### Referral Criteria/Commissioning position:

**Definition of acute diarrhoea** – 3 or more episodes a day, <14d and sample takes shape of pot

- 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

**When to send a faecal specimen:**
- 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

**When advised by Health Protection Unit:**
- 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:

- 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

### Clinical features

- 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

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<th>November 2014</th>
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<tbody>
<tr>
<td>CCG GP sign off:</td>
<td>Dr Phil Garnett</td>
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<tr>
<td>Review date:</td>
<td>November 2015</td>
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