This Operational Directive describes the course of action to be undertaken by staff of Public Health Units (PHU) and/or the OzFoodNet Unit within the Communicable Disease Control Directorate for the public health management of sporadic cases of notifiable enteric infections. Clusters or outbreaks of enteric infection, especially those occurring in the Perth metropolitan area, are generally investigated by OzFoodNet, with assistance from PHUs, as required.

This document should be read in conjunction with Guidelines for exclusion of people with enteric infections and their contacts from work, school and child-care settings (OD 0303/10).
1. **BACKGROUND**

Enteric infections comprise around one–fifth of all infectious disease notifications in WA. Campylobacteriosis and salmonellosis are most common, accounting for over three-quarters of enteric disease notifications. Appropriate public health management of sporadic enteric disease cases is important in preventing the transmission, and reducing the impact, of these infections.

2. **CONTROL MEASURES**

The table below summarises the public health follow-up required for sporadic cases of notifiable enteric infections and their contacts, and identifies the responsible organisation and the response timeframe.

<table>
<thead>
<tr>
<th>Disease (incubation period)</th>
<th>Public health follow-up for cases</th>
<th>Public health follow-up for contacts</th>
<th>Organisation responsible</th>
<th>Response time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botulism (12-36 hours)</td>
<td>Identify source and stop further consumption of contaminated food.</td>
<td>Identify people who have eaten source food &amp; are at risk of developing disease.</td>
<td>OFN, CDCD in collaboration with FU</td>
<td>On day of notification</td>
</tr>
<tr>
<td>Haemolytic uraemic syndrome (HUS) caused by enteric infections (N/A)</td>
<td>Interview to identify risk factors. Maintain surveillance for further cases.</td>
<td>N/A</td>
<td>OFN, CDCD</td>
<td>Within 1 working day of notification</td>
</tr>
<tr>
<td>Listeria infection (3-70 days)</td>
<td>Interview to identify risk factors. Maintain surveillance for further cases.</td>
<td>N/A</td>
<td>OFN, CDCD</td>
<td>Within 1 working day of notification</td>
</tr>
<tr>
<td>Salmonella Enteritidis infection (1-7 days)</td>
<td>Interview to ascertain where infection acquired. If Australian-acquired, identify risk factors. Ensure enteric precautions and exclusions.*</td>
<td>N/A</td>
<td>OFN, CDCD</td>
<td>Within 7 working days of notification</td>
</tr>
<tr>
<td>Shiga-/Vero-toxigenic E. coli (STEC/VTEC) infection (2-10 days)</td>
<td>Interview to identify risk factors. Ensure enteric precautions, exclusions and clearance specimens for high risk cases*.</td>
<td>N/A</td>
<td>OFN, CDCD</td>
<td>Within 1 working day of notification</td>
</tr>
<tr>
<td>Vibrio parahaemolyticus infection (4-30 hours)</td>
<td>Interview to ascertain where infection acquired. If Australian-acquired, identify risk factors. Ensure enteric precautions and exclusions*.</td>
<td>N/A</td>
<td>OFN, CDCD</td>
<td>Within 2 working days of notification</td>
</tr>
<tr>
<td>Cholera (Vibrio cholerae 01/0139) presumptive toxin positive (Hours to 5 days)</td>
<td>Interview to ascertain where infection acquired (see Appendix 1). If Australian-acquired, refer to OFN to identify risk factors. Ensure enteric precautions, exclusions and clearance specimens for high risk cases*.</td>
<td>N/A</td>
<td>PHU</td>
<td>On day of notification</td>
</tr>
<tr>
<td>Hepatitis A (15-50 days)</td>
<td>See Operational Directive (OD 0228/09) Management of Hepatitis A.</td>
<td>PHU</td>
<td>Within 1 working day of notification</td>
<td></td>
</tr>
<tr>
<td>Disease (incubation period)</td>
<td>Public health follow-up for cases</td>
<td>Public health follow-up for contacts</td>
<td>Organisation responsible</td>
<td>Response time</td>
</tr>
<tr>
<td>----------------------------</td>
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<td>-------------------------------------</td>
<td>--------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Hepatitis E (26-42 days)</td>
<td>Interview to ascertain where infection acquired. If Australian-acquired, refer to OFN to identify risk factors. Ensure enteric precautions and exclusions for high risk cases*.</td>
<td>N/A</td>
<td>PHU</td>
<td>Within 2 working days of notification</td>
</tr>
<tr>
<td>Paratyphoid (Salmonella Paratyphi) (1-10 days)</td>
<td>Interview to ascertain where infection acquired (see Appendix 1). If Australian-acquired, refer to OFN to identify risk factors. Ensure enteric precautions, exclusions and clearance specimens for high risk cases*.</td>
<td>Ensure enteric precautions, exclusions and clearance specimens for high risk contacts*</td>
<td>PHU</td>
<td>On day of notification</td>
</tr>
<tr>
<td>Shigella dysenteriae infection (1-3 days)</td>
<td>Interview to ascertain where infection acquired (see Appendix 1). If Australian-acquired, refer to OFN to identify risk factors. Ensure enteric precautions, exclusions and clearance specimens for high risk cases*.</td>
<td>N/A</td>
<td>PHU</td>
<td>On day of notification</td>
</tr>
<tr>
<td>Typhoid (Salmonella Typhi) (3-60 days)</td>
<td>Interview to ascertain where infection acquired (see Appendix 1). If Australian-acquired, refer to OFN to identify risk factors. Ensure enteric precautions, exclusions and clearance specimens for high risk cases*.</td>
<td>Ensure enteric precautions, exclusions and clearance specimens for high risk contacts*</td>
<td>PHU</td>
<td>On day of notification</td>
</tr>
<tr>
<td>Yersinia infection</td>
<td>Generally only clusters or outbreaks investigated, by OFN with assistance from PHU as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryptosporidium infection</td>
<td>Generally only clusters or outbreaks investigated, by OFN with assistance from PHU as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salmonella species, not listed above</td>
<td>Generally only clusters or outbreaks investigated, by OFN with assistance from PHU as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shigella species, not listed above</td>
<td>Generally only clusters or outbreaks investigated, by OFN with assistance from PHU as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campylobacter infection</td>
<td>Generally only clusters or outbreaks investigated, by OFN with assistance from PHU as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Generally only clusters or outbreaks investigated, by OFN with assistance from PHU as required.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: *refer to Guidelines for exclusion of people with enteric infections and their contacts from work, school and child-care settings (OD 0303/10). High risk cases include health care, residential care and child care workers, food handlers, young children in child care and people who are faecally incontinent.

FU = Food Unit, Environmental Health Directorate
OFN, CDCD = OzFoodNet, located within Communicable Disease Control Directorate
PHU = Public Health Unit
N/A = Not applicable
3. PROCEDURE FOR PUBLIC HEALTH MANAGEMENT OF SPORADIC ENTERIC DISEASE NOTIFICATIONS

General procedures

- Confirm that the case meets the case definition for notification and is entered on the Western Australian Notifiable Infectious Disease Database (WANIDD) within 24 hours of receipt, if not already on the database. Update the notification record in WANIDD if additional information is available. **Case definition** manuals are available in all PHUs, or individual disease definitions are listed on the Department of Health Public Health website, in the section ‘Infectious diseases A to Z for health professionals’ [http://www.public.health.wa.gov.au/2/243/3/infectious_diseases_az_for_health_professionals.pm](http://www.public.health.wa.gov.au/2/243/3/infectious_diseases_az_for_health_professionals.pm)

- Refer to table in section 3 above to decide whether OFN or the PHU is responsible for public health management of the case, and the appropriate response time.

- If a PHU is responsible, the case should be followed up by the PHU in the area where the case resides, or for non-residents the PHU area where the case received medical attention.

- Prior to proceeding with case follow-up, the CDCD/PHU staff member should advise the notifying medical practitioner of their intention to contact the case. This is necessary as electronic laboratory notification to CDCD often occurs before the medical practitioner becomes aware of the positive result. Hence, the patient may not have been informed of their diagnosis. In the event that the notifying medical practitioner or appropriate delegate (e.g. practice nurse) is unavailable, CDCD/PHU staff should continue with the follow-up investigation in the interest of minimising disease transmission.


- Implement appropriate public health interventions for case and contacts as documented in the table in section 3 above, in collaboration with the notifying medical practitioner and local government officers, as appropriate.

- During public health follow-up, update WANIDD with information collected, including date of onset, travel history, clinical history, whether cases or contacts are high risk and when follow-up is complete.

- If there is cluster or outbreak of a locally acquired enteric infection, CDCD and/or PHU staff will investigate, as appropriate. In the Perth metropolitan area, CDCD will generally lead outbreak investigations. In country areas, the PHU should lead, with advice from CDCD.

**Cholera, Shigella dysenteriae, typhoid and paratyphoid**

- Cholera: for *Vibrio cholerae* O1 or O139 to meet the case definition, the isolate must be toxin positive. However, as toxin testing can take some time, public health follow-up should commence presumptively once the organism is identified as serotype O1 or O139.
• Cases
  • Use the questionnaire included in Appendix 1. Interview the case or, if this is not possible, interview their carer or doctor. For "high risk" cases of typhoid, paratyphoid, *Shigella dysenteriae* infection or cholera, use the appropriate letters in Appendices 2 and 3 to assist with collection of clearance specimens.

• Contacts
  • For high risk contacts of typhoid and paratyphoid only, use the letter in Appendix 4 to assist with collection of clearance specimens.
  • For low risk contacts of typhoid, paratyphoid cholera, and *Shigella dysenteriae* infection, use the letter in Appendix 5 to assist with public health management.

Hepatitis A

• For guidance on public health management, see OD 0228/09, *Management of Hepatitis A*.

4. MORE INFORMATION

For more information contact OzFoodNet staff at the Communicable Disease Control Directorate (08 9388 4811 / 08 9388 4872) or the appropriate Public Health Unit with contact details listed at [http://www.public.health.wa.gov.au/3/280/3/contact_details.pm](http://www.public.health.wa.gov.au/3/280/3/contact_details.pm).

5. REFERENCES


6. APPENDICES

Appendix 1: Typhoid / Paratyphoid / Cholera / *Shigella dysenteriae* Questionnaire.

Appendix 2: Typhoid / Paratyphoid specimen collection for clearance letter (high risk cases).

Appendix 3: Cholera / *Shigella dysenteriae* specimen collection for clearance letter (high risk cases).

Appendix 4: Typhoid / Paratyphoid specimen collection for clearance letter (high risk contacts).

Appendix 5: Typhoid / Paratyphoid / Cholera / *Shigella dysenteriae* letter (low risk contacts).
Typhoid/Paratyphoid/Cholera/Shigella dysenteriae Case Questionnaire

Appendix 1

Typhoid, Paratyphoid, Cholera and Shigella dysenteriae Questionnaire

Note to Interviewer: You will need a calendar at hand for this interview

☐ Typhoid
☐ Paratyphoid
☐ Cholera
☐ Shigella dysenteriae

<table>
<thead>
<tr>
<th>Date:</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer:</td>
<td>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person interviewed if not case</th>
<th>Relationship to case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpreter used?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>language:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>WANIDD Number</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td>WANIDD Updated</td>
<td>/ /</td>
</tr>
</tbody>
</table>

SECTION 1: DEMOGRAPHIC DATA

Surname: ____________________________ Other Names: ____________________________
Street address: _____________________________________________________________
Suburb/town: ____________________________ Postcode: ___________________________
Telephone: H: ( ) W: ( ) Mobile: ____________________________
Date of birth: / / or Age: ____________________________ Sex: ☐ Male ☐ Female
Country of birth: ____________________________ Language spoken at home: ____________
Of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes
Occupation: ____________________________________________________________
Name/address of employer or school or child care attended: ________________
Date last attended: / / High risk group?‡ ☐ No ☐ Yes

‡ High risk cases include health, residential and child care workers, food handlers, young children in child care and cases who are faecally incontinent.

SECTION 2: TREATING DOCTOR / HOSPITAL / LABORATORY

Name of treating Doctor: ____________________________ Telephone: ____________________________
Address: __________________________________________ Facsimile: ____________________________
Admitted to Hospital: ☐ No ☐ Yes If yes, which hospital? ____________________________ Date of admission: / /
Did patient die? ☐ No ☐ Yes If yes, date of death: / /
Diagnosis method: ☐ Culture ☐ Other, please detail ____________________________
Date specimen taken: / / Specimen type ☐ faeces ☐ blood ☐ other ____________________________

Note to Interviewer: You will need a calendar at hand for this interview
Typhoid/Paratyphoid/Cholera/Shigella dysenteriae Case Questionnaire

SECTION 3: ILLNESS (SUMMARY)

Onset date of illness: _____/____/____  Total duration of illness: ………………days
Treatment: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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### SECTION 5: FOLLOW UP AND EXCLUSIONS FOR CASE

#### 1. Low risk groups

<table>
<thead>
<tr>
<th>Hygiene discussed with case / parent / guardian?</th>
<th>No</th>
<th>Yes</th>
<th>Fact sheet sent?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

#### 2. High risk groups

Tick box that describes case:

- [ ] Young child in child care
- [ ] Child care worker
- [ ] Health care worker
- [ ] Residential care worker
- [ ] Food handler
- [ ] Faecally incontinent

Name of workplace/child care centre:

Date last attended: ______ / ______ / ______

<table>
<thead>
<tr>
<th>Exclusion required?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusion discussed with case / parent / guardian.</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Letter and fact sheet sent?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clearance testing$^5$</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: _____ / _____ / _____</td>
<td>Detected</td>
<td>Not Detected</td>
</tr>
<tr>
<td>#2: _____ / _____ / _____</td>
<td>Detected</td>
<td>Not Detected</td>
</tr>
<tr>
<td>#3: _____ / _____ / _____</td>
<td>Detected</td>
<td>Not Detected</td>
</tr>
</tbody>
</table>

$^5$ Clearance is defined as:

**Typhoid, Paratyphoid:** Three consecutive negative faecal cultures, taken at least 24 hours apart, commencing at least 48 h after cessation of antibiotic therapy and not before one month after onset of illness.

**Cholera, Shigella dysenteriae:** Asymptomatic for 48 hours, then two consecutive negative faecal specimens collected at least 24 hours apart.

### SECTION 6: FOLLOW UP AND EXCLUSIONS FOR CONTACTS

**Note:** Only applicable for typhoid and paratyphoid

#### 6.1 Contacts who travelled overseas with the case

- check if they are high risk$, if so clearance$^5$ and exclusion required for typhoid and paratyphoid contacts, for other contacts send contact letter and fact sheets

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Contact phone number and address</th>
<th>Has the contact had similar symptoms to case?</th>
<th>Occupation &amp; workplace / School / Child care centre</th>
<th>Clearance Testing &amp; Exclusion required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>[ ] No [ ] Yes [ ] Don’t Know</td>
<td></td>
<td>[ ] No [ ] Yes</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>[ ] No [ ] Yes [ ] Don’t Know</td>
<td></td>
<td>[ ] No [ ] Yes</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>[ ] No [ ] Yes [ ] Don’t Know</td>
<td></td>
<td>[ ] No [ ] Yes</td>
</tr>
</tbody>
</table>
## SECTION 6: FOLLOW UP AND EXCLUSIONS FOR CONTACTS – Cont’d….

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Contact phone number and address</th>
<th>Has the contact had similar symptoms to case?</th>
<th>Occupation &amp; workplace / School / Child care centre</th>
<th>Clearance Testing &amp; Exclusion required</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes ☐ Don’t Know</td>
<td></td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes ☐ Don’t Know</td>
<td></td>
<td>☐ No ☐ Yes</td>
</tr>
</tbody>
</table>

1 Exclusion required for high risk contacts (health, residential and child care workers, food handlers, young children in child care, faecally incontinent) who had a similar exposure (i.e. travelled) to the case during their incubation period

5 Clearance is defined as:

**Typhoid, Paratyphoid:** Two consecutive negative faecal cultures, taken at least 24 hours apart. These can commence immediately. Note that this is different to the clearance requirements for cases.

### 6.2 Close household contacts of the case after their symptoms developed

- send fact sheet, inform contact that they must stop work immediately if symptoms develop

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Contact phone number and address</th>
<th>Has the contact had similar symptoms to case?</th>
<th>Occupation / School / CCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>☐ No ☐ Yes</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES:**

...
Dear

Following on from your typhoid / paratyphoid infection (delete as appropriate), this letter explains Department of Health requirements for testing to check that you no longer carry the infection.

Before you can return to work as a food handler, health care worker, residential care worker or child care worker, or before returning to child care, you (or your child) need to provide 3 faecal specimens and all 3 must be clear of the bacterial organism that causes typhoid / paratyphoid fever (delete as appropriate).

These 3 faecal specimens need to be collected at least 24 hours apart. You need to provide the first specimen at least 48 hours after you finish your course of antibiotics, and more than one month after the start of your illness.

Collection of these specimens can be organised through the hospital, if you were admitted for your illness, or through your GP. We can assist in organising this, or if neither of these options is possible, make another arrangement. Please contact me to organise the testing.

Remember that typhoid and paratyphoid can be passed from person-to-person and from a person contaminating food, so you must be very careful with hygiene until it is determined that you are no longer carrying the organism in your bowel (that is, you are found to be “clear” of the infection). I have attached an information sheet about preventing the spread of gastroenteritis. This information applies to preventing the spread of typhoid and paratyphoid. Also attached is an information sheet with more specific details about typhoid and paratyphoid fever.

Please contact me if you have any questions or concerns.

Yours sincerely

Staff member’s name  
Staff member’s position  
Telephone: 08  
Email: @health.wa.gov.au  

Date:

Att.:
Dear

Following on from your cholera / *Shigella dysenteriae* (delete as appropriate) infection, this letter explains Department of Health requirements for testing to check that you no longer carry the infection.

Before you can return to work as a food handler, health care worker, residential care worker or child care worker, or before returning to child care, you need to provide 2 faecal specimens and both must be clear of cholera / *Shigella dysenteriae* (delete as appropriate). The 2 faecal specimens need to be collected at least 24 hours apart and collected at least 48 hours after your last diarrhoeal episode.

Collection of these specimens can be organised through the hospital, if you were admitted for your illness, or through your GP. We can assist in organising this, or if neither of these options is possible, make another arrangement. Please contact me to organise the testing.

Remember that cholera / *Shigella dysenteriae* (delete as appropriate) can be passed from person-to-person, so you must be very careful with hygiene until you are clear of the infection. I have attached an information sheet about preventing the spread of gastroenteritis. This information applies to preventing the spread of cholera / *Shigella dysenteriae* (delete as appropriate). Also attached is an information sheet with more specific details about cholera / *Shigella* infection (delete as appropriate).

Please contact me if you have any questions or concerns.

Yours sincerely

Staff member's name
Staff member's position
Telephone: 08
Email: @health.wa.gov.au
Date:
Att:
Dear

You have been identified as having been in close contact with a person with typhoid / paratyphoid *(delete as appropriate)*. As typhoid / paratyphoid *(delete as appropriate)* is highly infectious and can cause serious illness, this letter explains Department of Health requirements for testing to check whether you also have the infection.

Before you can return to work as a food handler, health care worker, residential care worker or child care worker, or before returning to child care, you (or your child) need to provide 2 faecal specimens and both must be clear of the bacterial organisms that cause typhoid / paratyphoid *(delete as appropriate)*. The specimens need to be collected at least 24 hours apart.

Collection of these faecal specimens can be organised through your GP, with our assistance. If this option is not possible you can contact me to organise the testing.

You must be extra careful with hygiene until you know that both of your test results are negative. I have attached an information sheet about preventing the spread of gastroenteritis. This information applies to preventing the spread of typhoid and paratyphoid. Also attached is an information sheet with more specific details about typhoid and paratyphoid fever.

Please contact me if you have any questions or concerns.

Yours sincerely

Staff member’s name
Staff member’s position
Telephone: 08
Email: @health.wa.gov.au

Date:

Att.
Dear

You have been identified as having been in close contact with a person with Shigella dysenteriae / typhoid / paratyphoid / cholera (delete as appropriate) infection.

As Shigella dysenteriae / typhoid / paratyphoid / cholera (delete as appropriate) is highly infectious and can cause serious illness, you must be very careful with hygiene before preparing or eating food and after going to the toilet. If you develop fever, diarrhoea, nausea, vomiting, abdominal pain or feel ill, you should see your doctor and inform them that you have been in contact with a person with Shigella dysenteriae / typhoid / paratyphoid / cholera (delete as appropriate).

I have attached an information sheet about preventing the spread of gastroenteritis. This information applies to preventing the spread of Shigella dysenteriae / typhoid / paratyphoid / cholera (delete as appropriate). Also attached is an information sheet with more specific details about Shigella infection / typhoid and paratyphoid / cholera (delete as appropriate).

Please contact me if you have any questions or concerns.

Yours sincerely

Staff member’s name
Staff member’s position
Telephone: 08
Email: @health.wa.gov.au

Date:

Att.