Infectious Diarrhea Study Guide

1. What are the top 3 pathogen groups that cause infectious diarrhea?
2. What are the “red flag” symptoms that require urgent investigation?
3. What are the clinical manifestations of norovirus? What is the main clinical manifestation (effect) of the infection?
4. How does the clinical presentation of Entero-hemorrhagic E. coli (EHEC) or Shiga toxin-producing E. coli (STEC) differ from Enterotoxigenic E.coli (ETC) and Enteropathogenic E. coli (EPEC)?
5. Why should empiric antibiotic therapy be avoided for bloody diarrhea in young children?
6. What are common epidemiological clues that might suggest risk for Campylobacter diarrheal infection?
7. What are the common epidemiological clues that might suggest Salmonella infection in an adult patient with 2 days history of diarrhea and vomiting?
8. Why should immunocompromised patients receive longer courses of antibiotic treatment (i.e. minimum 14 days) for Salmonella infection?
9. What clinical history and signs are suggestive of Enteric fever (*Salmonella enterica* serotype typhi infection)
10. How does the clinical presentation and clinical history of Vibro infectious diarrhea differ from other causes of infectious diarrhea?
11. If a patient presents with cellulitis and bullous lesions after eating shellfish, what pathogen should be suspected?
12. A patient presents with a widespread erythematous rash on the face and trunk after eating tuna that tasted peppery- what is the most likely diagnosis?
13. How does diarrhea differ between the small bowel vs. colon. How does the infectious diseases differential diagnosis change between small bowel vs. colon?
14. How can E. coli 0157 :H7 be diagnosed in a patients with bloody diarrhea?