

Pathway:	Infectious Diarrhoea
Referral Criteria/Commissioning position:	
<p>Definition of acute diarrhoea – 3 or more episodes a day, <14d and sample takes shape of pot</p> <ul style="list-style-type: none"> About 20% of the population develop infectious intestinal disease (IID) per year Most infectious diarrhoea is a self-limited, usually viral illness. Nearly half last less than one day If the diarrhoea has stopped, culture is rarely indicated, as recovery of the pathogen is unlikely Infectious diarrhoea should be considered in parallel with other causes of diarrhoea <p>When to send a faecal specimen:</p> <ul style="list-style-type: none"> Patient systemically unwell; needs hospital admission and/or antibiotics Blood or pus in stool Acute painful or bloody diarrhoea in previously healthy children to exclude E.coli 0157 infection Post antibiotics and hospitalisation (C.difficile) Diarrhoea after foreign travel (you should request ova, cysts and parasites (OCP)) Persistent diarrhoea when Giardia is suspected For reassurance, as diagnosis of infection may exclude other pathologies <p>When advised by Health Protection Unit:</p> <ul style="list-style-type: none"> Suspected public health hazard e.g. diarrhoea in food handlers, healthcare workers, children after farm visits (E.coli 0157) or at nurseries, elderly residents in care homes or other high risk situations Outbreaks of diarrhoea in family, community etc. when isolating the organism may help pinpoint outbreak source Contacts of patients with certain organisms, e.g. E.coli 0157, where there may be serious clinical sequelae 	
History that should be included on form to help determine diagnostic methods:	
<ul style="list-style-type: none"> Thorough clinical evaluation of a patient is needed to guide laboratory testing and therapy Please state if submitted at request of HPU, CCDC or EHO <p>Clinical features</p> <ul style="list-style-type: none"> Systemic illness, fever, bloody stool Symptoms; duration, recurrent, chronic Severe abdominal pain (Campylobacter) Immunosuppression 	

Epidemiological setting:

- Food intake e.g. barbecue, restaurant, eggs, chicken, shellfish
- Recent foreign travel and to which country
- Recent antibiotic, PPI or hospitalisation (C.Difficile)
- Family or nursing home (norovirus)
- Exposure to untreated water (protozoa) or animals
- Contact with other affected individuals or outbreak

References & Additional information:

- Infectious Diarrhoea – the role of Microbiological Examination of Faeces – Quick Reference Guide for Primary Care
For full guidance including interpreting the laboratory report and treatment - [click here](#)

Date of Meeting Reviewed

November 2014

CCG GP sign off:

Dr Phil Garnett

Review date:

November 2015