

RECOMMENDATIONS ON CONTROLLING THE HUMAN SOURCE OF VARIOUS GASTROINTESTINAL INFECTIONS etc.

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ORGANISM / CONDITION	COMMENT	CASES	CONTACTS	RETURN TO WORK PARAMETERS	MICROBIOLOGICAL CLEARANCE
<i>Aeromonas spp.</i>	Statutorily notifiable if thought to be the cause of food poisoning. Person to person spread is rare.	Enteric precautions	Clinical surveillance only	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
<i>Bacillus spp.</i>	Statutorily notifiable as food poisoning. Person to person spread does not occur.	Enteric precautions	No action necessary	None required	None required
<i>Campylobacter</i>	Statutorily notifiable if thought to be the cause of food poisoning. Secondary spread is rare where good hygiene is practised, particularly when the stool is formed.	Enteric precautions	Clinical surveillance only	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Cholera	Statutorily notifiable. Secondary spread is rare where good sanitary facilities are available and good personal hygiene is practised.	Enteric precautions. Cases should normally be admitted to an infectious diseases unit.	Clinical surveillance	Cases in risk groups 1- 4 for 48 hours after first normal stool	When indicated, two consecutive negative stools taken at intervals of at least 24 hours are required.
<i>Clostridium botulinum</i>	Statutorily notifiable as food poisoning (botulism). Person to person spread does not occur.	Hospital admission imperative. Immediate investigation with associated laboratory studies to identify the source. No other control measures are necessary for the case.	Only as potential victims if they have been exposed to the same risk of infection.	None	None required
<i>Clostridium perfringens</i>	Statutorily notifiable as food poisoning. Person to person spread does not occur.	Enteric precautions	No action necessary	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Cryptosporidiosis	-	Enteric precautions	Clinical surveillance	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Dysentery (amoebic)	Statutorily notifiable	Cases – acute infection: Enteric precautions until treatment is complete	Screen household contacts microbiologically to detect cyst excreters.	Cases: Cases in risk groups 1- 4 for 48 hours after first normal stool Excreters: Careful assessment is needed to evaluate significance because many cysts are non-pathogenic	None required for return to normal activity. Late follow up to detect chronic carriage is advisable
<i>E. coli</i> (VTEC)	Statutorily notifiable if thought to be the cause of food poisoning.	Enteric precautions. Hospital admission if haemorrhagic complications occur. Isolation only during acute diarrhoeal phase.	Contacts in Risk Groups 1 – 4 should be screened microbiologically. LAs must be satisfied of the adequacy of hygiene and toilet facility arrangements. Hand washing by children must be supervised in nurseries and infant schools.	48 hours after the first normal stool for cases not in the risk groups. Cases in risk groups 1 to 4, and contacts in risk groups 3 and 4 until clearance is obtained.	Risk groups 1 to 4 only – two negative faecal specimens taken at intervals of not less than 48 hours.

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E. coli (other than VTEC)		Enteric precautions for both EPEC and ETEC. Cases of EPEC admitted to hospital should be isolated if possible.	Clinical surveillance	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Giardiasis	Treatment of individual cases forms the basis of control	Enteric precautions	Screening of contacts within households may identify those who need treatment.	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Hepatitis A	Statutorily notifiable as viral hepatitis	Enteric precautions	Passive immunisation with human normal immune globulin to family, sexual, household and other case contacts should be considered. Hand washing by children in nurseries and infant schools must be supervised. LAs must be satisfied that hygiene and toilet facilities are adequate. Others who have recently been exposed to food prepared by a case may benefit from passive immunisation – discussion will be needed with the CCDC and CDSC	All cases including those in risk groups 1-4 should be excluded for 7 days after onset of jaundice and/or other symptoms	None required
Salmonellosis (excluding typhoid and paratyphoid)	Statutorily notifiable if thought to be the cause of food poisoning. Person to person spread is common from patients with diarrhoea.	Enteric precautions	Clinical surveillance only is generally required for members of risk groups 1-4. LAs must be satisfied of the adequacy of hygiene and toilet facilities, particularly in institutions.	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required when adequate hygiene is practised.
Shigellosis (dysentery)	Statutorily notifiable. Person to person spread from cases with diarrhoea is common.	Enteric precautions	Clinical surveillance only. LAs must be satisfied of the adequacy of hygiene and toilet facilities. Hand washing by children in nurseries and infant schools should be supervised.	Cases in risk group 1 for 48 hours after the first normal stool. Cases in risk group 2, 3 & 4 should be excluded until free from diarrhoea and passing formed stools	Should only be considered for infections with <i>S. dysenteriae</i> (2 negative faecal specimens). Asymptomatic excretors are considered of very low risk to others.
Staphylococcus aureus	Statutorily notifiable as food poisoning. Person to person spread does not occur.	Enteric precautions	Clinical surveillance	Risk group 1 – exclude food handlers with septic lesions from work until successfully treated. Nasal carriers do not need to be excluded.	None required after lesions have healed.
Typhoid and paratyphoid (enteric fever)	Statutorily notifiable	Enteric precautions. Isolation in hospital is advisable. Follow up stool examinations advisable for all cases and mandatory for food handlers	All household contacts, and contacts outside the home in risk groups, must be tested.	<p>Cases: Risk groups 1, 3 & 4 – until cleared. Risk group 2 and those not in risk groups – until clinically well, with formed stools.</p> <p>Contacts: Group 1- until cleared.</p> <p>All others</p> <ul style="list-style-type: none"> - faecal specimen positive: manage as a case, see above - specimen negative: no further tests needed; if symptomatic, exclude only until stools have returned to normal 	<p>Cases:</p> <p>Risk group 1 – six consecutive negative stool specimens taken at two week intervals starting after the completion of anti-biotic treatment</p> <p>Risk groups 3 & 4 – three consecutive negative stool specimens taken at weekly intervals.</p> <p>Contacts in risk groups 1, 3 & 4 – three consecutive negative stools taken at weekly intervals starting three weeks after the last contact with an untreated case.</p>

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Vibrio spp. (except Cholera)	Statutorily notifiable if thought to be food poisoning. Person to person spread is unusual.	Enteric precautions	Clinical surveillance only	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Viral gastroenteritis : Rotavirus	Person to person spread is very common	Enteric precautions	Enteric precautions only. LAs to be satisfied of the adequacy of hygiene and toilet facilities.	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Viral gastroenteritis : SRSVs	Statutorily notifiable if thought to be food poisoning. Person to person spread is very common	Enteric precautions with particular attention to environmental contamination related to vomitus. Cases occurring in institutions should be isolated where practicable.	Clinical surveillance. Patients not to be transferred during incubation period. LAs to be satisfied of the adequacy of hygiene and toilet facilities.	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required
Yersiniosis (Yersinia enterocolitica)	Statutorily notifiable if thought to be cause of food poisoning	Enteric precautions	Enteric precautions	Cases in risk groups 1- 4 for 48 hours after first normal stool	None required

RISK GROUPS – FOOD-BORNE ILLNESS

GROUP 1:	Food handlers whose work involves touching unwrapped foods to be consumed raw or without further cooking.
GROUP 2:	Staff of health care facilities who have direct contact, or contact through serving food, with susceptible patients or persons in whom an intestinal infection would have particularly serious consequences.
GROUP 3:	Children aged less than 5 years who attend nurseries, nursery schools, playgroups, or other similar groups.
GROUP 4:	Older children and adults who may find it difficult to implement good standards of personal hygiene – for example, those with learning disabilities or special needs; and in circumstances where hygienic arrangements may be unreliable – for example, temporary camps housing displaced persons. Under exceptional circumstances children in infant schools may be considered to fall into this group.