

Sexually Transmitted Enteric Infections



Case Definition

The sexually transmissible enteric pathogens include protozoa such as *Entamoeba histolytica* (amebiasis) and *Giardia lamblia* (giardiasis); viruses such as hepatitis A and B virus; and bacteria such as *Shigella*, *Campylobacter jejuni*, and *Salmonella*.

As the field of enteric infections is large and complex, reference to current medical literature is most important. Manitoba Health can also provide relevant information.

Reporting Requirements

See relevant sections under specific diseases/pathogens.

Diagnosis

Definitive diagnosis depends upon specific identification of organisms. In some illnesses this is easy to accomplish. For example, shigellosis and salmonellosis can be diagnosed by culturing a fresh stool specimen. Protozoa and helminths can be diagnosed by direct identification of ova, cysts or trophozoites on microscopic examination, however a series of such examinations may be necessary. For some infections, a definitive diagnosis may be difficult to establish. For instance, *Campylobacter* requires a specific culture medium and temperature. Acute hepatitis A infection is diagnosed on the basis of clinical findings and serology.

Control

Management of Cases:

- Most enteric infections do not require specific therapy. Fluid and electrolyte replacement for patients with diarrhea is important. Otherwise, treatment is dictated by the clinical status of the patient and microbiologic testing. For some infections, like hepatitis A, there is no specific therapy. For others, such as shigellosis, choice of therapy, if indicated, is dictated by sensitivity testing. Routes of administration and dosage are determined by the clinical status of the patient.
- Persons with enteric infection should be educated about the modes of transmission of these pathogens and encouraged to modify behaviour that places them at risk of reinfection. As with all STDs, non-judgmental attitudes are vital to therapeutic success.
- It may be difficult to distinguish reinfection from treatment failures. Additional therapy, educational efforts to modify sexual practices and follow-up may be indicated.

Management of Contacts:

- Sex partners should be screened for STDs and any enteric pathogens to which they are exposed.