



23 August 2013

Queensland Health issues public health alert for STEC

Queensland Health today issued an alert for Shiga toxin producing *E. Coli* (STEC) after receiving notifications of four people who developed diarrhoea from the bacteria after visiting the Ekka.

Chief Health Officer Dr Jeannette Young said it was unclear at this stage the exact source of the bacteria, but the affected persons reported visiting the Animal Boulevard.

Dr Young said STEC can rarely develop into haemolytic uraemic syndrome (HUS); a blood disease that affects the kidneys, and in some cases can be fatal.

“Queenslanders should be alert, but not alarmed, about this incident and simple precautions such as those outlined below would guard against a further spread of infection,” Dr Young said.

“STEC is a very serious, very infectious type of bacteria and can spread easily from person to person if they do not have good hygiene practices.

“Children and the elderly are particularly vulnerable to the condition.”

The affected persons include one 33 year-old female and three children aged 13, 11 and 6 from suburbs across Brisbane.

Public Health staff are following up all four cases and their contacts. They are all recovering well and were not hospitalised as a result of the infection.

Dr Young said the incubation period for STEC is 2-10 days, but most cases develop after 3-4 days.

She said anyone who is experiencing persistent or bloody diarrhoea after visiting the Ekka must seek urgent medical attention from their GP.

Over-the-counter remedies and antibiotics are generally not recommended for diarrhoea, including STEC, but sufferers must stay hydrated.

“We anticipate given it has been six days since the Ekka finished, that most if not all cases would have been identified by now. The concern now is to stop any further spread.”

In order to prevent the spread of infection, it is recommended that anyone with STEC infection not return to work/school/childcare or other settings until at least 24 hours after their diarrhoea has stopped.

People in higher-risk groups should not return until they have been shown to be clear of infection on stool specimens testing. Higher-risk groups include:

- food handlers in the home, in institutions or in industry, especially those handling raw or uncooked foods
- carers (e.g. nurses, doctors, childcare centre staff) of vulnerable people
- children under five years of age who attend childcare
- people who have difficulties in practising good personal hygiene.

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In some circumstances people in close contact with someone with STEC infection may also need to be tested and to stay away from work/childcare etc.

Queensland Health is working with Biosecurity Queensland, the Ekka organisers and their contractors to locate the animals potentially carrying the bacteria to test them for the strain.

“Public Health works with the RNA every year to ensure preventive measures are in place. We will continue to work with the RNA to determine if more stringent infection control measures or other steps need to be taken to prevent potential exposure at next year’s Ekka,” Dr Young said.

“I have asked Public Health Units to work with local councils and show providers to ensure the usual preventive measures are in place. The best way to avoid getting infections such as STEC is to wash your hands thoroughly after any animal contact.”

Public Health will today issue factsheets and clinical alerts to GPs, hospitals and pathology labs across the state.

Information in Shiga toxin producing E.Coli (STEC) can be found on the Queensland Health website at:

http://access.health.qld.gov.au/hid/InfectionsandParasites/BacterialInfections/shigaToxinproducingEColiStec_fs.asp

For further information, please contact your local doctor, community health centre, nearest public health unit or 13 HEALTH (13 43 25 84).

ENDS

Media contact: 3234 1439

Background information

Escherichia coli (*E. coli*) are bacteria (germs) which are present in large numbers in the intestines of humans and animals. Most of these bacteria are not harmful. However, some types, such as Shiga toxin producing *E. coli* (STEC), produce toxins which can cause illness in humans and may lead to serious complications in the bowel and kidney.

Symptoms of infection include abdominal pain and watery or bloody diarrhoea. Vomiting and fever may occur. Symptoms can begin anywhere between 2 to 10 days but usually 3 – 4 days after eating the bacteria. Infection may sometimes cause no or very mild symptoms.

Most people with mild illness recover without any specific treatment. The role of antibiotics in the management of STEC is unclear. Antibiotics are generally not recommended as they may increase the risk of haemolytic uraemic syndrome (see below).

Most people with STEC infection recover fully. Occasionally, people with this infection can go on to develop a condition called haemolytic uraemic syndrome (HUS). The risk of HUS following STEC infection has been estimated to be up to 8%. The elderly and children are at highest risk. HUS

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develops between 2 and 14 days after the onset of diarrhoea and is characterised by kidney failure and anaemia. It can sometimes be fatal.

To reduce the risk of spreading the disease to others, especially those who may develop serious illness, extra care needs to be taken for those in the following groups:

- food handlers in the home, in institutions or in industry, especially those handling raw or uncooked foods
- carers (e.g. nurses, doctors, childcare centre staff) of vulnerable people
- children under five years of age who attend childcare
- people who have difficulties in practising good personal hygiene.

In order to prevent the spread of infection, it is recommended that anyone with STEC infection not return to work/school/childcare or other settings until at least 24 hours after their diarrhoea has stopped. People in the higher risk groups listed above should not return until they have been shown to be clear of infection on stool specimens testing. In some circumstances people in close contact with someone with STEC infection may also need to be tested and to stay away from work/childcare etc.

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