Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

MIDAS

Midland Infectious Disease Activity Summary

Volume 2
Issue 3
2011

Advice to GPs on the management of infectious diarrhoea

Diagnosis

Diarrhoea of infective origin is suggested by:

- acute onset
- three or more loose or liquid stools in 24 hours
- fever
- blood in stools
- nausea and vomiting
- abdominal cramps
- especially if other people are similarly affected

Confirmation of diagnosis

Most infectious diarrhoea is a self-limited illness, usually of viral origin, lasting less than one day. Consider an outbreak if more than one person in a family/community setting is affected. Outbreaks are notifiable - ***please notify Public Health by phone on 057 9359891 if an outbreak is suspected***.

Microbiological testing assists in:

- providing a clear diagnosis and appropriate treatment for the individual
- informing the necessary public health actions - infectious disease investigation and control to protect others from these infections

Faecal sampling

Please request faecal sampling for patients who present with any of the following

- systemically unwell
- blood or pus in stool
- acute painful or bloody diarrhoea in previously healthy children to exclude VTEC infection
- post antibiotics and hospitalisation (*C. difficile*)
- diarrhoea after foreign travel - include ova, cysts and parasites (OCP) on request form as well as culture and sensitivity (C/S)
- persistent diarrhoea when *Giardia lamblia* is suspected

Please include all relevant clinical details and epidemiological information (such as foreign travel) - these guide laboratory testing.

Antibiotics

Antibiotics should not be prescribed unless a specific organism, for which antibiotic treatment is recommended by the microbiologist, is confirmed.

This is because antibiotics are contra-indicated in some gastrointestinal infections such as VTEC and Salmonella as they may increase the risk of complications, e.g. haemolytic uraemic syndrome (HUS) following VTEC infection.

Specific treatment following microbiological report

***C. difficile*:**

- Stop unnecessary antibiotics and/or proton pump inhibitors to re-establish normal flora
- Prescribe Metronidazole 400 mg oral tds. 70% of patients respond after 5 days; 94% in 14 days
- If severe (characterised by T >38.5^{o}C; WCC >15; rising creatinine or signs/symptoms of severe colitis) or 3rd episode, prescribe vancomycin 125mg oral qds for 10-14 days
- Monitor >85 year olds as mortality doubles

Campylobacter:

Antibiotic therapy has little effect on duration of symptoms unless given very early in the course of the illness.

G. lamblia *and* ***Salmonella typhi/S.paratyphi*** (Typhoid Fever) should be treated.

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Advice to GPs on the management of infectious diarrhoea - *cont'd from page 1*

Hydration

Oral rehydration is the mainstay of treatment and is sufficient in mild cases. Children and the elderly may benefit from oral rehydration salts which are available in most pharmacies. Patients with moderate or severe dehydration will usually require IV fluids and electrolytes.

Antispasmodics and anti-cholinergics

When the cause of the diarrhoea is not confirmed, caution should be used in prescription of these agents as they may be contraindicated.

High risk groups for spread of infectious diarrhoea

Please note that, in general, the following high risk groups should be excluded from work/crèche/etc until 48 hours after the return of normal stool:

- food handlers
- health care workers
- pre-school children who attend crèches
- people who have difficulty maintaining good hygiene

However, for certain GI infections, such as verocytotoxigenic *E. Coli*, exclusion may be required until there is microbiological clearance. Contact the Department of Public Health for advice (057 9359891).

Dr Ina Kelly, Senior Medical Officer, Department of Public Health
Dr Cathal O'Sullivan, Consultant Microbiologist, Midland Regional Hospital

Adapted from the *HPA Guidelines for Primary Care 2010*

How to collect a stool sample - guidelines for the patient/parent:

1. Do not mix urine with the stool sample. If you need to pass urine, do so first.
2. Place a clean wide mouth container (potty, empty plastic food container) in the toilet bowl, or put clean newspaper or plastic wrap over the toilet seat opening (this prevents the stool sample from falling into the toilet bowl).
3. Pass stool onto the potty, plastic container, newspaper or plastic wrap.
4. For babies, the stool sample can be taken directly from the nappy (then dispose of the nappy in the normal way).
5. Using the spoon built into the lid of the collection tube place a few small scoopfuls of stool into the tube.
6. **Do not overfill** and try not to spill stool on the outside of the tube.
7. Replace the collection tube lid and screw on tightly.
8. Dispose of any remaining stool down the toilet and;
   - Clean potty with hot soapy water
   - Wrap the plastic container, used newspaper or plastic wrap in clean newspaper, place in a plastic bag and dispose of in normal refuse
9. Label the collection tube with the patient's name, date of birth and the date of collection.
10. Place the collection tube in the plastic bag attached to the sample request form.
11. Wash your hands thoroughly in hot running water with soap and dry carefully.
12. Deliver the sample to the doctor's surgery or the hospital laboratory (as recommended by your doctor) as soon as is possible.
13. If the sample cannot be delivered immediately, keep it in a cool place (but not in your fridge).

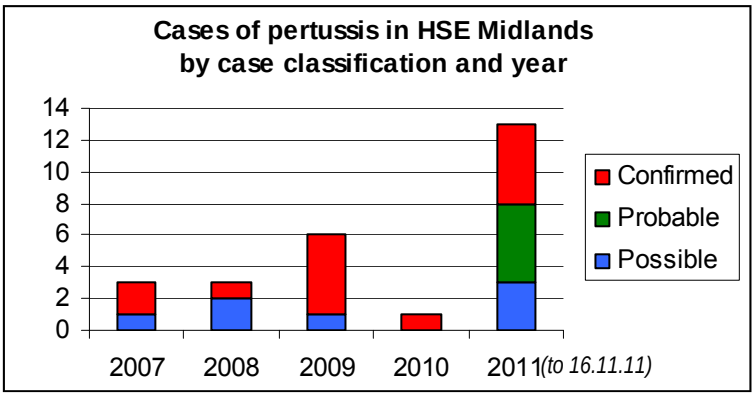
From Health Protection Agency

Pertussis cases increasing in Ireland

Courtesy of HWT Image Archives

There have been a number of recent outbreaks of pertussis in young and school going children around the country. Nationally, 203 cases have been reported so far this year compared to 114 for 2010.

In the Midlands we have also seen an increase in cases (including two family outbreaks) compared to previous years (*see graph*).



Pertussis occurs in those who have not been vaccinated, in infants who are too young to be vaccinated and, due to waning immunity, in people who were vaccinated as children. It is estimated that 30% of adults with a cough lasting longer than two weeks may have pertussis. Most infants and young children who contract pertussis are infected by a family member.

Please make sure that all children are up-to-date with their pertussis vaccinations i.e.:

- 6-in-1 vaccine at 2, 4 and 6 months
- a booster dose with the 4-in-1 at 4 to 5 years *(given by Schools Immunisation Team)*
- another booster with Tdap in first year at second level school *(given by Schools Immunisation Team)*

Changes to National BCG Immunisation Guidelines

The National Immunisation Advisory Committee (NIAC) has made two changes to the national guidelines for BCG vaccination regarding giving the vaccine to

- babies of mothers on immunomodulators
- low birth-weight babies

Immunomodulators

BCG vaccination is contraindicated for up to 6 months in infants born to mothers who received immunomodulating drugs in the second and/or third trimesters of pregnancy.

Immunomodulators include TNF-alpha inhibitors such as monoclonal antibodies (eg. infliximab, etc) and fusion proteins (eg enbrel); calcineurin inhibitors (eg cyclosporin); cytotoxics (eg azathiaprin, methotrexate); and steroids.

A decision regarding giving BCG to a breast-feeding infant whose mother is receiving immunomodulators can be made on a case-by-case basis.

Low Birth-Weight Infants

BCG vaccine can be given to low-birth weight infants before discharge from neonatal facilities when they have reached 34-35 weeks gestation, irrespective of their weight.

Use of analgesia or antipyretics in children prior to vaccination

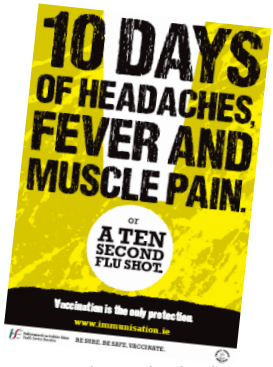
The use of antipyretics, e.g. paracetamol and ibuprofen, before or shortly after vaccination is a common practice. However, a recent study has shown that antipyretics can reduce vaccine efficacy and should not be given routinely. They may be considered for treatment of fever >39.5^{o}C or for large local reactions.

Prymula R, Siegrist CA, Chlibek R, Zemlickova H, Vackova M, Smetana J, Lommel P, Kaliskova E, Borys D, SchuermanL. Effect of prophylactic paracetamol administration at time of vaccination on febrile reactions and antibody responses in children: two open-label, randomised controlled trials. Lancet. 2009 Oct 17;374(9698):1339-50.

Seasonal Flu Campaign 2011-2012

The National Immunisation Advisory Committee (NIAC) has made the following **new** recommendations for this year's flu vaccine:

- All pregnant women should receive seasonal influenza vaccine. The vaccine can be given at any stage of pregnancy.
- People with a known anaphylactic hypersensitivity reaction to eggs can be given an influenza vaccine with a low ovalbumin content. The influenza vaccine used in this year's campaign has a low ovalbumin content (containing no more than 0.024 µg ovalbumin per dose).
- All children in at risk groups should receive a full dose of seasonal influenza vaccine (0.5mls). For those <9 years, repeat vaccination at 4-6 weeks if child is receiving the vaccine for the first time.
- In children aged 12-23 months of age it may be prudent to separate PCV13 and seasonal influenza vaccines by an interval of at least one week to decrease the risk of febrile convulsions occurring.



www.immunisation.ie

List of Infectious Diseases notified in HSE-Midland Area - 1st January - 30th September 2011*

Disease	Number	Disease	Number
Acute infectious gastroenteritis	325	Measles	5
Bacterial meningitis	2	Meningococcal disease	5
Campylobacter infection	142	Noroviral infection	59
Chlamydia	125	Mumps	9
Cryptosporidiosis	44	Pertussis	13
Enterohaemorrhagic E coli	49	Salmonellosis	14
Genital Warts	15	Shigellosis	2
Giardiasis	2	Streptococcus group A infection	4
Gonorrhoea	8	Streptococcus pneumoniae infection	11
Haemophilus influenzae	3	Syphilis	11
Hepatitis A (acute)	1	Toxoplasmosis	1
Hepatitis B (acute and chronic)	17	Trichomoniasis	2
Hepatitis C	37	Tuberculosis	12
Herpes Genital - Simplex	6	Q fever	1
Influenza	123	Viral encephalitis	1
Leptospirosis	1	Viral meningitis	8
Malaria	3		

** All data are provisional*

Please contact the **Department of Public Health** on 057 9359891 or by e-mail if:

- Your contact details have changed
- You would like to add a colleague to the distribution list
- You would like to receive this newsletter electronically
- You would like to see a specific topic covered in a future issue of *MIDAS*

Please note some data are provisional and subject to amendment

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