

From the Chief Medical Officer  
Dr Michael McBride

**BY EMAIL**

**HSS (MD) 28/2011**

**To:** Chief Executives, Public Health Agency/Health & Social Care Board/ HSC Trusts/NIAS Executive Medical Director/Director of Public Health, Public Health Agency (*for onward distribution to all relevant health protection staff*)

Director of Nursing, Public Health Agency

PHA Duty Room

Family Practitioner Service Leads,

Nursing Directors, HSC Trusts

*(for onward distribution to all Community Nurses, and Midwives)*

Health & Social Care Board (*for cascade to GP Out of Hours services*)

GP Medical Advisers, Health & Social Care Board

All General Practitioners and GP Locums

*(for onward distribution to practice staff)*

Medical Directors, HSC Trusts (*for onward distribution to all Consultants, particularly A&E, Paediatrics, Renal Medicine and Microbiology*)

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**For Information**

Chief Executive HSE NI

RQIA

Dear Colleague

**VEROCYTOXIN-PRODUCING *ESCHERICHIA COLI* (O157): PREVENTION AND CLINICAL GUIDANCE**

The purpose of this letter is to bring to your attention:

- (1) the recently developed clinical guideline on Verocytotoxin-Producing *E coli* (O157); and
- (2) updated advice developed by the Health & Safety Executive on preventing infection from animal contact at visitor attractions.

## **Background**

1. The annual incidence of *E coli* O157 infection in Northern Ireland was in 2010 3.55 per 100,000 compared with incidences per 100,000 of 1.47, 1.34 and 4.05 in England, Wales and Scotland respectively. *E coli* O157 infection it is the most common cause of acute renal failure in children in Northern Ireland.
2. Following the outbreak of *E coli* O157 at Godstone Farm in 2009 an investigation led by Professor George Griffin was undertaken. His report, published in June 2010, contains 43 recommendations. These address risk reduction at source, best practice in the management of an outbreak and need for greater public awareness of the potential risks of this organism. The Northern Ireland Regional Zoonoses Group has overseen this region's response to these recommendations.

## **Management of Acute Bloody Diarrhoea Potentially Caused by Verocytotoxin Producing *Escherichia Coli* in Children**

3. It was against the background of the Griffin Report that, in July 2011, the Health Protection Agency in England published the above guideline which reflects work carried out by it in collaboration with the Royal College of General Practitioners and the Royal College of Paediatrics and Child Health.  
The guideline can be downloaded at -  
[http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1309968502688](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1309968502688)

This guideline recommends that urgent advice be sought from a paediatric specialist whenever a child, up to the age of 16, presents at primary care or in an Emergency Department, having suffered from a single episode of acute bloody diarrhoea. Furthermore it recommends that clinicians should have a high index of suspicion that Verocytotoxin- producing *Escherichia coli* (VTEC) infection is present in patients where:

- There is evidence of recent close contact with certain ruminant animals – especially goats, cattle and sheep, their faeces and faecally contaminated environments (such as visitor attractions/ farms etc )
- There is evidence of recent close contact with other known or suspected cases of VTEC.
- An outbreak of VTEC infection exists, or is suspected, to be present locally.

The guidance also cautions that where VTEC infection is considered in the differential diagnosis, clinicians should be mindful of the potential contraindications concerning the use of anti-motility drugs and certain analgesics. Active fluid resuscitation should be used and specialist guidance sought before initiating antibiotic treatment.

Prompt management of cases should ensure that any further risk of disease is minimised.

## **Prevention**

4. The Health and Safety Executive for Northern Ireland (HSENI) has carried out a number of initiatives targeting visitor attractions where animal contact can take place with the aim of ensuring that proper approaches to the management and control of the risk of infection are in place. In April 2011, it updated its advice on the prevention of ill health from animal contact at visitor attractions in its advice sheet "*Preventing and controlling ill health from animal contact at visitor attractions*". This contains a supplement for teachers and can be accessed at:  
[http://www.hseni.gov.uk/hseni\\_information\\_sheet\\_no\\_1\\_11.pdf](http://www.hseni.gov.uk/hseni_information_sheet_no_1_11.pdf)

This new guidance has been sent to open farms and other types of visitor attractions where animal contact can take place. In addition HSENI has worked with the Department of Education to enable its distribution to schools. It has also collaborated with Safe Food to develop information to ensure greater awareness of risks from *E coli* O157 and the means to prevent these.

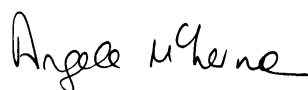
## **Action to be taken**

5. Colleagues are asked to bring the new guideline to the attention of relevant health care workers including those in primary care and to note developments in improving systems for the prevention and early detection of this infection.

Yours sincerely



**Dr Michael McBride**  
**Chief Medical Officer**



**Angela McLernon**  
**Acting Chief Nursing Officer**

This letter is available on the DHSSPS website:  
[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)