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**Letter: Increased Norovirus risk in care homes in England, winter 2024/2025**

**Background**

Norovirus is the commonest cause of gastroenteritis in England, characterised by diarrhoea, vomiting, nausea and abdominal pain. It is typically self-limiting but can lead to severe illness in vulnerable groups, such as older adults, young children and infants, and those who are immunocompromised. The risk of complications like dehydration is especially high among older residents in care homes.

Norovirus outbreaks frequently occur in closed environments like care homes, where they can cause considerable disruption and contribute to NHS bed pressures, particularly during winter. The 2024/2025 season has seen a high level of norovirus activity, which began earlier than usual, as outlined in the latest Health Protection Report (1). This is expected to result in increased outbreaks in care homes this winter.

So far during the 2024/2025 season, starting in July (week 27, 2024) the weekly count of norovirus laboratory reports has been consistently higher than the 5-season average, with total reports (n=3,776) more than double the 5-season average (n=1,657) as shown in the [Official Statistics National Norovirus and Rotavirus Report](#).

In late spring 2024, genogroup 2, genotype 17 (GII.17) norovirus emerged with a concurrent decrease in the GII.4/Sydney/2012 variants which had dominated since the 2012/13 season (2). Investigations are ongoing to assess if GII.17 is causing more severe illness.

Preventing the spread of norovirus requires robust infection prevention and control (IPC) measures and heightened awareness among care home staff. The Healthcare Infection Society has also published guidelines for the management of norovirus outbreaks in acute and community health and social care settings (3).

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**Implications & recommendations for care homes**

1. IPC measures: Care homes must follow IPC guidelines to prevent the spread of norovirus. This includes isolating symptomatic residents and staff, enhancing cleaning practices, and managing waste appropriately, as outlined in internal IPC guidelines.
  - Staff should be trained to recognise symptoms of norovirus and implement effective IPC measures promptly.
  - Guidance on safer visits during outbreaks is available on the UKHSA website (4).
  - Symptomatic members of staff should not come to work and should not return until at least 48 hours after their symptoms stop.
  - Public health advice, such as regular handwashing (especially before meals and after using the toilet), should be shared with residents, staff, and visitors.
  - To reduce the spread of norovirus, residents, visitors, and staff members should wash their hands thoroughly with soap and warm water, as alcohol-based hand sanitisers are not effective against the pathogen.
  - Cleaning and disinfecting the environment when visibly contaminated with vomit or faeces is critical to reducing the risk of norovirus spread. Use appropriate disinfectants, such as chlorine-based solutions, and ensure proper disposal of contaminated materials.
  - High-touch surfaces such as handrails, light switches, and door handles should be cleaned frequently with appropriate disinfectants, such as chlorine-based



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solutions, to minimise transmission risks. For soft furnishings, consider using steam cleaning methods to ensure thorough decontamination.

2. Reporting outbreaks to Health Protection Teams: care homes are encouraged to report suspected outbreaks to local Health Protection Teams promptly to enable effective investigation and response. Accurate and timely reporting helps facilitate outbreak investigations and ensures an effective response to minimise the impact of norovirus outbreaks. Local Health Protection Teams will arrange testing as appropriate.
3. Supporting resident health and well-being: older adults, in particular, are at higher risk of complications therefore supportive care is essential during norovirus outbreaks. Residents affected by norovirus should receive adequate hydration and care to prevent complications like dehydration, particularly among vulnerable groups. Immunosuppressed individuals may experience more severe illness or prolonged symptoms, requiring close monitoring and appropriate medical support.
4. Guidance for supported living settings: residents in supported living settings may be more independent but still need guidance on maintaining good hand hygiene practices to reduce the risk of infection. Care providers should encourage residents to wash their hands thoroughly and regularly with soap and warm water, particularly before eating, when handling food, after using the toilet, or after an episode of diarrhoea or vomiting. Clear instructions and accessible handwashing facilities should be provided to support these practices.

## References/ Sources of information

1. UKHSA, HPR volume 18 issue 10: news (28 November and 2 December), available here: <https://www.gov.uk/government/publications/health-protection-report-volume-18-2024/hpr-volume-18-issue-10-news-28-november>
2. Chhabra P, Wong S, Niendorf S, Lederer I, Vennema H, Faber M, Nisavanh A, Jacobsen S, Williams R, Colgan A, Yandle Z, Garvey P, Al-Hello H, Ambert-Balay K, Barclay L, de Graaf M, Celma C, Breuer J, Vinjé J, Douglas A. Increased circulation of GII.17 noroviruses, six European countries and the United States, 2023 to 2024. Euro Surveill. 2024 Sep;29(39):2400625. doi: 10.2807/1560-7917.ES.2024.29.39.2400625.
3. Healthcare Infection Society, Guidelines for the management of norovirus outbreaks in acute and community health and social care settings, available here: [Norovirus guidelines | Healthcare Infection Society - Healthcare Infection Society](#)
4. UKHSA, Supporting safer visiting in care homes during infectious illness outbreaks, available here: <https://www.gov.uk/guidance/supporting-safer-visiting-in-care-homes-during-infectious-illness-outbreaks>

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