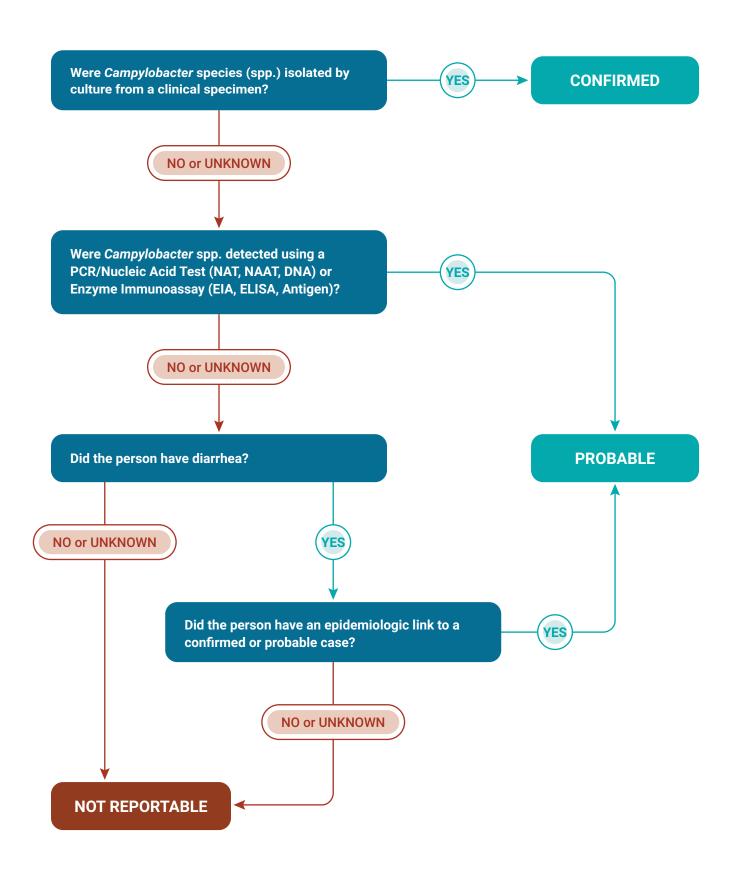
Algorithm for Case Classification: Campylobacteriosis





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Frequently Asked Questions and Answers

What kind of laboratory testing is available?

- Culture isolation of Campylobacter organisms by culture is required for a confirmed case designation but requires techniques that may not be available at all laboratories.
- Polymerase Chain Reaction (PCR) panels which detect Campylobacter specific DNA
- EIA Some laboratories may still use immunodiagnostic assays (EIA) which detect organism-specific antigens in the stool.

Are there any clues to determine if the test was a culture versus a PCR/Nucleic Acid test?

Clues indicating a culture was performed include: antibiotic sensitivities were performed, the test description includes "isolate" or "isolated" or "organism identified," or an enumerated result such as "3+ Campylobacter."

For PCR, the test description will often include "detected," "DNA," "NAT," "NAAT" or "GI Panel." Also, *Campylobacter* PCRs are currently only done on stool.

Does Washington State Public Health Laboratories do whole genome sequencing (WGS) on Campylobacter isolates?

By request only.

Are asymptomatic cases notifiable?

Yes, if *Campylobacter* has been isolated or detected using laboratory methods.

What is an example of an epidemiologic link?

- Contacts or household members of Confirmed or Probable cases (campylobacteriosis is rarely transmitted person-to-person)
- Shared source of potentially contaminated drinking water, unpasteurized dairy products, or meals from restaurants or other food services
- Shared contact with animals, poultry, or raw/undercooked meat

What should be reported?

Immediately report a suspected outbreak or any case who consumed a commercial raw dairy product.

If an outbreak is suspected:

- also report symptomatic persons without laboratory results who shared the exposure with a Confirmed or Probable case
- request that clinical laboratories submit isolates to the public health laboratory