

TIP SHEET for Norovirus Case Investigations

As of December 1, 2025, DPH only recommends the routine investigation of norovirus disease events for two age groups: children under 12 years old and adults 80 years and over. Individuals in these age groups may experience prolonged courses of illness and are more likely to belong to a semi-closed community such as a child care program, school, assisted living residence, or long term care facility where the implementation of control measures can prevent transmission to others.

DPH no longer recommends the routine investigation of norovirus disease events for individuals aged 12 to 79 years old. This change is being made due to an increase in the volume of norovirus cases over the last three years. Additional information can be found in the [Update to the Investigation of Norovirus Cases](#) guidance.

- **Disease:** Norovirus is the predominant cause of acute gastroenteritis in the United States. Symptoms include abrupt onset of vomiting, diarrhea, abdominal cramps, and nausea that lasts 1 to 3 days. Hospitalization is rarely required by individuals with norovirus infection.
- **Transmission & Incubation Period:** Norovirus is transmitted via fecal-oral or vomitus-oral routes. Transmission can occur directly via person-to-person spread, or indirectly by swallowing contaminated food or water, or having contact with contaminated surfaces then touching the mouth. Infected individuals remain infectious for at least 3 days after their symptoms resolve. Norovirus is not transmitted by animals. Symptoms begin 12 to 48 hours after exposure.

1 Notification	<ul style="list-style-type: none">• LBOHs have primary responsibility to investigate cases of norovirus in their jurisdiction. New cases will flow into your “LBOH Notification for Routine Disease” workflow.<ul style="list-style-type: none">○ For cases under 12 years old or 80 years and over, proceed with routine case investigation steps below.○ For cases aged 12 to 79 years old, no further investigation is needed. Close out the event by completing the Administrative question package Steps 1, 4, and 5. Step 4 (Case Report Form Completed) should be marked “No” and Primary Reason should be marked “No investigation needed per MDPH”.
2 Get Prepared	<ul style="list-style-type: none">• Familiarize yourself with the disease: DPH Fact Sheets• Review demographic and laboratory information available in MAVEN for the case.
3 Contact Ordering Provider	<ul style="list-style-type: none">• The name and facility of the ordering provider can be found in the lab tab in the case’s MAVEN event. If ordering provider is a hospital, reach out to the hospital Infection Preventionist.• During call to the provider’s office:<ul style="list-style-type: none">○ Confirm case’s contact information, collect additional phone number(s) or email address○ Obtain symptom onset date and clinical presentation○ Collect information on any potential exposures identified during visit (e.g., travel)○ Request case’s occupation and employer, if available○ Ask if the case has been informed of their diagnosisIf the ordering provider cannot be reached in a timely manner, proceed to case interview.
4 Contact Case	<ul style="list-style-type: none">• Introduce yourself, why you are calling, what you will use information for, and who has access to the information they provide.• Complete all questions in the Demographic and Clinical question packages.• Complete all questions in the Risk/Exposure question package for the 2 days (48 hours) prior to symptom onset.<ul style="list-style-type: none">○ To improve the recall of activities or restaurants they may have dined at, encourage the case to look at their work and/or personal calendars, credit card or bank statements, and photos on their phone.○ “Employed or attend a supervised care setting” should be used to document attendance or employment at a child care program, school, long term care facility, etc.

	<ul style="list-style-type: none"> Provide education on the disease and guidance on how to prevent further spread to their household members and close contacts. 	
<p style="text-align: center;">5 Prevent Further Transmission</p>	Food handlers	<ul style="list-style-type: none"> If individual meets the 105 CMR 300 definition of a food handler, they must be excluded from food handling duties until meeting clearance criteria: Exclude until 72 hours past the resolution of symptoms, or 72 hours past the date the specimen positive for norovirus was produced, whichever occurs last. Implementing the Exclusion of Food Handlers with Reportable Conditions
	Child care & K-12 Schools	<p>Exclusion:</p> <ul style="list-style-type: none"> Most staff in child care programs are considered food handlers. Any staff in child care programs and K-12 schools with food handling duties should be excluded following food handler criteria above. Children should be excluded following the guidance outlined in the Symptom Checklist for Children and Staff in Child Care Programs and K-12 Schools. <p>Identify if there is an outbreak at the facility:</p> <p>Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if there is an increase in gastrointestinal illness above what is expected, regarding place and time, for the facility.</p>
	Long-term care	<p>Exclusion & precautions:</p> <ul style="list-style-type: none"> Staff who meet the definition of a food handler should be excluded following food handler criteria above. Residents should be placed on standard plus contact precautions for the duration of their illness and, during a confirmed or suspected norovirus outbreak, remain on precautions until 72 hours past the resolution of their symptoms. Infection Prevention in Long Term Care: Gastrointestinal Illness <p>Identify if there is an outbreak at the facility:</p> <p>Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if there is an increase in gastrointestinal illness above what is expected, regarding place and time, for the facility.</p>
<p style="text-align: center;">6 Notify DPH as Needed</p>	<ul style="list-style-type: none"> Create a MAVEN foodborne illness complaint if the case reports: <ul style="list-style-type: none"> Eating food away from home with sufficient details available (name of establishment, location, and date of purchase/consumption at a minimum; ideally also item(s) consumed), and/or, Consuming raw oysters or other raw shellfish. Suspected outbreaks are reportable to DPH within 24 hours. If case investigation indicates that two or more people from different households became ill with similar symptoms after a common food or event exposure, notify the Division of Epidemiology: (617) 983-6800. 	
Other Notes	<ul style="list-style-type: none"> It is recommended that three call attempts are made at different times of day to reach a case for interview. Consider texting or emailing a case requesting a call back if they are not responsive. <ul style="list-style-type: none"> If a case cannot be reached, collect the following from the ordering provider before closing out the case: symptom onset and clinical presentation, occupation and employer, and any exposure information available in the medical notes. <p>Completion of all exposure questions in the MAVEN Risk Question Package is essential for detecting outbreaks and preventing further transmission. Many exposure questions for this disease will appear as child questions based upon specific answers in earlier questions.</p>	
Additional Resources	<ul style="list-style-type: none"> DPH norovirus webpage: mass.gov/norovirus DPH Division of Epidemiology: (617) 983-6800 	