



Norovirus Expert: Sanitation, As Well As Science, Prevents Virus's Spread

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DURHAM, N.H. -- Aaron Margolin, professor of microbiology at the University of New Hampshire and director of UNH's Virus and Waterborne Disease Laboratory, is available to discuss the science and public health implications of norovirus. He can be reached at 603-862-0211 or aaron.margolin@unh.edu.

Noroviruses, also known as Norwalk and Norwalk-like viruses, are estimated to cause 23 million cases of acute gastroenteritis in the United States each year. Symptoms include vomiting, diarrhea, stomach cramps, and sometimes fever. This winter has seen what some say is a high incidence of norovirus, with recent outbreaks on the Queen Elizabeth 2 cruise ship, the Hilton Washington Dulles Airport Hotel, and in several New Hampshire nursing facilities.

One possible explanation for the uptick in incidences is better detection, says Margolin. "In the past 10 years, there's been a boom in molecular virology that has led to much easier testing," he says, noting that tests that could once be conducted only at the Centers for Disease Control in Atlanta can now be run at his UNH lab or at the New Hampshire state laboratory.

Better detection and identification notwithstanding, Margolin says, the fast-spreading virus is greatly affected by sanitation. "It all boils down to the fecal-oral route. People will inadvertently consume the fecal material of another individual," he says. Lax hand-washing, among anyone from food-preparers to caregivers to hand-shakers, is a primary route for the virus to spread; studies have shown that 75 percent of men and 50 percent of women do not wash their hands after using the restroom. Margolin assigns his students to be public restroom sleuths, and their data confirms those statistics.

The viruses' impact is further heightened by an aging population. "We baby boomers are no longer in the prime of our immune system. We're not only losing the ability to fight the virus off, but if we do get the virus, we suffer greater consequences," he says, explaining the prevalence of outbreaks in elderly facilities.

Finally, Margolin says, our ability to stop the spread of disease, whether norovirus or the common cold, is hampered by our attitudes about sickness. "If we were a society that really was interested in preventive health, when you had a cold, you'd be expected to isolate yourself," he says. "There's no great research that has to be done. We know how viruses are spread from person to person. But we are not a society that allows for people to say, 'I'm sick and I'm not going to do anything today.'"