Common Foodborne Illnesses

Organism	Report to SRHD	Incubatio n Period	Signs and Symptoms	Duration of Illness	Period of Communicability	Common Sources of Infection	Testing Comments	Suggested Treatment
Campylobacter spp. (bacteria)	3 days	Usually 2-5 days (range 1-10 days)	Diarrhea, sometimes bloody; cramps; fever; vomiting; malaise. Can mimic inflammatory bowel disease and ulcerative colitis.	2-10 days	Person to person transmission appears uncommon.	Raw and undercooked meats, especially poultry; unpasteurized milk; contaminated drinking water; infected animal or infant; cross-contamination.	Routine stool culture.	Supportive care. Erythromycin or azithromycin may be indicated early in illness, recommended duration 5-7 days.
Cryptosporidium spp. (protozoa)	3 days	Usually 5-8 days (range 2-12 days)	Frequent, watery diarrhea; cramping; abdominal pain; nausea; vomiting. Asymptomatic infection is common.	1-2 weeks	Can last several weeks after symptoms resolve.	Recreational and drinking water; contaminated raw foods, especially fresh produce Person-to-person spread is common.	Must be specifically requested.	Supportive care: usually self- limited in immunocompetent persons. Nitazoxanide is often prescribed. Can also use atovaquone or paromomycin.
Giardia lamblia (protozoa)	3 days	Usually 7-10 days (range 3-25 days)	Acute or chronic diarrhea; flatulence; bloating; nausea. Asymptomatic carriage is common.	Weeks to months	Entire period of infection, often months.	Recreational and drinking water; person-to-person; contaminated food.	Giardia antigen test (preferred) or ova and parasite test.	Metronidazole, nitazoxanide, or tinidazole
Hepatitis A (virus)	24 hrs	Usually 15-50 days, with an average of 30 days (range 2-7 weeks)	Fever; fatigue; anorexia; dark urine; pale stools; jaundice; nausea; abdominal pain. More than 50% of children <6 are asymptomatic.	2 weeks to 3 months	1-2 weeks before onset of symptoms and 1 week after jaundice appears.	Infected household/sexual contacts; infected food handler; travel to endemic area; contaminated cool moist foods, contaminated shellfish.	Presence of anti-HAV IgM in serum of a person with acute illness com-patible with hepatitis A.	Supportive care. [(Prevention/prophylaxis with hepatitis A vaccine or IG, as applicable, according to age.]
Listeria monocytogenes (bacteria)	24 hrs	3-70 days with an estimated median incubatio n period of 3 weeks.	Fever; muscle aches; nausea; diarrhea. Pregnant women may have mild illness leading to premature or stillbirth. Older or immunosuppressed patients may develop bacteremia/meningitis.	Variable; case fatality rate 30- 50%; asympto matic shedding for months in stool	Person-to-person transmission is rare except infected pregnant women can shed organism for 7-10 days after childbirth.	Fresh soft cheeses, inadequately pasteurized milk, ready-to-eat deli meats, hot dogs. Organism can grow at refrigerator temperatures.	Blood or cerebrospinal fluid cultures.	Supportive care and antibiotics. [Intravenous ampicillin, penicillin or TMP/SMX.] Cephalosporins are not active against listeriosis.

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Norovirus (virus)	Not reportab le except in outbreak s	12-48 hours	Nausea; vomiting; voluminous watery diarrhea.	24-60 hrs	During acute stage and up to 4 days after recovery.	Fomites; ready-to-eat foods handled by infected food workers; contaminated shellfish. Person-to-person spread is very common.	Must be specifically requested.	Supportive care.
Salmonella spp. (bacteria)	24 hrs	Usually 1-3 days (range 6 hours – 5 days)	Diarrhea, sometimes bloody; fever; abdominal cramps; vomiting. Asymptomatic infection can occur	Days to weeks. Fecal shedding can last months	Days to months	Undercooked eggs and meats, especially poultry; unpasteurized milk or juice, contaminated fruits, vegetables or nuts; pets, including kittens and lizards; infected persons.	Routine stool culture.	Supportive care. Antibiotics can prolong shedding but may be indicated in severe illness and for infants and those immuno- suppressed by illness or therapy.
Shigella spp. (bacteria)	24 hrs	1-4 days (range 12 hours – 7 days)	Abdominal cramps, fever and diarrhea. Watery stool may contain blood and mucus. More severe in the very young and the elderly.	Days to weeks. Fecal shedding for weeks	Typically, 1-4 weeks after onset	Contaminated food or water. Infectious dose is very low; personto-person spread is common.	Routine stool culture.	Supportive care. Antibiotic susceptibility testing is recommended, as treatment reduces communicable period.
Shiga-toxin producing E. coli including E. coli 0157:H7 (bacteria)	Immedi- ately	Usually 2-6 days (range 1-8 days)	Severe diarrhea, often bloody; abdominal pain; vomiting. Fever is uncommon.	Varies with severity. May shed weeks to months, especially in children	Up to one week in adults but may be up to 3 weeks in children.	Undercooked beef; unpasteurized milk and juice; contaminated produce; contaminated water; exposure to livestock, wildlife. Infectious dose is very low; personto-person spread is common.	Routine stool culture and shiga toxin testing. [This combination of tests can detect non-O157 serotypes.]	Supportive care: monitor renal function, hemoglobin and platelets closely. Antibiotic treatment is usually not recommended.
Yersinia enterocolitica (bacteria)	24 hours	Usually 4-7 days (range under 10 days)	Diarrhea, vomiting, fever, abdominal pain. May be suggestive of appendicitis.	Days to weeks	Several weeks to several months.	Contaminated food, especially raw or undercooked pork products. [Preparation of raw pork intestines may be especially risky.] Contaminated milk or water.	Stool, or less commonly from urine or blood culture. Must be specifically requested.	Supportive care: usually self- limited. Treatment of severe illness may be indicated.

Report cases of suspected and confirmed disease to: 509.324.1449 (phone) or 509.324.3623 (fax). Please report cases of suspected and confirmed disease that are **immediately notifiable** by calling 509.324.1442