



Guidance for Mitigation of Rotavirus in Community Congregate Setting

Background:

[Rotavirus](#) commonly causes severe, watery diarrhea and vomiting in infants and young children. Children may become dehydrated and need to be hospitalized and can even die. Rotavirus spreads easily through the fecal-oral route but can also be spread person-to-person when in contact with someone who is infected. Someone infected with rotavirus can spread the virus to anything they touch. Older children and adults can also get sick from rotavirus. Adults who get rotavirus disease tend to have milder symptoms. Rotavirus infections and transmission can be decreased in infants and young children with the RotaTeq or Rotatrix vaccine. Handwashing thoroughly and often can help reduce the spread of rotavirus, especially after using the toilet, changing your child's diaper or helping your child use the toilet. Postexposure vaccine prophylaxis (PEP) is not a recommended strategy in response to an outbreak of rotavirus.

Symptoms Associated with Rotavirus:

- Vomiting
- Watery diarrhea
- Loss of appetite
- Dehydration
 - Decreased urination
 - Dry mouth and throat
 - Feeling dizzy when standing up
 - Crying with few or no tears
 - Unusual sleepiness or fussiness

Loss of appetite and dehydration (loss of body fluids) can be especially dangerous for infants and young children.

How long does it take from exposure to onset symptom?

[Symptoms](#) will typically develop about 1-3 days following an exposure to rotavirus. Vomiting and diarrhea can last 3-7 days.

Risk Factors Associated with Contracting Rotavirus:

Rotavirus infections are common in children ages 3 to 35 months, particularly those who spend time in childcare settings. Older adults and adults caring for young children have an increased [risk](#) of infection, as well. In the United States, the risk of rotavirus is highest in winter and spring.

Immediate Next Steps for Case Treatment and Monitoring:

Upon the identification of a resident or staff with symptoms consistent with Rotavirus:

1. Ask any staff members with signs or symptoms of rotavirus to return home and follow up with their healthcare provider for proper diagnosis and treatment, as needed.
2. Residents with signs and symptoms associated with rotavirus should be excluded from the general population and referred to a healthcare provider immediately.
3. Any staff members with known or suspected rotavirus should be excluded from work until 48 hours after symptom resolution. If a resident is displaying symptoms, they should be isolated away from others and placed under [contact and standard precautions](#) until 48 hours after symptom resolution. If

possible, residents should have their own bathroom. If having a separate bathroom for infected residents is not possible, ensure consistent environmental cleaning and disinfection after each use by the case. If a separate isolation space is not available, the facility should prioritize cohorting sick residents together with others who have like-symptoms and physically separate them from those who remain asymptomatic, to the best of their ability.

4. Screen all other staff and residents for signs and symptoms related to rotavirus and isolate and connect suspect cases to care, as indicated.
5. **Facility staff should ensure proper cleaning and disinfection is occurring after each use by the case.** To disinfect, use a chlorine bleach solution comprised of 5 to 25 tablespoons of bleach in 1 gallon of water, or use an EPA-registered cleaning agent: <https://www.epa.gov/pesticide-registration/list-g-antimicrobial-products-registered-epa-claims-against-norovirus-feline>. Learn more on the difference between cleaning and disinfecting here: https://www.cdc.gov/hygiene/pdf/331782-a_cleaning_sanitizing_disinfecting_508.pdf
6. Monitor infected residents for signs of dehydration which include decreased urination, dry mouth and throat, and dizziness when standing up. If this occurs, contact their healthcare provider for possible transfer to the hospital.
7. Contact the Special Populations team at the Chicago Department of Public Health to report any cases of rotavirus here: <https://redcap.link/specpopreport>.

Preventing the Spread of Rotavirus:

Rotavirus is very contagious, but you can take [steps to stop it from spreading](#).

Rotavirus infections and transmission can be decreased in infants and young children with the RotaTeq or Rotatrix vaccine. The RotaTeq vaccine is given by mouth in three doses, often at 2, 4, and 6 months. RotaTeq is not approved for use in older children or adults. The Rotatrix vaccine is a liquid given in two doses to infants at ages 2 and 4 months. Postexposure vaccine prophylaxis (PEP) is not a recommended strategy in response to an outbreak of rotavirus.

Other rotavirus prevention strategies to promote within community congregate settings include:

- Wash hands thoroughly and often, especially after you use the toilet, changing your child’s diaper, or helping your child use the toilet.
- Promoting vaccination in children.
- Handling and preparing food safely, and restricting individuals who are symptomatic from being involved in food preparation: Learn more at [Food Safety Home Page | CDC](#)

Routine immunization of infants is anticipated to be the most effective public health intervention for rotavirus infection control. Learn more about Rotavirus here: <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt13-rotavirus.html>

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