SOP Number: C31
Amoebic dysentery (Entamoeba histolytica)

Rationale for Public Health Action
• Undertake prompt action to prevent further cases associated with a primary source.
• Interrupt secondary transmission.

Details of case
• Notification of case via microbiology, clinician or lab report.
• Discuss with the lab how confident they are about this result as *E.histolytica* is difficult to distinguish microscopically from *E.dispar* (which requires no action).
• Obtain all relevant details including contact details, current location of case (home or hospital) and clinical condition.

Guide to Risk Assessment
• The pathogenic *E.histolytica* is morphologically identical to the non-pathogenic *E.dispar* and both can be carried at the same time. A trained eye is needed to distinguish the two.
• If identification of the organism is not clear then the risk assessment should take into consideration other factors such as severity of illness, travel history, risk groups before deciding on course of action
• Sporadic cases are mostly associated with travel
• Microbiological clearance required for cases in risk groups C & D

Initial Actions
If lab is confident that this is *E.histolytica* then take following actions:
• Inform relevant EHO of case and agree who will carry out actions below:
  – Complete standard GI questionnaire with case or parent/guardian. If case is travel-related then food history does not need to be completed.
  – Identify if index case &/or contacts are in risk groups (see supporting information) and if anyone else in the household is unwell
  – Provide verbal good hygiene advice to the family and any contacts
  – Provide case with information on requirements for returning to work/school/childcare. See supporting information for microbiological clearance
• Arrange for faecal samples to be sent from any household contacts who are symptomatic and any contacts in risk groups C or D.
• Consider screening other household contacts if they have had the same exposure
N.B. faecal samples should be very fresh in order to identify cysts

***Discussion Alert***
• Discuss with CCDC regarding need for public health action if lab is not confident of reliable result (see Guide to risk assessment)
• Any wider screening strategy should be discussed with duty CCDC.

Additional communications
• Inform microbiology department and GP of case and/or contacts if microbiological clearance and screening samples are required

Records
• Record on HP Zone as a case
• Record relevant details from questionnaire on HPZone.
• Ensure any electronic and/or paper records comply with Anglia HPT records management protocol

Follow up
• Follow up case and contacts according to the Gastrointestinal guidelines.
  N.B. If clearance samples are required, you will need to ascertain what antibiotics have been prescribed in order to set actions for follow up at the correct time. The duration of antibiotic courses can vary from 3 to 20 days
The following groups are considered to pose an increased risk of spreading gastrointestinal infection:

**Group C:** People whose work involves preparing or serving unwrapped foods not subjected to further heating.

**Group D:** Clinical and social care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences.

The following table is a risk based approach to screening, exclusion and microbiological clearance but deviates slightly from the national guidance which suggests screening all household contacts to identify cyst excreters.

### Exclusions, screening and microbiological clearance

<table>
<thead>
<tr>
<th>Case</th>
<th>Exclusion</th>
<th>Sample</th>
<th>Micro clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case in risk group C or D</td>
<td>Yes until microbiologically cleared</td>
<td>-</td>
<td>Yes - one negative faecal specimen taken at least one week after completion of treatment.</td>
</tr>
<tr>
<td>Case not in risk group C or D</td>
<td>Until 48 hrs after last symptoms of diarrhoea and vomiting</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact</th>
<th>Exclusion</th>
<th>Sample</th>
<th>Micro clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic household contact &amp; in risk group C or D</td>
<td>Yes</td>
<td>Yes</td>
<td>If positive then one negative faecal specimen taken at least one week after completion of treatment. If negative then until 48 hrs after last symptoms of diarrhoea and vomiting</td>
</tr>
<tr>
<td>Symptomatic household contact and not in a risk group</td>
<td>Until 48 hrs after last symptoms of diarrhoea and vomiting</td>
<td>Yes (for treatment purposes only)</td>
<td>No</td>
</tr>
<tr>
<td>Asymptomatic household contact &amp; in risk group C or D</td>
<td>No</td>
<td>Yes</td>
<td>If positive suggest treatment and then one negative faecal specimen taken at least one week after completion of treatment.</td>
</tr>
<tr>
<td>Asymptomatic Contact and not in a risk group*</td>
<td>none</td>
<td>none</td>
<td></td>
</tr>
</tbody>
</table>

* Consider screening household contacts that are not in a risk group if they have had the same exposure as the case

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