



UK Health
Security
Agency

24/05/2024

Dear Colleague,

Urgent Cascade: OOHs GPs; Urgent Care Centres; Emergency Departments;
Microbiologists

Re: Increase in non O157 Shiga toxin-producing Escherichia coli (STEC) infections

We are currently seeing an increase in the number of non O157 Shiga toxin-producing Escherichia coli (STEC) cases. Cases are across England, Scotland and Wales. Rapid investigations are ongoing.

Healthcare professionals may see increased attendances related to gastrointestinal illness.

The symptoms of STEC include diarrhoea, vomiting, abdominal pain, blood in stools and fever. Up to 15% of child cases of STEC progress to haemolytic uraemic syndrome (HUS) within 7 days of onset. HUS is a triad of microangiopathic haemolytic anaemia, acute renal failure and thrombocytopenia. HUS is the most common cause of acute renal failure in children below 5 years of age. More than 90% cases of HUS are caused by STEC.

Antibiotics should not be used for STEC as there is no evidence that they are helpful to treat STEC infections, and they may increase the risk of complications such as precipitating HUS.

Suspected HUS cases should be discussed with the local paediatrician and/or renal physician to arrange further prompt investigation and clinical management.

Cases of infectious bloody diarrhoea and HUS cases must be notified to the UKHSA health protection team (HPT) on clinical suspicion, regardless of the microbiology

results, for urgent public health assessment and management. Contact details for your local HPT can be found here. <https://www.gov.uk/health-protection-team>

For those with bloody diarrhoea or suspected HUS, please send a faecal sample (stool or a rectal swab) to the local microbiology laboratory labelled as '**suspected STEC**' or '**suspected HUS**' and marked as URGENT.

It is particularly important to obtain a faecal specimen from those with bloody diarrhoea, those who are systemically unwell, young children (5 years and under), the immunocompromised, food handlers and those working in health and social care.

Patients with diarrhoea should be reminded of hand hygiene and staying off work/school for until at least 48 hours after the last symptoms resolve. This is particularly important for young children, food handlers, and those working in health and social care settings. For those with suspected STEC and HUS, UKHSA will provide additional guidance.

Many thanks for your help in this matter.

Yours sincerely

Dr Jorg Hoffmann
Regional Deputy Director EoE and on call today