

Campylobacteriosis (*Campylobacter* sp.)

Disease Fact Sheet Series

What is campylobacteriosis?

Campylobacteriosis is a bacterial infection that affects the intestinal tract and, in rare cases, the bloodstream. It is the most commonly reported cause of bacterial diarrhea in Wisconsin and the United States. Most cases are seen in the summer months and occur as single cases or outbreaks.

What are the symptoms of campylobacteriosis?

Campylobacteriosis may cause mild or severe infection. Most people who become ill with campylobacteriosis get diarrhea, cramping, abdominal pain, and fever within 2-5 days after exposure to the organism. The diarrhea may be bloody and can be accompanied by nausea and vomiting. The illness typically lasts 1-week. Some persons who are infected with *Campylobacter* don't have any symptoms at all. In persons with compromised immune systems, *Campylobacter* occasionally spreads to the bloodstream and causes a life-threatening infection.

How are the bacteria spread?

Campylobacter are generally spread by eating or drinking contaminated food or water, unpasteurized milk, and by direct or indirect contact with fecal material from an infected person, animal or pet (especially puppies and kittens.)

Where is *Campylobacter* bacteria found?

Many animals including pigs, cattle, dogs and birds (particularly poultry) carry the bacteria in their intestines. These sources in turn may contaminate meat products (particularly poultry), water supplies, milk and other items in the food chain.

For how long can a person carry the *Campylobacter* bacteria?

Generally, after being infected people will continue to pass the bacteria in their feces for a few days up to a week or more. Certain antibiotics may shorten the carrier phase.

Do infected people need to be excluded from school or work?

Most infected people may return to work or school when their stools become formed provided that they carefully wash their hands after toilet visits.

What is the treatment for campylobacteriosis?

Most people infected with *Campylobacter* will recover without treatment. Infected persons should drink plenty of fluids as long as the diarrhea lasts to prevent dehydration. Antibiotics are occasionally used to treat severe cases or to shorten the carrier phase, which may be important for food workers, children in day care and health care workers. Since relapses occasionally occur, some physicians might treat mild cases with antibiotics to prevent a recurrence of symptoms.

How can campylobacteriosis be prevented?

1. Always treat raw poultry, beef, or pork as if it is contaminated, handling accordingly:
 - Promptly refrigerate foods at < 40 degrees Fahrenheit; minimize holding time at room temperature.
 - Cutting boards and counters used for food preparation should be washed and disinfected immediately after use to prevent cross contamination with other foods.
 - Avoid eating raw or undercooked meats.
 - Ensure that the correct internal cooking temperature is reached, particularly when using a microwave.

2. Avoid eating raw eggs or undercooking foods containing raw eggs.
3. Avoid consuming raw milk (unpasteurized).
4. Carefully wash hands with soap before and after food preparation.
5. Make sure children wash their hands with soap after playing with pets.
6. Recognize, control and prevent *Campylobacter* infection in domestic animals and pets.
7. Always wash hands with soap after toilet visits.

Are there long-term consequences of *Campylobacter* infections?

Most people who get campylobacteriosis recover completely in 2 to 5 days, although some may last as long as 10 days. Rarely, some long-term complications can result from a *Campylobacter* infection. Some people may have arthritis following campylobacteriosis, others may develop a rare disease known as Guillain-Barré syndrome that affects the nerves of the body and lead to paralysis. This paralysis usually lasts several weeks and requires intensive care. It is estimated that 1 of every 1000 cases of campylobacteriosis results in Guillain-Barré syndrome and that as many as 40% of Guillain-Barré syndrome cases may be triggered by campylobacteriosis.