Children < 16 years old – Primary Care

Abdominal & Gastro-Intestinal Infections

Acute Gastroenteritis & Infectious Diarrhoea

Most patients in whom pathogens are detected do not require specific treatment unless the patient is systemically unwell or treatment is advised by an infection or public health specialist. Empirical treatment is not recommended as the majority of acute diarrhoeal illnesses do not have an identifiable bacterial cause.

Acute diarrhoea is defined as 3 or more episodes of soft stools a day, of less than 14 days' duration with stools soft enough to take on the shape of a sample pot. A careful **travel and occupational history** should be taken from any patient presenting with suspected infectious diarrhoea. Once the diarrhoea has stopped culture is no longer indicated, as recovery of the pathogen is unlikely.

Urgently refer all children with acute painful, bloody diarrhoea or confirmed E. coli O157. Contact Public Health if there is a suspected public health hazard, you observe an outbreak of diarrhoea in a family or community, or if a pathogen with potential serious clinical sequelae to infection has been isolated, e.g. E. coli O157.

Threadworm (*Enterobius vermicularis*) infection

Duration: single dose, repeat after 2 weeks if infection persists

First line treatment for children >6 months:

Mebendazole PO 100mg for 1 dose; if re-infection occurs, a second dose may be needed after 2 weeks. Not licensed for use in children under 2 years.

NOTES

Threadworm infection most commonly presents with intractable peri-anal itch, especially during the night and the early morning, but infection can also be asymptomatic. In young children worms can sometimes be seen during nappy changes**.**

Treat all members of the household at the same time even if asymptomatic (unless treatment is contraindicated). Treatment with an anthelmintic is **contraindicated in children less than 6 months.** In children younger than 6 months, strict hygiene measures should be observed for 6 weeks to prevent faecal-oral reinfection. If there are frequent recurrences consider seeking advice from a paediatrician or consultant in infectious diseases.

General advice: Strict hygiene measures for 2 weeks: hand hygiene, wearing underwear at night, morning shower or bath. On the first day of treatment, wash all sleep wear and bed linen; dust and vacuum. Anthelmintic drugs do not kill eggs, therefore adequate personal and environmental hygiene is essential to prevent re-infestation from recently swallowed eggs, or eggs already in the environment.

Use **clear** adhesive tape to recover eggs from the perianal skin and mount on a microscope slide as described below.

- Fold a 5cm long piece of clear adhesive tape sticky side out over the end of a wooden tongue depressor.
- Grip tongue depressor close to edge of tape.
- Press firmly against the perianal region.
- Stick the tape on to a glass microscope slide. Write name and date on slide.
- Place in Slide holder for transport to laboratory.