

## Infectious Diarrhoea Specimen Advice: Quick Reference Guide for Primary Care

### Aims:

- To promote consistency in obtaining faecal specimens from patients with diarrhoea.
- To promote the standardization and quality of faecal specimens taken from patients with diarrhoea across MK Health Economy
- To support infection prevention and control programmes by early diagnosis of infectious agents that may occur as a result of contact exposure in inpatient settings and care homes.

### Definition of acute diarrhoea:

**The passage of 3 or more loose or liquid stools per day or more frequently than is normal for the individual, for less than 14 days where the specimen takes the shape of the container.**

### When to Send a Diarrhoeal Faecal specimen (Infectious Cause Suspected)

- Patient systemically unwell, needs hospital admission and/or antibiotics, but before starting antibiotics.
- Blood, mucus or pus in stool
- Recent antibiotics, PPI or hospitalization (within last 3 months), suspect *Clostridium difficile* infection.
- Patient over 65 years should be tested for *C. difficile* infection unless there is good clinical or epidemiological reasons not to do so.
- After foreign travel to anywhere other than Western Europe, North America, Australia or New Zealand: also request ova, cysts and parasites (OCP).
- Persistent diarrhoea when *Giardia* is suspected.
- For reassurance, as diagnosis of infection may exclude other pathologies, for example ischaemic bowel.
- The person is immunocompromised.

**Seek advice from the local Public Health Team in the following circumstances as samples may be required:**

- Suspected public health hazard eg. Diarrhoea in food handlers, healthcare workers, children attending nurseries, elderly residents in care homes or in people in other high risk situations.
- Outbreaks of diarrhoea in family, community etc when isolating the organism may help pinpoint the source of the outbreak.
- Contacts of patients with certain organisms eg *E. Coli* 0157, where there may be serious clinical sequelae to an infection.

**Anti peristaltic agents should be avoided when an infectious cause of diarrhoea is suspected**, including any opioid component of analgesia (**particularly with *C. difficile***) to avoid the risk of precipitating toxic megacolon by slowing the clearance of toxins from the intestine.

### Specimen Advice

- **Give patient/carer information on how to collect a sample** (leaflet developed in conjunction with this advice).
- Advise that if the stool contains blood, pus or mucous to try to include this in the sample.
- Advise to include the most liquid part of the specimen, (¼ to ½ full faecal sample pot required for *C. difficile* testing, formed stool cannot be tested).
- Single specimen minimum needed for routine investigation only is 1ml (size of a pea)
- If recurrent diarrhoea and parasitic infection suspected, send 3 specimens (5ml each) 2-3 days apart, as OCP are shed intermittently.

**This guidance has been developed by Milton Keynes CCG and is based on Guidance from Public Health England and local policies including: The Collection and Transport of Specimens Procedure and Guidance on the Management of Infection in Primary Care.**

### Relevant Information Required on the Laboratory Request Form

- Patient name, date of birth and/or NHS number
- Requesting practitioner name, also please state if requested by the PH, CCDC or EHO
- Location to ensure correct reporting of results
- Tests required
- Date/time faecal specimen was obtained
- Nature of symptoms, including date of onset, duration, recurrent or chronic symptoms
- Systemic illness, eg fever, bloody stool
- Severe abdominal pain (*Campylobacter*)
- Immunosuppression
- Any current or recent antibiotic history, PPI or hospitalization ( within the last 3 months-*C. difficile*)
- Food intake eg BBQ, restaurant, eggs, chicken, shellfish
- Recent foreign travel and to which country
- Family or nursing home
- Exposure to untreated water or animals (Protozoa)
- Contact with other individuals or outbreak
- If the faecal specimen has been contaminated with urine or obtained from an incontinence product

### Interpreting the Laboratory Report

- A negative result does not mean all pathogens have been excluded: the pathogens looked for will usually be listed.
- Pathogens routinely looked for include: *Campylobacter*, *Cryptosporidium*, *Escherichia coli* 0157, *Salmonella*, *Shigella*.
- If a *C. difficile* result is returned as not tested as not diarrhoeal enough or insufficient quantity to sample, this is not a negative result and if the patient is still symptomatic, a further specimen should be sent. The person collecting the specimen should be advised on the necessity of a liquid stool sample that fills at least ¼ sample pot.

### Treatment Following Report

- Most patients in whom pathogens are detected will not require specific treatment unless they are systemically unwell or treatment is advised by a microbiologist or expert in communicable disease control.
- In the case of *C. difficile*: Stop unnecessary antibiotics and or PPI treatment to re-establish gut flora. Prescribe as per Guidance on the Management of Infection in Primary Care. (Metronidazole 400mg tds for 10-14 days. If severe, temp.>38.5, WCC>15, rising creatinine or signs/symptoms of severe colitis, or if 3<sup>rd</sup> episode, prescribe Vancomycin 125mg qds for 10-14 days.) 70% patients respond in 5 days, 94% in 14 days. (Consultant microbiologist can be contacted for advice if required. 01908 243106). Supportive care should be given including attention to hydration, electrolytes and nutrition. Community nutritionist should be contacted for advice. (01908 243320).
- *Campylobacter*: Antibiotics have little effect on duration of symptoms unless given very early in illness course.
- *G. lamblia* and *E. histolytica* should be treated as recommended by the microbiologist.
- Unless symptoms persist, Blastocystis and *Dientamoeba fragilis* do not usually require treatment in the otherwise healthy.

### When to Send a Repeat Specimen

- This is usually unnecessary unless advised by a microbiologist, expert in communicable disease control, or Public Health
- Do not send repeat specimens for *C. difficile* within 28 days of a previous positive result.

Microbiological advice can be obtained on 01908 243106.

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