

The Role of Microbiological Examination of Faeces

Quick Reference Guide for Primary Care

For consultation and local adaptation

- B-**
- Definition of acute diarrhoea: 3 or more episodes a day, <14d and sample takes shape of pot.^{1,2,3}
 - About 20% of the population develop infectious intestinal disease (IID) per year.⁴
 - Most infectious diarrhoea is a self-limited, usually viral illness. Nearly half last less than one day.^{2,5}
 - 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.
 - A pathogen is found in only 2 – 5% of specimens submitted.³

Pathogens routinely looked for (cases per 100,000 population 2005):

- | | | |
|--|--|---|
| <input type="checkbox"/> Campylobacter (87 cases) | <input type="checkbox"/> <i>Escherichia coli</i> 0157:H7 (2 cases) | <input type="checkbox"/> Shigella (2 cases) |
| <input type="checkbox"/> Cryptosporidium (9 cases) | <input type="checkbox"/> Salmonella (21 cases) | |

Other enteropathogens looked for (depending on history):

- | | | |
|---|---|---|
| <input type="checkbox"/> Noroviruses | <input type="checkbox"/> <i>Clostridium difficile</i> | <input type="checkbox"/> Toxin-producing <i>Clostridium perfringens</i> |
| <input type="checkbox"/> Rotavirus | <input type="checkbox"/> Vibrio | <input type="checkbox"/> <i>Bacillus cereus</i> |
| <input type="checkbox"/> <i>Giardia lamblia</i> | <input type="checkbox"/> <i>Yersinia enterocolitica</i> | <input type="checkbox"/> <i>Staphylococcus aureus</i> toxin |
| <input type="checkbox"/> <i>Entamoeba histolytica</i> | <input type="checkbox"/> Cyclospora | |

B- WHEN TO SEND A FAECAL SPECIMEN^{2,3}

- Patient systemically unwell; needs hospital admission and/or antibiotics.
- Blood or pus in stool.
- Diarrhoea after foreign travel; you should request ova, cysts and parasites (OCP).
- Persistent diarrhoea when *Giardia* is suspected.⁶
- For reassurance, as diagnosis of infection may exclude other pathologies.
- Post antibiotics and hospitalisation (*C. difficile*).

WHEN ADVISED BY HEALTH PROTECTION UNIT^{2,7}

- Suspected public health hazard e.g. diarrhoea in food handlers, healthcare workers, children attending 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 source of outbreak.
- Contacts of patients with certain organisms e.g. *E. coli* 0157, where there may be serious clinical sequelae to an infection.

WHAT TO SEND (see next page for how to collect)

C Single specimen (minimum needed for routine investigation only: 1 ml - size of pea).

B If recurrent, send 3 specimens (5 ml each) 2-3 days apart, as OCP are shed intermittently.⁹

HISTORY THAT SHOULD BE INCLUDED ON FORM TO HELP DETERMINE DIAGNOSTIC METHODS

C 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.

B 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*)^{10,11}
- Family or nursing home; (Norovirus)
- Exposure to untreated water (protozoa)
- Contact with other affected individuals or outbreak

INTERPRETING THE LABORATORY REPORT

B A negative report does not mean all pathogens are excluded; the pathogens sought will usually be listed. e.g. There are no routine methods for detecting enterotoxigenic *E. coli*, the commonest cause of traveller's diarrhoea.

TREATMENT FOLLOWING REPORT

B Most patients in whom pathogens are detected will NOT require specific treatment unless systemically unwell or treatment is advised by a microbiologist or consultant in communicable disease control.

A *Campylobacter*: Antibiotic therapy has little effect on duration of symptoms unless given very early in illness course.¹²

G. lamblia and *E. histolytica* should be treated.⁶

C Unless symptoms persist, *Blastocystis* and *Dientamoeba fragilis* do not usually require treatment in otherwise healthy.^{7,8}

WHEN TO SEND A REPEAT SPECIMEN

Usually unnecessary unless suspected public health hazard, as above, or on advice of a microbiologist, consultant in communicable disease control, or Health Protection Unit.

KEY **A** **B** **C** **D** Indicates grade of recommendation

Collecting a stool specimen for microbiological examination

1. DO NOT mix urine with the stool sample. If you need to pass water, do so first.
2. Place a wide mouth container (potty, empty plastic food container e.g. 1 litre ice cream carton) in the bowl, or put clean newspaper or plastic wrap over the toilet seat opening (this prevents the faecal/stool specimen from falling into the toilet bowl. (Collection container does not have to be sterile, but must be clean).
3. Pass stool onto the potty, plastic container, newspaper or plastic wrap.
4. Using the spoon built into the lid of the collection tube (or the wooden sticks, if supplied), place small scoops of stool from areas which appear bloody, slimy or watery into the tube. DO NOT OVERFILL. Try not to spill stool on the outside of the tube.
5. Replace the collection tube lid and screw on tightly.
6. Dispose of remaining stool in your potty, plastic container or newspaper down the toilet. Clean potty with hot soapy water. Wrap plastic container, newspaper or plastic wrap in newspaper and dispose of in normal refuse in a plastic bag.
7. Label the collection tube with your name, date of birth and the date of collection
8. Place the container in the plastic bag attached to the specimen request form.
9. Wash your hands thoroughly in hot running water with soap.
10. Deliver to the surgery/laboratory as soon as possible.
11. If specimen cannot be delivered immediately, refrigerate in surgery fridge until delivery.



Grading of guidance recommendations

Study Design	Recommendation Grade
Good recent systematic review of studies	A+
One or more rigorous studies, not combined	A-
One or more prospective studies	B+
One or more retrospective studies	B-
Formal combination of expert opinion	C
Information opinion, other information	D

This evidence-based guidance was developed by the HPA Primary Care Unit and GP Microbiology Laboratory Use Group, in collaboration with GPs, the AMM and other experts. It is in line with HPA SOPs, Clinical Knowledge Summaries & SIGN.

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