Gastrointestinal outbreaks

Person-to-person transmission was responsible for 77 gastroenteritis outbreaks and foodborne transmission for 29. Transmission was undetermined (we couldn’t figure it out) or unknown (we didn’t have enough data to figure it out) in 86 of the outbreaks. More than 96% of person-to-person outbreaks happened in institutional cohorts, especially among those in long-term care facilities (LTCFs).

In 2013, the case definition of a norovirus outbreak was modified to be more in line with national standards. Some outbreaks previously classified as indeterminate were reclassified as suspect norovirus. The new classification includes outbreaks where symptoms were classical of norovirus but a positive specimen was not documented.

Fifty-one percent of reported gastroenteritis outbreaks reported from 2012–2016 occurred in LTCFs for the elderly.

### Lab-confirmed norovirus and suspect norovirus outbreaks: Oregon, 2012–2016

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<tr>
<td>Confirmed norovirus</td>
<td>122</td>
<td>124</td>
<td>118</td>
<td>95</td>
<td>103</td>
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<tr>
<td>Suspect norovirus</td>
<td>8</td>
<td>14</td>
<td>18</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

### Reported outbreaks by transmission mode and settings, Oregon 2012–2016

- **1,377** outbreaks
  - 23 animal contact
  - 139 foodborne
  - 331 respiratory
  - 8 waterborne
  - 561 person-to-person
  - 315 Indeterminate/other/unknown
- **395** long-term care facilities
- **45** schools
- **32** hospitals
- **28** daycare centers
- **24** retirement/independent living
- **9** camps
- **4** restaurants