# STEC INFECTION

## **Basis of diagnosis**

Clinical criteria

Fits clinical description Select the 'Yes' option if the case fits the clinical description as follows:

An acute onset diarrhoeal illness (with or without blood or mucus in stool)

OR

Any case with Haemolytic Uraemic Syndrome (HUS) or Thrombotic Thrombocytopenic Purpura (TTP) with or without a history of an acute

onset diarrhoeal illness.

Note: In the absence of HUS/TTP, asymptomatic infection or presentations with milder bowel symptoms (e.g., occasional loose stools) and/or non-diarrhoeal abdominal symptoms do not meet the case definition.

Clinical features Indicate whether the case had each of the clinical features listed. If the

feature was present, select the 'Yes' option. If not, select the 'No' option.

If not known or unavailable, then select the 'Unknown' option.

Laboratory criteria

Meets laboratory criteria Indicate whether the case meets the laboratory criteria. If not, select the

'No' option. If not known or unavailable, then select the 'Unknown'

option.

Laboratory confirmation Indicate the status of laboratory confirmation. If the laboratory test

results were positive select the 'Yes' option, if negative select the 'No' option. If the results of the laboratory test are not yet available, select 'Awaiting results'. If any of the laboratory tests were not carried out,

select 'Not Done'.

Additional laboratory details

This section will be automatically populated with data from the ESR Enteric Reference Laboratory when

results are available.

Organism serotype Specify the organism serotype (e.g. O157:H7).

ESR Updated A flag to indicate that the laboratory results have been updated by ESR

(closed to users)

Laboratory The name of the laboratory from where the results originated (closed to

users).

Date result updated The date the result field was updated (closed to users).

Sample Number The laboratory sample number (closed to users).

### Classification

#### Classification

**Under investigation** – a case which has been notified but information is not yet available to classify it as probable or confirmed.

**Probable** – a clinically compatible illness that is either epidemiologically linked to a confirmed case of the same disease or has had contact with the same common source as a confirmed case – i.e., is part of a common-source outbreak.

**Confirmed** – a clinically compatible illness that is laboratory confirmed.

**Laboratory confirmation requires** evidence of Shiga toxin, which comprises either:

- culture and isolation of Shiga toxin-producing Escherichia coli
  OR
- PCR detection of the genes (stx1 and/or stx2) associated with the production of Shiga toxin in *E. coli*.

**Not a case** – a case that has been investigated, and subsequently found not to meet the case definition.

## Clinical course and outcome

(in addition to the instructions for the completion of modules common to all case report forms)

Asymptomatic	Select this option if the case is asymptomatic i.e. there is no date for onset of symptoms.
Received renal dialysis	Indicate whether the case received renal dialysis. If not known or unavailable, then select the 'Unknown' option.

#### **Risk factors**

Food consumption	Indicate whether the case ate any of the food items listed during the week before they became ill. If 'Yes', indicate what type of food the case consumed, (e.g. if it was a dairy product, was it cheese, yoghurt, etc), the brand of food, and where they obtained the food, if known, e.g. supermarket, restaurant, friend's house, etc. If not known or unavailable, then select the 'Unknown' option.
Water supply	Specify the water supply code for current home address and the workplace or school/pre-school of the case. Refer to the 'Register of Community Drinking Water Supplies in New Zealand'. If the water source code is unknown or the water supply is not coded then specify the water supply.
	Indicate if the case had consumed water from a source which they would not normally use in the last week, e.g. camping trip, travel outside the area, etc. If 'Yes', then specify the water supply.

Recreational contact with Indicate whether the case had recreational contact with water in the week before becoming ill. If 'Yes', indicate the nature of recreational contact, and water specify the name / location. If not known or unavailable, then select the 'Unknown' option. Animal contact Indicate whether the case had contact with animals during the week before they became ill. If 'Yes', indicate the nature of the contact and specify the type of animals the case had contact with. If not known or unavailable, then select the 'Unknown' option. Attendance at school, pre-Indicate whether the case attends school, pre-school or childcare. If not school or childcare known or unavailable then select the 'Unknown' option. Attendance at social Indicate whether the case attended any social functions during the week functions before they became ill. If 'Yes', give details. If not known or unavailable, then select the 'Unknown' option. Contact with children in Indicate whether the case had contact with children in nappies during the nappies week before they became ill. If not known or unavailable, then select the 'Unknown' option. Contact with another case Indicate whether the case had contact with another case with similar with similar symptoms symptoms. If 'Yes', specify the nature of contact and the date of onset of illness in the other case. If not known or unavailable, then select the 'Unknown' option. Indicate whether the case was overseas during the incubation period for Overseas travel STEC infection (2–10 days). If 'Yes', record the date of arrival in New Zealand. List the countries/regions visited (up to three) from the most recent to the least recent. Record date of entry and departure in each country/region. Travel within New Zealand Indicate whether the case had travelled within New Zealand in the week prior to illness. If 'Yes', specify where in New Zealand the case had travelled to. If not known or unavailable, then select the 'Unknown' option. Indicate whether the case had any contact with sewage in the week before Sewage they became ill. If not known or unavailable, then select the 'Unknown' option. Raw meat Indicate whether the case handled any raw meat or offal (including raw meat or offal given to pets) in the week before they became ill. If not known or unavailable, then select the 'Unknown' option. Other risk factor for disease Specify any other risk factors under surveillance for STEC infection if they

were present.

# Management

Case management	
Case excluded from work or school/pre-school/childcare	Indicate whether the case was excluded from work or school/pre- school/childcare until well. If the case does not attend work or school/pre- school/childcare, select the 'NA' (not applicable) option. If not known or unavailable, then select the 'Unknown' option.
Food handler / caregiver	If the case works as a food handler, or cares for patients, elderly or children aged under five years, indicate whether the case was excluded from work until microbiological clearance was achieved. If the case does not work as a food handler, nor is employed as a caregiver for patients, elderly, or children aged under five years, select the 'NA' (not applicable) option. If not known or unavailable, then select the 'Unknown' option.
Number of contacts screened for infection	Record the number of contacts screened for STEC infection as per local protocols.
Number of screened contacts with STEC infection	Record the number of screened contacts that were identified with STEC infection.