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Hemolytic Uremic Syndrome, Post-diarrheal (HUS) 1996 Case Definition | CDC  
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Hemolytic Uremic Syndrome, Post-diarrheal (HUS)  
1996 Case Definition  
Hemolytic Uremic Syndrome, Post-diarrheal (HUS)  
1996 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
Clinical Description  
Hemolytic uremic syndrome (HUS) is characterized by the acute onset of microangiopathic hemolytic anemia, renal injury, and low platelet count. Thrombotic thrombocytopenic purpura (TTP) also is characterized by these features but can include central nervous system (CNS) involvement and fever and may have a more gradual onset. Most cases of HUS (but few cases of TTP) occur after an acute gastrointestinal illness (usually diarrheal).  
Laboratory Criteria For Diagnosis  
The following are both present at some time during the illness:  
Anemia (acute onset) with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear,  
AND  
Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine level (i.e., greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline)  
Note: A low platelet count can usually, but not always, be detected early in the illness, but it may then become normal or even high. If a platelet count obtained within 7 days after onset of the acute gastrointestinal illness is not less than 150,000/mm  
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, other diagnoses should be considered.  
Case Classification  
Probable  
An acute illness diagnosed as HUS or TTP that meets the laboratory criteria in a patient who does not have a clear history of acute or bloody diarrhea in preceding 3 weeks,  
OR  
An acute illness diagnosed as HUS or TTP, that a) has onset within 3 weeks after onset of an acute or bloody diarrhea and b) meets the laboratory criteria except that microangiopathic changes are not confirmed  
Confirmed  
An acute illness diagnosed as HUS or TTP that both meets the laboratory criteria and began within 3 weeks after onset of an episode of acute or bloody diarrhea  
Comments  
Some investigators consider HUS and TTP to be part of a continuum of disease. Therefore, criteria for diagnosing TTP on the basis of CNS involvement and fever are not provided because cases diagnosed clinically as post-diarrheal TTP also should meet the criteria for HUS. These cases are reported as post-diarrheal HUS. Most diarrhea-associated HUS is caused by Shiga toxin-producing  
Escherichia coli  
, most commonly  
E. coli  
O157. If a patient meets the case definition for both shiga toxin-producing  
E. coli  
(STEC) and HUS, the case should be reported for each of the conditions.  
The 1996 case definition appearing on this page was re-published in the 2009 CSTE position statement 09-ID-37. Thus, the 1996 and 2010 versions of the case definition are identical.  
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