Communicable Disease Case Reporting and Investigation Protocol
ENTEROTOXIGENIC E. COLI (ETEC)

I. IDENTIFICATION AND DEFINITION OF CASES
A. Clinical Description: A gastrointestinal illness that can range in severity from mild watery diarrhea to severe, profuse, watery diarrhea, without blood or mucus. Additional signs and symptoms may include abdominal cramping, vomiting, acidosis, prostration, and dehydration. Fever may or may not be present. Symptoms usually last less than five days but can last longer.

B. Laboratory Criteria for Diagnosis:
   - Confirmatory laboratory evidence: Isolation of Enterotoxigenic E. coli from any clinical specimen.
   - Supportive laboratory evidence: Detection of Enterotoxigenic E. coli in a clinical specimen using a culture-independent diagnostic test (CIDT). For example, detection of Enterotoxigenic E. coli by polymerase chain reaction (PCR).

C. Wisconsin Case Definition:
   - Confirmed: A case that meets the confirmed laboratory criteria for diagnosis.
   - Probable: A clinically compatible case that is epidemiologically linked to a confirmed case of Enterotoxigenic E. coli.
   - Suspect: A case that meets the supportive laboratory criteria for diagnosis.

II. REPORTING
A. Wisconsin Disease Surveillance Category II: This disease shall be reported to the local health officer or their designee within 72 hours of the identification of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b).

B. Methods for Reporting: Report to the patient’s local health department (LHD) electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report (F-44151), or by other means within 72 hours upon recognition of a case or suspected case.

C. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or daycare center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

D. Laboratory Criteria for Reporting: Laboratory evidence of infection by culture or non-culture-based methods. All positive results should be reported.

III. CASE INVESTIGATION
A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in-person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. Required Documentation:
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs. This may be facilitated by completing a Routine Enteric Follow-Up Worksheet. See page 1 of the Worksheet for specific instructions regarding which sections should be completed during routine follow-up.
   2. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. Additional Investigation Responsibilities
   1. Assess patient for high-risk settings or activities to include food handling, providing patient care or child care, or attending a child care facility.
2. Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

B. Educate the public about proper handwashing after using the toilet, changing diapers, assisting another with toileting, handling contaminated clothing or linens, before cooking, or when associating with high-risk individuals.

C. Exclude symptomatic patients from high-risk settings including food handling, providing patient care or child care, or attending a child care facility, generally until asymptomatic for 24 hours.
1. The LHD has the authority to exclude infected individuals in high-risk settings until evidence of one or more stool specimens negative for ETEC by culture or CIDT has been provided. This requirement is most often employed during outbreak situations, but may be required during other situations as necessary. If laboratory evidence of clearance is required, specimens should be collected 1) after the individual is asymptomatic and 2) at least 48 hours after discontinuance of antimicrobial therapy. When multiple specimens are collected from a patient, specimens should be collected at least 24 hours apart.
2. Exclusion, restriction, and reinstatement criteria used by the LHD for infected individuals who are food employees should also meet Wisconsin Food Code criteria and may be more restrictive than the Wisconsin Food Code.

D. People traveling to developing countries should avoid foods and beverages that could be contaminated with bacteria, especially foods such as raw fruits and vegetables (e.g., salads), raw seafood, undercooked meat or poultry, unpasteurized dairy products, food from street vendors, and untreated water (including ice) in areas lacking adequate chlorination.

V. CONTACTS FOR CONSULTATION
A. Local health departments and tribal health agencies: https://www.dhs.wisconsin.gov/lh-depts/index.htm

B. BCD, Communicable Diseases Epidemiology Section: 608-267-9003

C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES


C. Centers for Disease Control and Prevention website: http://www.cdc.gov/ecoli/etec.html