

Campylobacter Investigation Overview

The following guidelines provide a brief overview of the steps of a Campylobacter investigation. *Campylobacteriosis* is a gastrointestinal illness caused by the bacteria in the genus *Campylobacter*. It is one of the most common bacterial foodborne diseases in North Carolina. *Campylobacter* is spread by the fecal-oral route and can be transmitted by food, water, direct animal contact, and rarely from person-to-person. Most illnesses likely occur due to eating raw or undercooked poultry or exposure to a contaminated environment. As a leading cause of bacterial gastroenteritis, uncomplicated mild cases of disease are best left untreated with antibiotics, as antimicrobial resistance is becoming increasingly common. For additional support, consult the NC Communicable Disease Branch at (919) 733-3419.

Basic Steps of a Campylobacter Investigation

1. Ensure case definition is met	<ul style="list-style-type: none"> Clinical criteria are not required for the Campylobacteriosis case definition. Laboratory evidence is sufficient to meet case definition.
2. Collect clinical information	<ul style="list-style-type: none"> Use information collected from medical records and/or speak with the case Onset commonly manifested by diarrhea (often bloody), fever and abdominal pain Identify epidemiologic linkages to similarly ill individuals and other risk factors <ul style="list-style-type: none"> If 2 or more cases are identified report as an outbreak
3. Determine the incubation period	<ul style="list-style-type: none"> The incubation period is usually 2 - 5 days (range: 1 – 10 days) The duration usually about a week
4. Manage the case	<ul style="list-style-type: none"> Interview the case and complete the Part 2 Form/risk history and clinical packages in NCEDSS Evaluate laboratory result to determine if requirements for case definition are met Most people with <i>campylobacter</i> infection recover without specific treatment
5. Identify source of exposure	<ul style="list-style-type: none"> If source of exposure is suspected to be restaurant or cafeteria related, involve Environmental Health Specialist.
6. Manage cases/contacts*	<ul style="list-style-type: none"> Rarely produces secondary cases. Person-to-person transmission is uncommon. Those in high-risk settings (e.g. healthcare worker, childcare attendee/worker, food handler) should not return until diarrhea has resolved. <ul style="list-style-type: none"> Environmental Health Specialist (EHS) should be consulted regarding return criteria for food employees
<ul style="list-style-type: none"> Implement Control Measures 	<p>Educate about proper food handling techniques (with an emphasis on avoidance of cross-contamination of food preparation surfaces), not eating undercooked meat (particularly poultry), not consuming unpasteurized milk and juices; proper hand washing and a variety of techniques for reducing contamination during the slaughter and processing of food-animal carcasses.</p>

*High-risk contacts include people at high-risk for severe illness or complications, healthcare workers, childcare attendees/workers and food handlers
 > Resources – <https://www.cdc.gov/campylobacter/>

Critical Elements for NCEDSS

- Document if high risk (food worker, childcare attendee/worker or healthcare worker)
- Document if patient resides or has been in a congregate living situation (LTCF, Assisted Living, Camp, etc.)