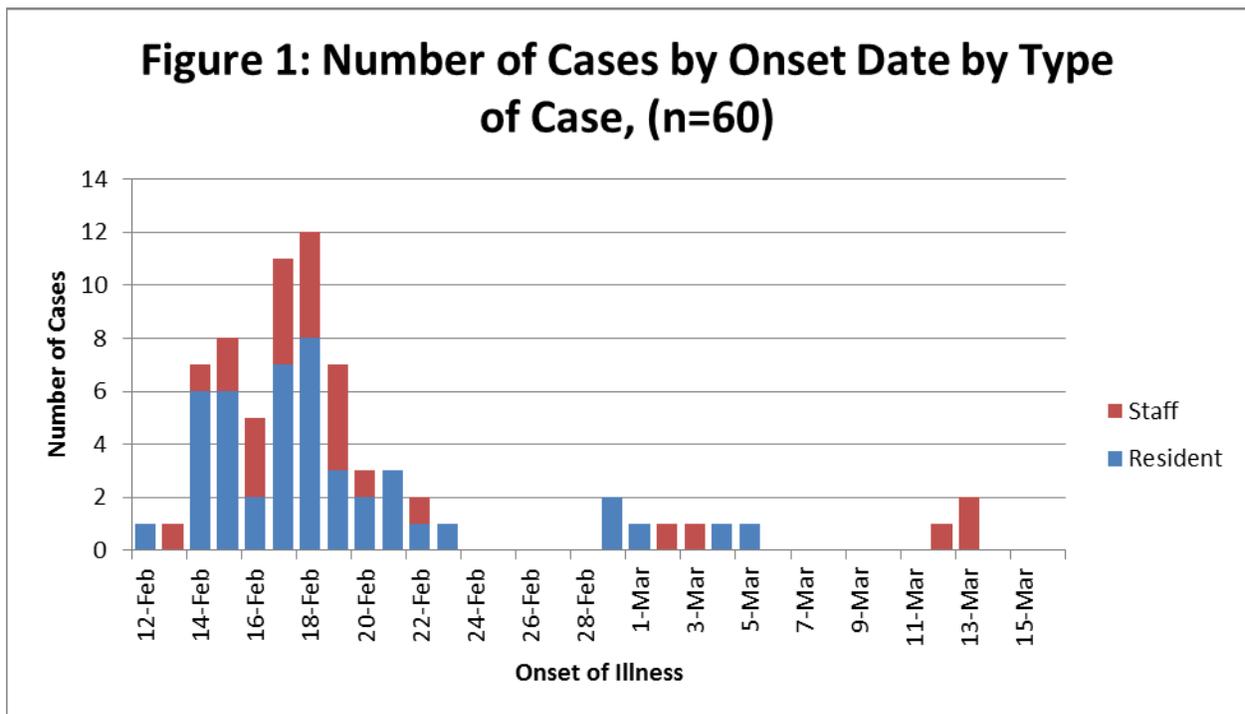


## Background

On February 16, 2016 at 11:00 a.m., the Kansas Department of Health and Environment's, Infectious Disease Epidemiology and Response section (KDHE) was notified by Sedgwick County Health Department (SCHD) of 10 residents experiencing gastrointestinal symptoms at Larksfield Place Assisted Living and Memory Care in Wichita, KS. SCHD, in conjunction with KDHE, began an outbreak investigation on February 16<sup>th</sup> at 11:10 a.m. to determine the cause of illness and to implement appropriate control measures. A line list was provided to the facility to record illness in residents and staff.

## Key Investigation Findings

- 60 individuals (34 residents and 26 staff members) with illness were reported and identified as cases. A case was defined as vomiting or diarrhea in a resident or staff member of Larksfield Place between February 12, 2016 and March 13, 2016.
- Onset of illness ranged from February 12 to March 13. Three cases among staff members were identified on March 12 and 13, 2016, after transmission within the facility seemed to have ended, Figure 1.
- Of the 60 cases, 49 (82%) females and 11 (18%) males were identified. Age was not provided for any cases.
- Four cases tested positive for norovirus at a private laboratory.



## Conclusion and Recommendations

Sixty individuals (34 patients and 26 staff) became ill with gastrointestinal illness and met the case definition for this investigation. Norovirus was confirmed as the causative agent of this outbreak.

Most prevention measures were instituted on February 15, 2016. These included the following: having symptomatic residents stay in their own rooms as much as possible and restricting them from common activities, limiting visitation, monitoring personnel absenteeism due to gastrointestinal illness and exclusion until 48 hours after symptoms resolve, and increasing the frequency of cleaning and disinfection of patient care areas. Other preventative measures were avoiding new admission to wards with symptomatic residents, restricting personnel movement, and increasing the frequency of hand washing.

*Reported by:*  
*Amie Worthington*

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Investigation by:

Sedgwick County Health Department  
1900 E 9<sup>th</sup> St. N  
Wichita, KS 67214  
<http://www.sedgwickcounty.org/healthdept/>

Kansas Department of Health & Environment  
Bureau of Epidemiology and Public Health Informatics  
1000 SW Jackson St., Suite 075  
Topeka, Kansas 66612  
[www.kdheks.gov](http://www.kdheks.gov)