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Shiga Toxin-producing Escherichia coli (STEC) 2014 Case Definition | CDC  
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Shiga Toxin-producing  
Escherichia coli  
(STEC)  
2014 Case Definition  
Shiga Toxin-producing  
Escherichia coli  
(STEC)  
2014 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.  
CSTE Position Statement(s)  
13-ID-01  
Background  
Shiga-toxin producing  
Escherichia coli  
(STEC) can cause illness that ranges from mild diarrhea to bloody diarrhea, and life-threatening hemolytic uremic syndrome (HUS). STEC are categorized into serogroups by their somatic O antigen. The STEC serogroup most commonly identified and associated with severe illness in the United States is  
E. coli  
O157; however, there are over 50 other serogroups that can cause illness.  
Clinical Description  
An infection of variable severity characterized by diarrhea (often bloody) and abdominal cramps. Illness may be complicated by Hemolytic Uremic Syndrome (HUS). (Note, some clinicians still use the term thrombotic thrombocytopenic purpura [TTP] for adults with post-diarrheal HUS.); asymptomatic infections also may occur, and the organism may rarely cause extraintestinal infections.  
Laboratory Criteria For Diagnosis  
Laboratory confirmed  
Isolation of STEC from a clinical specimen.  
Escherichia coli  
O157 isolates that produce the H7 antigen may be assumed to be Shiga toxin-producing. For all other  
E. coli  
isolates, Shiga toxin production or the presence of Shiga toxin genes must be determined to be considered STEC.  
Both asymptomatic infections and infections at sites other than the gastrointestinal tract, if laboratory confirmed, are considered confirmed cases that should be reported.  
Supportive laboratory results  
A case with isolation of  
E. coli  
O157 from a clinical specimen, without confirmation of H antigen or Shiga toxin production  
Identification of an elevated antibody titer to a known STEC serotype from a clinically compatible case  
Identification of Shiga toxin in a specimen from a clinically compatible case without the isolation of STEC  
Epidemiologic Linkage  
A clinically compatible case that is epidemiologically linked to a confirmed or probable case.  
Case Classification  
Suspected  
A case of postdiarrheal HUS (see HUS case definition)  
OR  
Identification of Shiga toxin in a specimen from a clinically compatible case without the isolation of STEC  
Probable  
A case with isolation of  
E. coli  
O157 from a clinical specimen, without confirmation of H antigen or Shiga toxin production.  
OR  
A clinically compatible case who is a contact of an STEC case or is a member of a defined risk group during an outbreak.  
OR  
Identification of an elevated antibody titer to a known STEC serotype from a clinically compatible case  
Confirmed  
A case that meets the confirmed laboratory criteria for diagnosis. When available, O and H antigen serotype characterization should be reported.  
Comments  
Laboratory-confirmed isolates are also reported via the Laboratory-based Enteric Disease Surveillance (LEDS), formerly known as the Public Health Laboratory Information System (PHLIS), which is managed by the Enteric Diseases Epidemiology Branch and the Biostatistics and Information Management Office, Division of Foodborne, Waterborne and Environmental Diseases, National Center for Emerging Zoonotic Infectious Diseases, CDC.  
CSTE recommends that all states and territories collect the disease-specific data elements listed in this position statement for all STEC cases.  
Related Case Definition(s)  
Shiga Toxin-producing  
Escherichia coli  
(STEC) | 2018 Case Definition  
Shiga Toxin-producing  
Escherichia coli  
(STEC) | 2006 Case Definition  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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