

# Communicable Disease Branch

## 2018 Program Alert # 1

Shiga toxin-producing *E. coli* (*STEC*) case definition updates

Date: January 3, 2018



### Enterics Winter 2018 Update

Dear Communicable Disease Nurses,

The Enterics Team at the Communicable Disease Branch would like to share an important case definition update as well as some Norovirus information. Additionally, we would like to take this opportunity to acknowledge the hard work you all do each day ensuring the health and well-being of your communities!

### Escherichia coli (*STEC*) case definition changes:

This program alert highlights recent updates to the North Carolina Communicable Disease Manual regarding the Shiga toxin-producing *Escherichia coli* (*STEC*) case definition. These changes align with the most recent CSTE (Council of State and Territorial Epidemiologists) case definition changes adopted the end of 2017. The most significant change is that previously classified “suspect” cases diagnosed by a culture-independent diagnostic testing (CIDT) method will now be classified as “probable”. The case classification section of the new case definition update is outlined below.

#### Confirmed

A person who meets the confirmed laboratory criteria for diagnosis.

#### Probable

A person with isolation of *E. coli* O157 (i.e. culture) from a clinical specimen, without confirmation of H antigen, detection of Shiga toxin or detection of Shiga toxin genes

**OR**

A clinically compatible illness in a person with CIDT\* supportive laboratory criteria for diagnosis

**OR**

A clinically compatible illness in a person that has an epidemiologic linkage to another case

#### Suspect

A person with a diagnosis of post-diarrheal HUS/TTP (see HUS case definition),

**OR**

A person that meets the CIDT supportive laboratory criteria for diagnosis with no known clinical compatibility

#### Notes:

- **\*CIDT** - Culture-independent diagnostic testing includes PCR, EIA, ELISA and other antigen detection tests.
- *E. coli* cultured from blood or urine without detection of Shiga toxin or a Shiga toxin gene does not meet the case definition and should not be reported.
- Many PCR panels (GI Pathogen Panels) also detect types of *E. coli* that are not reportable. **EPEC** (enteropathogenic *E. coli*), **ETEC** (enterotoxigenic *E. coli*) and **EAEC** (enteroaggregative *E. coli*) are **not** currently reportable.
- **EIEC/shigella** (enteroinvasive *E. coli*) **should be reported** and investigated as a case of shigellosis.

The full updated case definition can be found here:

[http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/casedefs/ECOLI\\_INFECTIO-N-SHIGA\\_TOXIN\\_PRODUCING\\_CD\\_2017.pdf](http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/casedefs/ECOLI_INFECTIO-N-SHIGA_TOXIN_PRODUCING_CD_2017.pdf)

## **Norovirus Outbreaks in Healthcare Facilities**

A memo was sent out to all local health departments in November, 2017 outlining the background, incubation period, symptoms, control measures and laboratory testing criteria for Norovirus. Please note that there has been some clarification of the language regarding visitors.

- NC Division of Public Health nor the CDC routinely recommend discouraging visitors
- Facilities should encourage visitors to enter the facility through one central location
- Facilities should ensure that signage and information is readily available explaining the illness impacting the facility
- Facilities should instruct ill visitors to refrain from visiting until their symptoms resolve

This guidance can be viewed in detail here: [http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/other\\_diseases.html](http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/other_diseases.html)

**Please contact the CDB Epidemiologist On Call at (919) 733-3419 with any questions, anytime (24/7)**

