

Exclusions: Enteric Pathogens

Organism	Typical incubation	Infective dose	Shedding duration	Symptoms	Antimicrobials	Food handler exclusion	Child care attendee/worker exclusion	Health care worker exclusion	Comments
Campylobacter	2-7 days (range 1-10 days)	Small (~500 organisms)	2-7 weeks without antibiotics	Diarrhea, bloody diarrhea, abd. pain, fever, malaise, nausea, and vomiting	Antibiotics can shorten shedding to 2-3 days	Follow standard recommendations of no diarrhea x 24 hours			Food handler outbreaks rare. Person to person transmission is rare. Exclude asymptomatic carriers in sensitive professions if personal hygiene practices unreliable.
Cryptosporidium	7 days average (range 1-12 days)	Very small (10-100 oocysts)	Several weeks	Diarrhea, abd pain, cramping	Yes (antiparasitic medication)	Follow standard recommendations of no diarrhea x 24 hours			No swimming x 2 weeks; infection can be severe in persons with compromised immune systems
Giardia	7-10 days (range 3-25 days)	Very small (one or more cysts)	Variable, can be months	Diarrhea, cramping, fatigue, malabsorption, weight loss	Yes (antiparasitic medication)	Follow standard recommendations of no diarrhea x 24 hours			No swimming x 2 weeks
Hepatitis A	28-30 days (range 15-50 days)	Very small (<100 viral particles)	2 weeks before onset to 7-10 days after jaundice onset	Fever, malaise, anorexia, nausea, abd discomfort, jaundice	None	Exclusion criteria apply: Exclude for 7 days following onset of jaundice. If not jaundice, exclude 14 days following onset of symptoms.			Children < 5 yrs rarely symptomatic; vaccine very effective. Consider Hep A vaccine or IG for post-exposure prophylaxis in some food handler or day care settings.
Listeria	2-3 weeks (range 3-70 days)	Not known (varies widely)	—	Septicemia, meningitis (fever, headache, nausea, vomiting)	Yes	Follow standard recommendations of no diarrhea x 24 hours			Not spread person to person.
Norovirus	24-48 hours (range 10-50 hours)	Very small (<20 viral particles)	Can shed at for 3 weeks after symptom resolution.	Nausea, vomiting, diarrhea, abd pain, myalgia, headache, malaise, low-grade fever	None	Follow standard recommendations of no vomiting/diarrhea x 48 hours (some recommend up to 72 hours)			Transmitted person-to-person, foodborne, waterborne, or fomites (environmental surfaces)
Salmonella	12-36 hours (range 6-72 hours)	Very small (1 organism can cause illness)	Variable, days to months	Abd pain, diarrhea, chills, fever, nausea, vomiting, malaise	Antibiotics are used for severe illness; May prolong shedding	No diarrhea x 24 hours Exclusions may be considered for individuals working with severely immunocompromised populations.			Antimicrobial resistant-strains are becoming increasingly prevalent. Ensure salmonella is not typhi OR para-typhi before releasing to work.
Shigella	1-3 days (range 12-96 hours and up to a week)	Very small (10-200 organisms)	<4 weeks without antibiotics	Abd pain, diarrhea with blood, pus, or mucus, tenesmus, fever, vomiting.	Effective antibiotics may shorten shedding	Exclusion criteria apply: 2 consecutive negative stool cultures collected at least 24 hours apart and 48 hours after antimicrobials are completed AND no diarrhea x 24 hours			Significant antibiotic resistance – ensure that prescribed antibiotics will be effective based on antimicrobial susceptibility testing results on the isolate from the patient. Transmission can occur person to person, foodborne, waterborne or via fomites. No swimming while symptomatic.
STEC (Shiga toxin-producing E. coli) O157	3-4 days (range 2-10 days)	Very small (10-100 organisms)	1 week for adults; several weeks or longer for children. Prolonged carriage uncommon	Watery diarrhea, bloody diarrhea, severe abd pain, blood in urine, HUS (sequelae)	Not recommended	Exclusion criteria apply: 2 consecutive negative stool cultures collected at least 24 hours apart and 48 hours after antimicrobials are completed AND no diarrhea x 24 hours			Antibiotics may be associated with HUS
STEC (Shiga toxin-producing E. coli) non-O157			Unclear-likely similar to O157						Antibiotics may be associated with HUS; Less is known about the duration of shedding of non-O157 STEC
Typhoid Fever (Salmonella Typhi & paratyphi)	1-2 weeks (range 3 days-2 months)	Moderate (<1,000 organisms)	Variable, chronic carrier state exists	Fever, malaise, headache, cough, nausea, vomiting, anorexia, abd pain, chills, rose spots, constipation, bloody diarrhea	Antibiotics may shorten shedding; Carriage may be eliminated with antibiotics	Exclusion criteria apply: 3 consecutive negative stools collected at least 24 hours apart, 48 hours after antibiotics are completed, AND specimen collected no sooner than 1 month after onset. (if any are positive repeat at monthly intervals).			Antimicrobial resistant-strains are becoming increasingly prevalent
Vibriosis (non-cholera)	Species-dependent	Not known	—	Watery diarrhea, abd cramps, nausea, vomiting, headache	Yes	Follow standard recommendations of no diarrhea x 24 hours			Multiple species can also cause wound infections. Not spread person to person (some exceptions)
Vibrio cholera toxinogenic (serogroup O1; serogroup O139)	2-3 days (range a few hours to 5 days)	Not known	Few days to 2 weeks.	Watery diarrhea, vomiting, abd pain, dehydration	Yes	Follow standard recommendations of no diarrhea x 24 hours			Foodborne and waterborne. Enteric precautions sufficient in clinical setting, no need for isolation.

Health care worker – anyone working or volunteering in a care setting who may reasonably come in direct contact with patients (e.g. nurse, doctor, transport staff, housekeeper, etc.)

Food handler – anyone working or volunteering in a regulated food setting who may reasonably come in contact with food/drink or food surfaces (e.g. chef, dishwasher, hostess, bartender, food processor, etc.)