

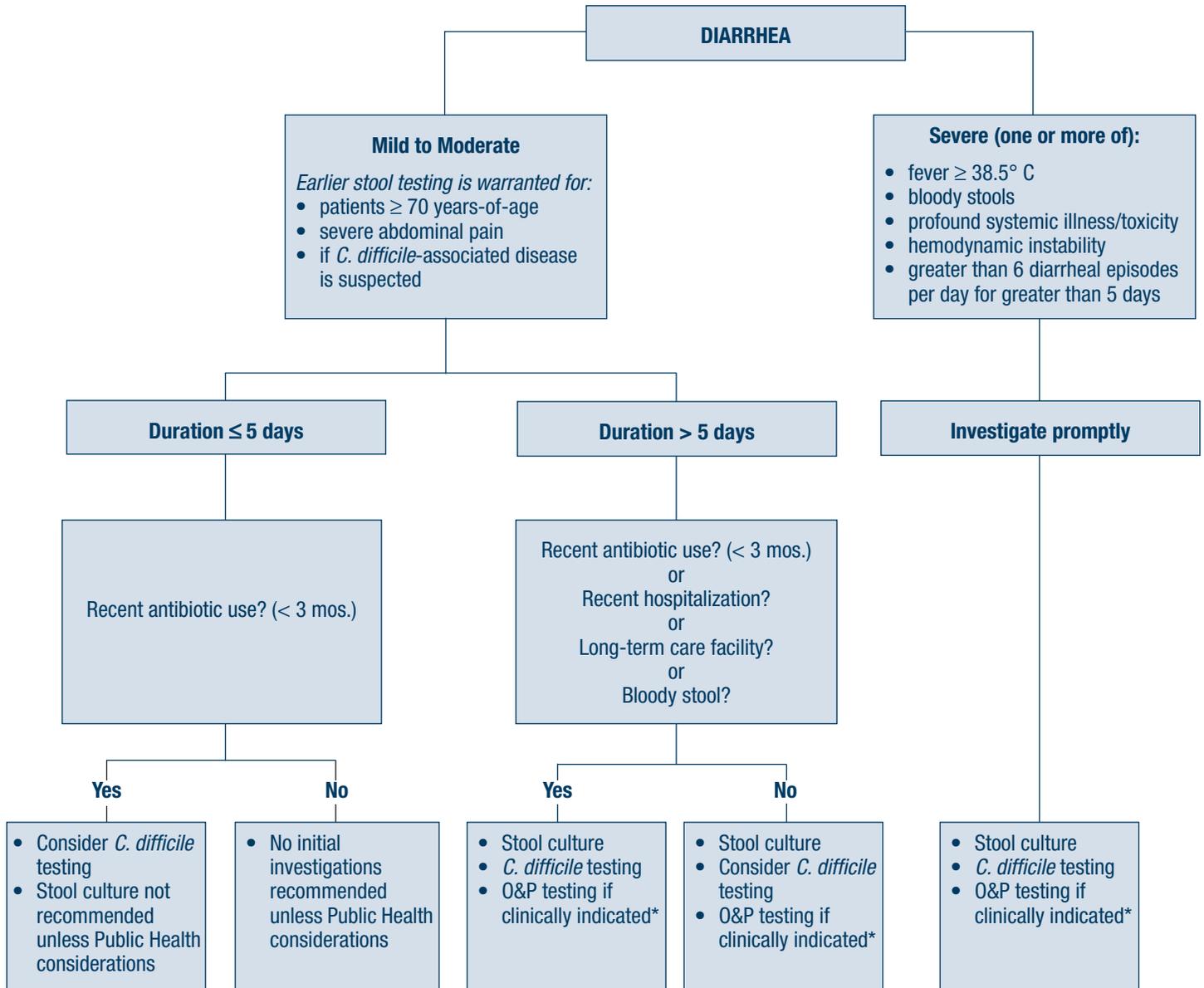
SUMMARY OF GUIDELINE

INFECTIOUS DIARRHEA – GUIDELINE FOR ORDERING STOOL SPECIMENS

Effective Date: March 16, 2009

For full Guideline please go to website: www.BCGuidelines.ca

Scope: This algorithm applies to patients > 3 years-of-age presenting with suspected infectious diarrhea. It does not apply to the investigation of diarrhea in immunocompromised patients or in an outbreak situation.



***At-risk for parasitic infection**

- travel to or immigration from an endemic area
- prolonged diarrhea (> 2 wks)
- consumption of unsafe food or untreated water
- children attending daycare
- swimming in unsafe water
- men who have sex with men

Note: Stool for viral pathogens are not routinely tested, but should be considered when an outbreak of viral gastroenteritis is suspected. Contact local Public Health for consultation.

INFECTIOUS DIARRHEA – COMMON PATHOGENS
www.BCGuidelines.ca

VIRAL	<p>Norovirus Rotavirus Adenovirus Astrovirus</p>	<ul style="list-style-type: none"> Norovirus and rotavirus most commonly recognized GI viruses; associated with community & hospital-related outbreaks. Usually self-limiting, but may cause debilitating illness in very young, elderly and hospitalized patients. In children: rotavirus, adenovirus, astrovirus can be associated with substantial morbidity.
BACTERIAL	<i>Campylobacter</i> *†	<ul style="list-style-type: none"> Tend to be food/water-borne & self-limited. <i>Campylobacter jejuni/coli</i> commonly associated with bloody diarrhea.
	<i>Salmonella</i> *†	<ul style="list-style-type: none"> Contaminated and/or undercooked food or exposure to certain animals (e.g. turtles, lizards, chickens). <i>Salmonella</i> ser. Typhi and <i>Salmonella</i> ser. Paratyphi are found in returning travellers most often presenting with systemic illness, with or without diarrhea. Blood cultures are recommended in the work-up or if other invasive or disseminated infections are suspected.
	<i>Shigella</i> *†	<ul style="list-style-type: none"> Primarily a human pathogen and is highly infectious. Risk factors: daycare, returning travellers, men who have sex with men. Commonly associated with bloody diarrhea.
	Enterotoxigenic <i>E. coli</i> (ETEC)	<ul style="list-style-type: none"> Significant pathogen causing self-limited, watery diarrhea. Currently, no routine laboratory tests are available to identify ETEC in BC.
	Enterohaemorrhagic <i>E. coli</i> *† (EHEC)	<ul style="list-style-type: none"> Commonly associated with bloody diarrhea; may cause haemolytic uremic syndrome in children, thrombocytopenic purpura in adults (rare). Bloody stools are routinely tested for <i>E. coli</i> O157:H7, with further testing for EHEC available at reference laboratories. Indicate a history of bleeding diarrhea on the laboratory requisition.
	<i>Yersinia</i> *†	<ul style="list-style-type: none"> Sometimes isolated from patients with diarrhea, but not all species are pathogenic.
	<i>Clostridium difficile</i> associated disease (CDAD)	<ul style="list-style-type: none"> Recognized cause of diarrhea (often bloody) in hospital and long-term care settings & classically associated with exposure to antimicrobial agents. Emergence of highly virulent strains of <i>C. difficile</i> in the community is of particular concern with disease reported in patients with no known, or with remote risk factors. Recurrence of CDAD symptoms occurs in a significant number of patients.
	<i>Vibrio</i> *†	<ul style="list-style-type: none"> <i>Vibrio parahaemolyticus</i> is associated with consumption of undercooked or raw shellfish; usually in summer season & symptoms self-limited. <i>Vibrio cholera</i> is rare in BC; requires specialized testing.
PARASITIC	<i>Giardia lamblia/intestinalis</i> †	<ul style="list-style-type: none"> Most common cause of parasitic diarrhea in BC. Returning travellers or from patients exposed to untreated water sources in BC.
	<i>Entamoeba histolytica</i> †	<ul style="list-style-type: none"> Can cause severe and bloody diarrhea. Routine ova and parasite investigation cannot differentiate between pathogenic <i>Entamoeba histolytica</i> and non-pathogenic <i>Entamoeba dispar</i>. Definitive identification requires specialized testing.
	<i>Cryptosporidium</i> spp.†	<ul style="list-style-type: none"> Hardy parasite present in certain treated and untreated water supplies. Diarrhea is self-limited in most patients, but can be severe and prolonged in the immunocompromised, the young, and the elderly.
	<i>Cyclospora</i> †	<ul style="list-style-type: none"> Returning travellers, and exposure to contaminated, usually imported, food sources (e.g. raspberries, basil).
	<i>Dientamoeba fragilis</i>	<ul style="list-style-type: none"> Commonly identified in children which may be associated with intermittent diarrhea, abdominal pain, and bloating.
	<i>Blastocystis hominis</i>	<ul style="list-style-type: none"> Commonly recovered parasite whose role as a pathogen is controversial.

* Pathogens routinely tested in bacterial stool cultures in BC. Consult your local laboratory.

† Reportable. For complete list of reportable pathogens in BC, consult Reportable Communicable Disease List at www.bccdc.org