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| | | <p>Nausea and vomiting typically of short duration; diarrhea may persist as long as 2 to 3 weeks</p> <p>Typically shed virus for average of 5 weeks; cases reported up to 1 year</p> | <p>uncomplicated cases</p> <p>Antimotility agents also not recommended—prolong transit time and carrier state</p> <p>Incidence decreasing over past 10 years</p> |
| <p><i>Salmonella typhi</i></p> <p>Produces enteric fever: Systemic syndrome</p> <p>Incubation Usually 7 to 14 days but could be 3 to 30 days depending on size of inoculum</p> <p>Diagnosis: Positive blood cultures; also sometimes positive stool and urine cultures</p> <p>Late stage: Positive bone marrow culture</p> | <p>Bloodstream invasion; after ingestion, organism attaches to microvilli of ileal brush borders, and bacteria invade the intestinal epithelium via Peyer patches</p> <p>Next, organism is transported to intestinal lymph nodes and enters bloodstream via thoracic ducts, and circulating organism reaches reticuloendothelial cells, causing bacteremia</p> | <p>Manifestations dependent on age</p> <p>Abdominal pain, diarrhea, nausea, vomiting, high fever, lethargy</p> <p>Must be treated with antibiotics</p> | <p>Incidence much lower in developed countries; about 400 cases per year in United States; 65% of US cases acquired via international cases</p> <p>Ingestion of foods and water contaminated with human feces is most common mode of transmission</p> <p>Congenital and intrapartum transmission possible</p> <p>Three vaccines available</p> |
| <p><i>Shigella</i> groups</p> <p>Gram-negative nonmotile anaerobic bacilli</p> <p>Incubation: 1 to 7 days</p> <p>Diagnosis: Stool culture loaded with polymorphonuclear leukocytes</p> | <p>Enterotoxins: Invades the epithelium with superficial mucosal ulcerations</p> | <p>Children appear sick</p> <p>Symptoms begin with fever, fatigue, anorexia</p> <p>Crampy abdominal pain preceding watery or bloody diarrhea</p> <p>Symptoms usually subside in 5 to 10 days</p> | <p>Most cases in children younger than 9 years old, with about one third of cases in children 1 to 4 weeks old</p> <p>Antibiotics shorten illness and lower mortality</p> <p>All patients at risk for dehydration</p> <p>Acute symptoms may persist for 1 week</p> <p>Antidiarrheal medications not recommended, because they may predispose patient to toxic megacolon</p> |
| <p><i>Yersinia enterocolitis</i></p> <p>Incubation: Dose dependent, 1 to 3 weeks</p> <p>Diagnosis: Stool culture, ELISA</p> <p>Patients have leukocytosis,</p> | <p>Pathology poorly understood; possibly caused by production of enterotoxin</p> | <p>Mucoid diarrhea, sometimes bloody; abdominal pain suggestive of appendicitis; fever, vomiting</p> | <p>Seen more frequently in the winter months</p> <p>Transmitted by pets and food</p> <p>Antibiotics usually do not alter the clinical course in uncomplicated cases; antibiotics used in</p> |