

TIP SHEET for *Campylobacter* Case Investigations

- **Disease:** *Campylobacter* is a bacterium that most commonly causes gastrointestinal illness. Most people experience diarrhea (often bloody), fever, and abdominal cramps that last one week. An estimated 17% of individuals require hospitalization.
- **Transmission & Incubation Period:** *Campylobacter* bacteria can be acquired via farm animals, pets, and meat sources. Individuals become ill by swallowing the bacteria. This can occur by consumption of contaminated food (often undercooked poultry), or direct contact with fecal material from infected animals or people. Person-to-person spread is less common. Symptoms usually begin 2 to 5 days after exposure but can be longer.

<p>① Notification</p>	<ul style="list-style-type: none"> • LBOHs have primary responsibility to investigate cases of <i>Campylobacter</i> in their jurisdiction. New cases will flow into your “LBOH Notification for Routine Disease” workflow.
<p>② Get Prepared</p>	<ul style="list-style-type: none"> • Familiarize yourself with the disease: MDPH Fact Sheets, MDPH Guide to Surveillance • Review foodhandler exclusion criteria from 105 CMR 300 for cases and their household contacts. Implementing the Exclusion of Food Handlers with Reportable Conditions A food handler is defined as any person directly preparing or handling food; any person handling clean dishes or utensils; any person who dispenses medications by hand, assists in feeding, or provides mouth care. <ul style="list-style-type: none"> ▪ In healthcare: this includes those who set up trays for patients to eat, feed or assist patients in eating, give oral medications or give mouth/denture care. ▪ In child care programs, schools, and community residential programs: this includes those who prepare food for clients to eat, feed or assist clients in eating, or give oral medications. • Review demographic and laboratory information available in MAVEN for the case. <ul style="list-style-type: none"> ○ Note: if the case’s specimen source is not stool (e.g., urine, blood, etc.) exposure history questions, including food history, should still be asked of the case. <ul style="list-style-type: none"> ▪ For urinary tract infections (UTI): if case does not report gastrointestinal symptoms, ask them exposure questions for the 10 days prior to onset of UTI symptoms. ▪ For bacteremia or other invasive infections: if case does not report gastrointestinal symptoms, ask them exposure questions prior to the onset of invasive symptoms.
<p>③ Contact Ordering Provider</p>	<ul style="list-style-type: none"> • The name and facility of the ordering provider can be found in the lab tab in the case’s MAVEN event. If ordering provider is a hospital, reach out to the hospital Infection Preventionist. • During call with provider’s office: <ul style="list-style-type: none"> ○ Confirm case’s contact information, collect additional phone number(s) or email address ○ Obtain symptom onset date and clinical presentation ○ Collect information on any potential exposures identified during visit (e.g., travel) ○ Request case’s occupation and employer, if available ○ Ask if the case has been informed of their diagnosis • If the ordering provider cannot be reached in a timely manner, proceed to case interview.
<p>④ Contact Case</p>	<ul style="list-style-type: none"> • Introduce yourself, why you are calling, what you will use information for, and who has access to the information they provide. • Complete all questions in the Demographic and Clinical question packages. • Complete all questions in the Risk/Exposure question package for the 10 days prior to symptom onset. <ul style="list-style-type: none"> ○ To improve recall of activities they may have participated in or where food was purchased from, encourage the case to look at their work and/or personal calendars, credit card or bank statements, and photos on their phone. If a case cannot recall what they ate, ask case to answer questions based on what they typically eat.

<p>⑤</p> <p>Prevent Further Transmission</p>	<p>Food handlers</p>	<ul style="list-style-type: none"> • If individual meets the 105 CMR 300 definition of a food handler (see definition in “② Get Prepared” above), they must be excluded from food handling duties until meeting clearance criteria: <ul style="list-style-type: none"> ○ In non-outbreak circumstances: after diarrhea has resolved, one negative stool specimen produced 48 hours after completion of any antimicrobial therapy. Implementing the Exclusion of Food Handlers with Reportable Conditions
	<p>Child care</p>	<p>Exclusion:</p> <ul style="list-style-type: none"> • Most staff in child care programs are considered food handlers. Staff should be excluded following food handler criteria above. • Children should be excluded until diarrhea has resolved, and in accordance with child care program’s illness policy. <p>Identify if there is an outbreak at the facility:</p> <ul style="list-style-type: none"> • Outbreaks are uncommon in child care programs; multiple illnesses of campylobacteriosis at a facility are more likely to be due to a shared food or animal exposure than person-to-person transmission. • Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if others are experiencing similar illness.
	<p>Long-term care</p>	<p>Exclusion & precautions:</p> <ul style="list-style-type: none"> • Staff who meet the definition of a food handler should be excluded following food handler criteria above. • Residents should be placed on standard plus contact precautions for the duration of their illness. Infection Prevention in Long Term Care: Gastrointestinal Illness <p>Identify if there is an outbreak at the facility:</p> <ul style="list-style-type: none"> • Outbreaks are uncommon in long-term care settings; multiple illnesses of campylobacteriosis at a facility are more likely to be due to a shared food or animal exposure than person-to-person spread. • Contact the facility (or the local health department where the facility is located, if outside your jurisdiction) to find out if others are experiencing similar illness.
<p>⑥</p> <p>Notify DPH as Needed</p>	<ul style="list-style-type: none"> • Suspected outbreaks are reportable to MDPH within 24 hours. If case investigation indicates that two or more people from different households became ill with similar symptoms after a common exposure, notify the Division of Epidemiology: (617) 983-6800 • Create a MAVEN foodborne illness complaint if the case reports any of the following during their incubation period: <ul style="list-style-type: none"> ○ Eating food prepared outside the home with sufficient details available (name of establishment and location are required, date of purchase/consumption or best estimate should also be available). ○ Eating a high-risk food like raw milk, unpasteurized juice/cider, raw shellfish, or liver/pâté products. 	
<p>Other Notes</p>	<ul style="list-style-type: none"> • It is recommended that three call attempts are made at different times of day to reach a case for interview. Consider texting or emailing a case requesting a call back if they are not responsive. <ul style="list-style-type: none"> ○ If a case cannot be reached, the following information should be collected from the ordering provider before closing out the case: symptom onset and clinical presentation, occupation and employer, and any exposure information available in the medical notes. • Completion of all exposure questions in the MAVEN Risk Question Package is essential for detecting outbreaks and preventing further transmission. Many exposure questions for this disease will appear as child questions based upon specific answers in earlier questions. 	
<p>Additional Resources</p>	<ul style="list-style-type: none"> • May 2022 webinar: Introduction to Enteric (Gastrointestinal Illness) Disease Case Investigations Slides, Recording • MDPH Division of Epidemiology: (617) 983-6800 	