



Campylobacter

What is *Campylobacter*?

A type of bacteria that can cause infection of the intestines

What are the signs or symptoms?

- Diarrhea (often bloody)
- Fever
- Vomiting
- Abdominal cramping
- Malaise

What are the incubation and contagious periods?

- Incubation period: 2 to 5 days but can be longer.
- Contagious period: Excretion of *Campylobacter* is shortened by antibiotic treatment. Without treatment, excretion of bacteria typically continues for 2 to 3 weeks (and up to 7 weeks in some cases) and relapse of symptoms may occur.

How is it spread?

- Contact with stool from infected birds, farm animals (eg, chickens, turkeys), or pets (eg, dogs, cats, hamsters, birds—especially young animals).
- Contaminated water.
- Unpasteurized milk.
- Contaminated food (eg, raw or undercooked poultry).
- Person-to-person via the fecal-oral route occurs occasionally, particularly from very young children (most likely during the diarrhea phase). This generally involves an infected child contaminating their own fingers and then touching an object that another child touches. The child who touched the contaminated surface then puts their fingers into their own mouth or another person's mouth.

How do you control it?

- Use good hand-hygiene technique at all the times listed in Chapter 2, especially after toilet use or handling soiled diapers, and particularly before and after contact with raw poultry or dog or cat feces and anything to do with food preparation or eating.
- Ensure proper surface disinfection that includes cleaning and rinsing of surfaces that may have become contaminated with stool (feces) with detergent and water and application of a US Environmental Protection Agency-registered disinfectant according to the instructions on the product label.

- Ensure proper cooking and storage of food.
- Exclude infected staff members who handle food.
- Cook poultry thoroughly.
- Use antibiotics as prescribed.
- Exclude for specific types of symptoms (see the section Exclude from educational setting?).

What are the roles of the educator and the family?

- A child or staff member with *Campylobacter* may have bloody diarrhea, which should trigger a medical evaluation.
- There are multiple causes of bloody diarrhea. Until the cause of the diarrhea is identified, apply the recommendations for a child or staff member with diarrhea from any cause (see Diarrhea Quick Reference Sheet).
 - Report the condition to the staff member designated by the early childhood education program or school for decision-making and action related to care of ill children or staff members. That person, in turn, alerts possibly exposed family and staff members to watch for symptoms and notifies the Child Care Health Consultant.
 - Ensure staff members follow the control measures listed in the section How do you control it?
 - Report outbreaks of diarrhea (more than 2 children and/or staff members in the group) to the Child Care Health Consultant, who may report to the local health department.
- If you know a child or staff member in the program has *Campylobacter*
 - Follow the advice of the child's or staff member's health professional.
 - Report the infection to the local health department, as the health professional who makes the diagnosis may not report that the infected child is a participant in an early childhood education program or school. This could lead to loss of precious time for controlling the spread of the disease.
 - Reeducate staff members about strict and frequent handwashing, diapering, toileting, food handling, and cleaning and disinfection procedures.
 - In an outbreak, follow the directions of the local health department.
 - Avoid milk that is not pasteurized and water that is not chlorinated.
 - Do not allow a staff member with diarrhea to be involved with food handling or feeding of children.

Exclude from educational setting?

Yes, if

- The local health department determines exclusion is needed to control an outbreak.
- Stool is not contained in the diaper for diapered children.
- Diarrhea is causing “accidents” for toilet-trained children.
- Stool frequency exceeds 2 stools above normal for that child during the time the child is in the program because this may cause too much work for educators and make it difficult for them to maintain sanitary conditions.
- There is blood or mucus in stool.
- The child has a dry mouth, no tears, or no urine output in 8 hours (suggesting the child’s diarrhea may be causing dehydration).
- The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child meets other exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).

Readmit to educational setting?

Yes, when all the following criteria are met:

- Once diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children do not have toileting accidents
- Once stool frequency is no more than 2 stools above normal for that child during the time the child is in the program, even if the stools remain loose
- When the child is able to participate and staff members determine they can care for the child without compromising their ability to care for the health and safety of the other children in the group

Note: It is not necessary to demonstrate negative *Campylobacter* stool culture test results to be readmitted to the educational setting.

Comment

Outbreaks are possible, but uncommon, in educational settings.

