

**What is campylobacteriosis?**

Campylobacteriosis is an infectious disease caused by bacteria of the genus *Campylobacter* (*Campy*). The bacteria are normally found in the intestinal tract of animals such as poultry and cattle, and are frequently detected in foods derived from these animals. Campylobacteriosis is one of the most common causes of diarrheal illness in the United States. Most cases occur as isolated, sporadic events, not as part of recognized outbreaks.

**Who is at risk for campylobacteriosis?**

People of all age groups are susceptible to the disease. Younger children, older adults, and people who have compromised immune systems are at greatest risk for complications associated with campylobacteriosis.

**What are the symptoms of campylobacteriosis?**

The symptoms of campylobacteriosis generally include diarrhea, fever, abdominal pain, malaise, nausea, and sometimes vomiting. The diarrhea may be bloody. The symptoms usually last several days to two weeks.

**How soon do symptoms appear?**

Symptoms usually appear between two to five days after eating contaminated food or water, with a range of one to 10 days depending on the dose ingested.

**How is *Campylobacter* spread?**

Most cases of campylobacteriosis are associated with eating raw or undercooked meat (especially poultry) or from cross-contamination of other foods by these items. Drinking unpasteurized milk and untreated water can also spread the disease. Contact with infected animals, such as birds, farm animals (e.g., cattle, sheep), and pets (e.g., dogs, cats, and hamsters) can also cause infection. Person-to-person spread is uncommon.

**When and for how long is a person able to spread the disease?**

Although person-to-person transmission is uncommon, an infected person can excrete *Campylobacter* in stool (i.e., feces) for two to seven weeks. The risk of person-to-person transmission is highest while a person is experiencing symptoms such as diarrhea.

**How is a person diagnosed?**

Diagnosis is based on the identification of *Campylobacter* bacteria in a stool specimen.

**What is the treatment?**

Most cases of campylobacteriosis will resolve without specific treatment. Providing fluids and electrolyte replacement therapy prevents and corrects dehydration. Antidiarrheal medications may prolong symptoms and should not be used. Antibiotics are recommended only for those who have severe disease or who are at high risk for severe disease (e.g., people with severely compromised immune systems).

**Does past infection make a person immune?**

No.

## **Should children or others be excluded from child care, school, work or other activities if they have campylobacteriosis?**

A child should be excluded from child care if he/she has:

- Vomited two or more times within the previous 24 hours, unless the vomiting is determined to be caused by a noninfectious condition and the child is not in danger of dehydration
- Diarrhea, if stool is not contained in the diaper or if diarrhea frequency exceeds two or more stools above normal for that child
- A fever or is unable to participate and the staff determines that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group

A child or an adult should be excluded from school or work if diarrhea cannot be contained. An adult who prepares or handles food should be excluded from work until 24 hours after diarrhea resolves or they provide written medical documentation from a health practitioner that they are not contagious.

## **What can be done to prevent the spread of *Campylobacter*?**

- Cook all poultry products thoroughly. Make sure that the meat is cooked throughout (no longer pink) and any juices run clear. All poultry should be cooked to reach a minimum internal temperature of 165°F.
- If you are served undercooked poultry in a restaurant, send it back for further cooking.
- Wash hands with soap and warm water before preparing food and after handling raw foods of animal origin.
- Prevent cross-contamination in the kitchen by using separate cutting boards for raw meat and other foods, and by thoroughly cleaning all cutting boards, countertops, and utensils with soap and hot water after preparing raw food of animal origin.
- Do not drink unpasteurized milk or untreated surface water.
- Make sure that persons with diarrhea, especially children, wash their hands carefully and frequently with soap to reduce the risk of spreading infection.
- Wash hands with soap after handling animals, especially farm animals, and after contact with animal feces.

## **Additional Information:**

Additional information is available at [www.ndhealth.gov/disease](http://www.ndhealth.gov/disease) or by calling the North Dakota Department of Health at 800.472.2180.

**This disease is a reportable condition. As mandated by North Dakota law, any incidence of this disease shall be reported to the North Dakota Department of Health.**

## **Resources:**

1. *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30<sup>th</sup> ed. [Children in Out-Of-Home Care]. Kimberlin, DW; Brady, MT; Jackson, MA; Long, SS. American Academy of Pediatrics. 2015: 132-151.
2. *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30<sup>th</sup> ed. [Campylobacter Infections]. Kimberlin, DW; Brady, MT; Jackson, MA; Long, SS. American Academy of Pediatrics. 2015: 273-275.
3. Heymann, D. L. (2015). *Control of Communicable Diseases Manual, 20<sup>th</sup> Edition*. Campylobacter Enteritis. American Public Health Association. 2015: 85-88.
4. Centers for Disease Control and Prevention. (2015). Campylobacter. [www.cdc.gov/nczved/divisions/dfbmd/diseases/campylobacter/](http://www.cdc.gov/nczved/divisions/dfbmd/diseases/campylobacter/).
5. North Dakota Administrative Code. (2016). 33-33-04-28.9-11. [www.legis.nd.gov/information/acdata/pdf/33-33-04.pdf](http://www.legis.nd.gov/information/acdata/pdf/33-33-04.pdf).