



FACT SHEET

Shiga Toxin-producing Escherichia coli (STEC) O157

Common clinical features

Shiga Toxin-producing Escherichia coli (STEC) O157. In the UK they are also known as Verocytotoxin – producing *E. coli* (VTEC) O157.

Symptoms include: Diarrhoea which may be mild to severe and can contain a large amount of blood (haemorrhagic colitis). In severe cases haemolytic uraemic syndrome (HUS) may occur leading to renal failure, particularly in the very young and very old.

Incubation period

Generally 1 - 6 days

Where is it found?

The gastrointestinal tract of cattle, sheep, pigs and some wild animals e.g. rabbits.

How is it acquired by affected individuals?

From contaminated food generally animal products – meat, particularly undercooked beef, milk, cheese and occasionally contaminated vegetables. Direct contact with infected animals on farms, open farms, animal sanctuaries, or contaminated land. Person to person spread can occur by direct contact (faecal oral), particularly in households, nurseries and infant schools.

How does the laboratory confirm the diagnosis?

E. coli O157 are cultured from faeces on specially designed selective media that detect the specific biochemical characteristics of these organisms. Presumptive results are usually available within 2 days. Suspected *E. coli* strains are confirmed at the Reference Laboratory and tested for toxin production. Suspected foods are tested when outbreaks occur. In this **study** all samples will be tested by molecular tests (Luminex xTAG® GPP) to detect *E. coli* O157 and the Shiga toxins and results will be available within 24 hours.

How is it treated?

Rehydration and symptomatic treatment of diarrhoea. Some reports suggest that antibiotics may be harmful rather than beneficial (killing the bacteria and releasing more toxins into the bloodstream). Hospital treatment is required for severe cases. HUS is one of the most common causes of acute renal failure in children.