Communicable Diseases Control Guideline

Campylobacteriosis

Last updated: 1 April 2017

Public Health Priority:
Routine.

Public Health Response Time:
Data will be electronically notified from laboratories and automatically updated into the Notifiable Condition Information Management System (NCIMS). Notifications from laboratories that do not have the capacity to notify electronically will be batched and uploaded into NCIMS by Communicable Diseases Branch.

Case management:
Responsibility of the treating doctor.
Cases who are young children should not attend childcare until 24 hours after symptoms cease. Where the treating doctor suspects the case is part of a foodborne illness outbreak or a gastroenteritis outbreak in an institution, the treating doctor should promptly notify the local Public Health Unit by phone, as per the relevant guideline:

- Foodborne-illness outbreak control guideline
- Gastroenteritis in an institution control guideline

Contact Management:
Responsibility of treating doctor.

1. Reason for surveillance

To monitor trends in the burden of disease over time to inform the development of better prevention strategies.

2. Case definition

A confirmed case requires laboratory definitive evidence only.

Laboratory definitive evidence
Isolation or detection of *Campylobacter* species.

3. Notification criteria and procedure

Campylobacter infection is notified by laboratories on microbiological confirmation.

Only confirmed cases should be entered onto the Notifiable Condition Information Management System (NCIMS).

4. The disease

Infectious agent
Infection is caused by bacteria known as *Campylobacter*. *Campylobacter jejuni*, and less commonly *Campylobacter coli* are the usual causes of *Campylobacter* diarrhoea in humans. There are other species of *Campylobacter* that are also potentially pathogenic in humans.

Mode of transmission
Primarily through the ingestion of contaminated food (most commonly undercooked chicken or foods contaminated by undercooked chicken) or drink (such as water or unpasteurized milk). Infection can also be transmitted from direct contact with infected animals especially puppies, kittens and farm animals. Person to person transmission is uncommon.

Timeline
The typical incubation period is approximately 2 to 5 days but can range from 1 to 10 days depending on the dose ingested.

Clinical Presentation
Campylobacter may be asymptomatic or present with diarrhoea (which may be bloody), abdominal pain, fever, malaise, nausea, and sometimes vomiting. A prodromal period of fever and malaise may precede diarrhoea by a day or more.

Rare post infectious complications include reactive arthritis, Guillain-Barré syndrome and irritable bowel syndrome.

Symptoms usually persist for several days to 2 weeks.

5. Managing Notifications

Response Times

Data Entry
Notification data will be electronically transferred from laboratories to NCIMS. For those laboratories that do not have the capacity to notify electronically, Communicable Diseases Branch will be responsible for uploading batched data into NCIMS at regular intervals. Paper notifications received from laboratories will be stored at the public health unit and then disposed of following data upload into NCIMs by CDB. (refer to Popnet for further details)

Response Procedure
None routinely.

Case management
Responsibility of treating doctor.

Treatment
For case treatment, refer to Therapeutic Guidelines: Antibiotic.

Isolation and restriction
Cases who are food handlers should not attend work until 48 hours have elapsed after symptoms resolve. Cases who are young children should not attend childcare until 24 hours after symptoms cease. Cases who reside in an institution should be cohorted (separated from non-infected residents) if possible. Contact precautions should be used when caring for infected residents

6. Special situation

Outbreaks / clusters
Due to the high volume of notifications and the lack of routine subtyping, it is not intended that surveillance data be used to identify clusters.

Campylobacter outbreaks will continue to be notified and investigated as per the Foodborne Illness Outbreak control guideline or the Gastroenteritis in an institution control guideline .